

Assistance Needed and Special Considerations

General Assistance Needed _____

Special Considerations _____

In the event of an emergency, please list any specific instructions or duties.

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Care Preferences and Matching Information

Preferred days and times for care _____

Days and times that will NOT work for care _____

Preference regarding the gender of the Care Provider: no preference / female / male

smoker / non-smoker / no preference Any other character preference? _____

Please list type/number of household pets _____

Please list number of smokers in the house _____

Other helpful information _____

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Billing Information

Number of people living in Client's household? _____

Total Net Income of Client's household? _____

Payment for services covered by _____

of hours authorized _____ Private Pay Rate _____

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I have completed the above information to the best of my ability and knowledge. All of the facts and figures shown here represent true information. In addition, I have reviewed Trinity's Client Guidelines and have received the Client Bill of Rights. I am willing to follow these guidelines while utilizing Trinity In-Home Care services.

Signed: _____ Date: _____

Release of Information Consent

I, _____, as an individual, or

I, _____, _____ (relationship) of _____ (client), do hereby authorize Trinity In-Home Care., and/or the attending Care Provider to share necessary information with and receive necessary information from the following agencies:

____ VNA (Visiting Nurses of Douglas County) ____ Hospice _____

____ SRS (Social and Rehabilitation Services) ____ JAAA

____ Project Lively/Douglas County Health Department

____ Lawrence Memorial Hospital

____ Cottonwood, Inc. ____ The ARC of Douglas County

____ Bert Nash ____ Independence, Inc

Other (please list) _____

____ I authorize information to be shared during receipt of Trinity services.

I understand that the information used or disclosed may be subject to redisclosure by the person(s) receiving it and no longer protected by the federal privacy regulation. I understand that I may revoke this authorization by notifying Trinity In-Home Care staff in writing of my desire. However, I understand that if I revoke this authorization, it will not have any affect on my actions taken by Trinity In-Home Care, Inc. in reliance on this authorization. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility.

Individual Signature

Date

Responsible Party Signature

Date

Witness Signature

Date

Client Guidelines

Trinity In-Home Care asks all clients and their families to abide by the following guidelines. This will help us provide the best possible service. **The availability of a care provider cannot be guaranteed. The more notice provided, the more likely it is that care can be arranged.**

Client Responsibilities:

- Care is provided as scheduled unless previous arrangements have been made and agreed upon.
- Remember that Trinity In-Home Care cannot provide medical care to clients.
- The care provider will contact the client to verify the time, date, and location of the job. Duties may be outlined to the care provider during this telephone call.
- Do not ask the provider to do more than light housework unless agreed upon prior to arrival.
- Trinity In-Home Care does not provide supplies, so clients should provide cleaning and personal care supplies to be used by the provider.
- The client will review and sign a time sheet for the provider. Monitor time sheets closely because these are the basis of billing and must be accurate.
- It is inappropriate to request that a Trinity In-Home Care employee utilize another payroll agency, and it is unacceptable to pay a Trinity In-Home Care employee privately.
- Please notify Trinity In-Home Care if an employee's performance does not meet your expectations. We want your experience to be a great one!

Billing and Payments:

- Clients' fees are provided on a sliding scale based on income and family size. If the determined rate is a burden to the client due to extenuating circumstances, the rate can be re-evaluated.
- Trinity In-Home Care will mail invoices for care provided. All invoices are generated the month after service is rendered.
- Acceptable forms of payment include cash, check, money order, and major credit cards, including Visa, Mastercard, and Discover.
- Payments should be made within 30 days of invoice date. If the balance is not paid within 90 days, services will be terminated. If unable to pay in full, clients should contact the Finance Manager to arrange a payment plan.
- All questions regarding billing and payments should be directed to the Finance Manager.

Client Bill of Rights

Trinity In-Home Care is a licensed home health agency in the state of Kansas. As such, Trinity is required by the Kansas Department of Health and Environment to distribute the Bill of Rights to all clients. Trinity In-Home Care believes all clients who receive home health care services are entitled to high standards of social, psychological, and physical care. We recognize the dignity of each individual and the inherent human rights that contribute to the totality of individual dignity, health, security, happiness, and usefulness in life.

Each client has the right to be treated with respect as an intelligent and sensitive human being. Clients have the right to religious and civil liberties, and to the widest extent possible, freedom of choice and decision making consistent with the standards and obligations of Trinity In-Home Care.

1. Each client has the right to choose their care providers, to know by name, and to be able to communicate with them.
2. Each client and/or family member has the right to participate in the planning of their care and to educate and appropriate instructions regarding their care.
3. Each client has the right to refuse care and to be informed of possible consequences of this action.
4. Each client has the right to care without discrimination on the basis of race, age, color, creed, sex, or national origin.
5. Each client will be admitted for care only on the basis of available, qualified staff.
6. Each client has the right to reasonable continuity of care.
7. Each client has the right to be advised in advance of the frequency of care planned and of any changes in the plan of care before the change is made.
8. Each client has the right to confidentiality of all records and personal information.
9. Each client has the right to review all health records pertaining to them obtained by Trinity In-Home Care unless the information is restricted by a physician.
10. Each client has the right to be referred elsewhere for in-home services.
11. Each client has the right to voice grievances and to suggest changes.
12. Each client has the right to be informed of agency policies and charges prior to receiving care.
13. Each client has the right to be free from verbal, physical, or emotional abuse and to be treated with dignity.
14. Each client has the right to have his/her property treated with respect.
15. Each client has the right to be informed of the Home-Health hotline number: 1-800-842-0078, hours Monday-Friday 8:00am-4:00pm, excluding holidays.