



Consumer's Legal Name: _____

Medicaid #: _____

Date of Birth: _____

Direct Service Provider (DSP) Full Legal Name: _____

Date: _____

Start Time (use military): _____

End Time (use military): _____

Section I

I, the undersigned, hereby acknowledge that I have provided training to the aforementioned Arc staff in the following individual support need areas (Check all that apply):

- Household Environment
- Behavior Management Strategies
- Catheterization
- Daily Routine
- Suctioning
- Positioning
- Medication Dispensation
- Nebulizer/Breathing Treatment
- Personal Care Procedures
- Dietary Recommendations
- Transferring
- Swimming
- Eating
- Lifting/Lift Use
- _____
- Tube Feeding
- Seizure Intervention
- _____

Section II

I, the undersigned, **DO / DO NOT** (circle one) hereby authorize the aforementioned Arc DSP who received individualized training to impart that training to other Arc DSP who work with the aforementioned consumer in an In-Home service setting, such as Respite, Supported Community Living (SCL), Intermittent Medical Monitoring Treatment (IMMT) or Consumer Directed Attendant Care (CDAC).

Section III

I, the undersigned, acknowledge that as the aforementioned consumer's individual support needs change, it is the responsibility of the consumer, guardian and/or primary caregiver to keep The Arc informed of changes by providing training on the changes to service providers. These changes may include, but are not limited to behaviors, dietary recommendations, medications and medical procedures. The service provider must receive training on the new support needs **PRIOR** to implementing changes in service delivery.

I, the undersigned, hereby acknowledge that the neither The Arc of East Central Iowa nor the service provider will be held responsible or liable in any way as a result of any incident which might be construed to adversely affect the health, safety or welfare of the consumer who is cared for by a direct service provider, as long as reasonable care and safety have been provided in accordance with the above training.

Consumer/Guardian/Primary Caregiver Signature

Date

Section V (To be completed by Arc DSP)

After training completion, the Arc DSP must check one of the following, sign/date this form and return to The Arc.

- I have been trained adequately in the above support need areas and am responsible for performing the above when providing services.
- I have NOT been trained adequately in the above support need areas. I require additional training in the following support need areas: _____

Arc DSP Signature

Date

Office Use Only

Entered in DSP Database: By (initials): _____ Date: _____ Follow-up needed? Y N By (initials): _____ Date: _____