



**(For provider reference only. Do not return to ABLE)**

## **CHECKLIST FOR NEW HOST HOME PROVIDERS**

### ***ITEMS NEEDED FOR POTENTIAL HOST HOME PLACEMENT***

- \_\_\_\_\_ Copy of Driver's License
- \_\_\_\_\_ Copy of Social Security Card
- \_\_\_\_\_ Copy of Homeowner's Insurance Coverage
- \_\_\_\_\_ Copy of Automobile Insurance
- \_\_\_\_\_ Copy of Professional License Held
- \_\_\_\_\_ List of Other Individuals Living in the Home and Date(s) of Birth
- \_\_\_\_\_ CBI for Adults Living in the Home
- \_\_\_\_\_ Vehicle Inspection
- \_\_\_\_\_ HUD Inspection

### ***NECESSARY TRAINING PRIOR TO PLACEMENT***

- \_\_\_\_\_ CPR
- \_\_\_\_\_ First Aid
- \_\_\_\_\_ Medication Administration
- \_\_\_\_\_ Infection Control/Universal Precautions
- \_\_\_\_\_ Abuse/Neglect and Incident Reporting
- \_\_\_\_\_ Confidentiality
- \_\_\_\_\_ Introduction to Developmental Disabilities
- \_\_\_\_\_ Emergency Procedures
- \_\_\_\_\_ Rights of Individuals Served
- \_\_\_\_\_ Philosophy/Procedures for Behavior Intervention
- \_\_\_\_\_ Specific Information About Consumer(s) (*behavioral, medical, forms of communication, routines, etc.*) *See individual site orientation checklist. (Completed by Program Director At 1:1 Individual Site Orientation)*
- \_\_\_\_\_ Signed/Notarized Contract
- \_\_\_\_\_ Host Home Provider Insurance
- \_\_\_\_\_ Dental/Vision Units
- \_\_\_\_\_ Financial Overview

***Copies of all items need to be given to ABLE prior to placement.***