Care After Discharge

Helpful tips

In this section:
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- Tips from Patient Advisors and Staff
- Caregivers
- Discharge Checklist
- Sample Advertisement for a Caregiver
- Sample Caregiver Application
- Sample Phone Screening Tool for Caregiver Applicants
- Sample Weekly Caregiver Checklist
- Sample Daily Routine List

From your first day in the hospital, think about your transition to home.

Let us help you refer all that you learn to how it will work at home, in your community, and in your workplace.

Always think of Inpatient Rehab as the bridge – and we will travel that bridge with you.

~ UWMC Staff

Preparing for Discharge

Your time on the inpatient rehab unit is spent preparing for discharge. Unlike other types of hospital stays, leaving Inpatient Rehab does not mean you’re done with your rehabilitation. You will most likely keep working on your rehab goals after discharge.
Rehab staff will work with you and do all they can to prepare you for discharge. Their role is to make sure you have learned the skills you need to make a successful transition to home.

To help the people who will care for you after discharge, we use a checklist of topics that need to be covered. This checklist will also be used to record who has received the information. See a sample “Discharge Checklist” starting on page 57.

**Tips from Patient Advisors and Staff**

- The rehab team is here to make it a smooth transition for you, so that you can be as safe and independent as possible. They work with you to meet your goals.

- Your care team is always talking about discharge goals. One way to think of it is: What are the quality-of-life elements you want to preserve? For example, if you love swimming, enjoying the water is the quality. One discharge goal would be to give you the skills to allow you to still do that.

- Go over your “normal” activities for the day and think about the changes that will need to occur so you can do these things. Review this list with your caregiver and your care team and add their suggestions.

- Discharge and the transition to home can be very stressful. Be patient with yourself and with those who are helping you, and thank them for their help.

- Remember how the first few days in rehab were? Going home is a lot like that. Know that it is going to get easier over time.

- Be clear about the discharge plan and agree about what can be done to meet your needs.

- It is better to plan to have “too much” help after discharge than “just enough.” It is easier to cut back than to add.

- Support is available from many people, groups, and agencies. Who are the family members or loved ones who can help? What can they do? What support can your community provide? Are there support groups? Where is other information available – on the Internet, organizations, etc.? (See “Phone Numbers and Resources,” starting on page 93.)
• Identify what caregivers you need and what their role will be. Your rehab team can help you figure this out. Start talking about this early in your rehab stay. This will help ensure success and avoid having to make last-minute decisions.

• With your help, your care team will try to identify who can help you after discharge. Your long-term needs may become clearer during your stay on the unit. Sometimes the team finds out that because of your care needs, the person who you thought could help will not be able to do so, or not at the level needed. If this happens, you will need an alternate plan.

• After discharge, you will be interacting more often with people you do not know. When you need help from someone, try asking this way:
  - First describe why you need help, such as “I can’t reach ...” or, “I can’t stand up ...”
  - Then say, “Please help me to ...”

• If any information you are given in rehab is unclear, be sure you understand it before discharge.

Caregivers

What You Need to Know Right Now

A big part of coming to terms with an injury or disability is accepting your physical limits. You may have to rely on someone else to help you. It may be hard to balance keeping your independence and dignity with needing help from others.

If you need to hire a caregiver, there are many emotional, legal, and practical issues to think about before you start the hiring process. This section of the manual provides suggestions from patient advisors and sample forms to help you.

Caregivers can improve the quality of your life by increasing your ability to function and your independence. Assess your abilities and needs. Ask yourself what you can do for yourself and what you need a caregiver to do.

Also consider your safety and how long it will take you to do a task yourself. Caregivers can help you with many tasks,
including bathing, bowel and bladder care, getting dressed, and filling medi-sets with medicines. It may be helpful to create a personal handbook that you can give to your caregivers with information on how to best help you.

If a family member or spouse is your caregiver, many emotional and communication issues will come up. This can lead to tension and blurred relationship boundaries. Think about the issues that are likely to arise. Talk with your loved one about them ahead of time, and then talk about them again when they do come up.

It can be emotionally challenging to hire a caregiver, but it may be your best solution. Before hiring anyone, it is wise to learn how to screen, hire, train, and develop a working relationship with someone. Since you will be an employer, there are also many legal and tax issues to learn about.

At times you may have problems with caregivers. Be assured that in almost all cases, there are safe and effective solutions.

Whether your caregiver is a family member or you hire someone, always have a back-up plan. Know what you will do when your caregiver takes time off or there are emergency situations.

**What You Need to Know Long-term**

Over time, you will learn how to manage caregivers and how to keep boundaries in place. It is a learning process, so be patient with yourself. Here are some suggestions to keep in mind:

- **Think like a business.** Managing caregivers is like running a business. You must learn what employment situation works best for you (legally, financially, etc.). You will also need to think about:
  - Employer taxes (you will need to apply for a tax ID number)
  - Worker’s compensation-type insurance
  - Your homeowner’s or renter’s insurance for personal injury

- **Stay organized.** This will make it easier when there are changes and you need to use a back-up plan, hire a new employee, or ask a loved one to fill in short-term.
• **Support your caregivers.** Do what you can to make sure your caregivers are taking care of themselves. They will feel stress and will need your consideration and support. This includes giving them time off and having fill-in help. Be alert to “employee burnout,” especially with caregivers who work 24 hours a day, are “live-in,” or who work 7 days a week.

**Deciding About Caregivers**
You may be wondering if a family member should be your caregiver. Some people choose a family caregiver because of finances or not being able to hire a caregiver before discharge.

Understand that if a family member becomes your caregiver, they will have to juggle their family role with the caregiver role. It will be important for everyone to understand the caregiver’s dual responsibilities.

Having a family member as your caregiver can work well when there is open communication and respect. If a partner is going to become your caregiver, think about how all areas of your relationship will be affected. Self-esteem and dignity for both you and your caregiver are important.

Good communication can help ensure that you are not asking for too much or too little help. Also be aware of what can happen if you “lash out” at those closest to you. It may help to do some research about how to communicate when you are feeling angry or frustrated.

**Hiring a Caregiver**
If you decide to hire a caregiver, think about what their duties will be, such as:

- Work days and hours
- Your personal care, health care, and emotional needs
- Household care needs

Also, know what qualities are important to you. You may want a caregiver who has a positive attitude, is dependable and honest, and has experience with caregiving. You may want someone who is a nonsmoker, clean, and lives nearby.
You will also need to decide if you want to:

- Hire someone yourself or use an agency. This may depend on your insurance coverage or other factors.
- Use your own contact information in advertisements, and if you want to use your own phone to screen and interview applicants.
- Interview in person or on the phone, have someone you trust do the first round of interviews, interview at your home or in a public place, and whether you want someone you know to be there with you.

**Advertising**

Advertising can be frustrating. Many people may respond, but hardly anyone may call. Do not be discouraged and do not “settle” or compromise on the important traits and abilities you need in a caregiver. Also, keep in mind that some people with less experience can be fast learners and great caregivers.

Advertising in a local newspaper works well for some. Others have found success using Craigslist.com or other Internet sites. You may also post flyers at local community colleges and places of worship, or use word of mouth.

A good newspaper ad can be brief. Using the word “Aide” as the first word in the ad places it near the top of the list in the classifieds. Here’s an example when seeking an aide to work weekday mornings, who has their own car, and speaks English. The ad includes the general area and a phone number.

```
AIDE – Mon-Fri a.m., car, English. North Seattle. 206- XXX-XXXX
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There are sample forms in this section of *Rehab and Beyond* to help you with the hiring process:

- The **flyer** (page 60) summarizes the job and the kind of person you’re looking for. It can be posted at places such as local community colleges and places of worship. It can also be used as a job description during an interview.
- The **application form** (pages 61 to 64) has questions that will help you get to know the applicant’s personality,
experience, work ethic, and possible conflicts. These questions can help reduce surprises after hiring someone.

- The **applicant release form** (page 64) gives written permission to contact references and previous employers. Many employers require this release form before they will talk with you about the applicant.

- The **telephone screening form** (page 65).

When you receive calls from applicants:

- Refer to your job description flyer and have your application form ready. Screen for the most important issues first.

- Trust your instincts. Be alert to your own response to the applicant. Is this someone you would like to share your living space with?

- Verify the applicant’s experience and references. Background checks are affordable and often can be done in 1 day.

Students and older workers can be very good caregivers. Think twice about hiring a caregiver who needs to bring their children to work. At times, they will need to focus more time and attention on their children than on you.

**Working with Your Caregiver**

- You will be directing your caregivers in what tasks you need help with. Some people find it helpful to have a detailed “Daily Routine” list with times to keep both their caregivers and themselves on track. (See sample schedule on page 67.)

- Your caregivers can help you with tasks other than personal care, such as laundry, fixing meals, or cleaning. It may be helpful to have a caregiver checklist that includes household tasks that need to be done on a daily or weekly basis. (See sample checklist on page 66.)

- Tell your caregiver that you are open to talking about problems. Ask your caregiver for suggestions when problems arise. Make sure they know their opinion counts.

- When problems come up, handle them promptly. If you use an agency, work through the agency to solve the problems.
• If you are the employer, try to talk about problems and resolve them as soon as they come up. Do not let a small problem turn into a bigger one.
  - Tell your caregiver your concerns verbally and in writing. Even if you feel that doing this is too business-like, remember that this working relationship is the most important one you have. Your quality of life depends on it.
  - Agree on what changes need to be made, and ask the caregiver to tell you those changes in their own words.

• When working with your caregiver:
  - Try using humor.
  - Do your best to create a pleasant working environment.
  - Keep the relationship professional.
  - Keep personal and financial information out of sight.
  - Have private areas of your home that are off-limits to your caregiver.

• Be alert if a caregiver:
  - Asks for advances or loans.
  - Causes health and safety risks due to carelessness.
  - Is late for work, does not show up, does sloppy work, or does not finish work.
  - Has behaviors that bother you, such as smoking, talking on the phone or texting a lot, or watching too much TV.

• Have a written policy for firing a caregiver. Firing someone is hard to do. If you need to fire someone, ask a friend or family member to be there if you feel threatened. Be calm, assertive, and direct.

• When a caregiver leaves your employment, make sure they return your keys and other personal property. Change your locks if you feel at all uneasy.

• Accept that no one employee will be with you forever. Use what you have learned to improve your working relationship with future caregivers.
## Discharge Checklist

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<th>Service or Equipment</th>
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Sample Advertisement for a Caregiver

Help Wanted: Aide, Caregiver

Days: (List days you need help.)

Hours: (List hours you need help.)

Area: (Your neighborhood name.)

Contact: (List name, numbers, e-mail, etc. Include best times to call if telephoning.)

Employment Opportunity

Part-time morning personal health aide for active adult male quadriplegic with spinal cord injury. I was injured in 1983, have a positive attitude and am healthy, but need morning assistance in my private residence. There are no pets or other distractions. This is not a live-in position.

Duties

Assist with bathroom routine, cleaning of urological supplies, skin inspection, range of motion, dressing, cooking, exercise program, laundry, light housecleaning. No transfers or heavy lifting.

Desired Assistant Profile

Speaks English. A person who gets satisfaction from doing their job well. Punctual, dependable, self-directed, nonsmoking. Positive attitude and sense of humor. Ability to work quickly and efficiently. Reliability is very important; unscheduled absences are unacceptable.

Washington state driver’s license and dependable automobile transportation required. Experience working with male spinal cord injury desired, but I am willing to train. Seeking an individual who wants one or more years’ work. References, please.

Pay

Competitive hourly rate; determined individually; paid weekly.

Orientation and training with another current employee is typically provided for 3 days. Those orientation days will be paid after 30 days employment.

$______ extra for New Year’s Day, Memorial Day, July 4, Labor Day, Thanksgiving Day, Christmas Day; also for emergency coverage of another shift.

Social Security and Medicare taxes withheld and employer’s share paid. Aide pays own federal income tax, which will not be withheld.

Bonus or raises depend on performance, punctuality, absenteeism, length of employment, compatibility, and general attitude.

Additional Position Also Available

Occasional fill-in coverage as needed. Job duties and qualifications same as above.
Sample Caregiver Application, Page 1

Name____________________________ Social Security #:________ - _____ - ______ Date:__________
Address:__________________________________________________________________________
Home Phone:________________________ Cell Phone:________________________ E-mail:__________
Best way to reach you:________________________________________________________ When:__________
Are you eligible to be employed in the United States?________ Are you over 18?______________
Are you able to meet the attendance requirements?____________ Date available to start:__________
Days of week available:_________________________________ Length of employment desired:__________
Days and/or dates not available: _________________________________________________
Have you been an attendant before?_____ Number of years? ____ Work with male quadriplegic?____
License, CNA, etc. Certification number:________________________________________________________________________
Are you a licensed personal care business?__________________________________________
Driver's license number:_________________________ State:_____ Auto license:_______________
Driving record, describe:________________________________ Auto insurance company:___________
Have you ever pled “Guilty,” “No Contest,” or been convicted of a felony?______________
If yes, please provide date, location, details, and explanation:____________________________

Smoker: ☐ Yes  ☐ No  Physical limitations, allergies, or medicines that may affect your work:_______

Do you have medical insurance?____ If yes, what?__________________________________________

Career goal: ________________________________________________________________

Why do you want this job? _____________________________________________________

Education  List schools attended; begin with most recent.

School:_________________________________________________ Degree/Area of study ________________
School:_________________________________________________ Degree/Area of study ________________
School:_________________________________________________ Degree/Area of study ________________

Summarize any special training that may relate to this job. ________________________________

Personal References I May Contact

Name:_____________________________ Relationship:_________________ How long?__________
Address:________________________________________ Phone:__________________
Name:_____________________________ Relationship:_________________ How long?__________
Address:________________________________________ Phone:__________________
Sample Caregiver Application, Page 2

Employment History
Please begin with your most recent employer.

Employer: __________________________ Phone: ______________________ May I contact? __________
Supervisor: _________________________ Phone: ______________________ May I contact? __________
Location: ___________________________ Start date: ____________________ End date: _____________
Job title: ___________________________ Salary or wage: _________________ Hours: _______________
Job duties: __________________________________________________________________________
__________________________________________________________________________________
Reason for leaving: ____________________________________________________________________

Employer: __________________________ Phone: ______________________ May I contact? __________
Supervisor: _________________________ Phone: ______________________ May I contact? __________
Location: ___________________________ Start date: ____________________ End date: _____________
Job title: ___________________________ Salary or wage: _________________ Hours: _______________
Job duties: __________________________________________________________________________
__________________________________________________________________________________
Reason for leaving: ____________________________________________________________________

Employer: __________________________ Phone: ______________________ May I contact? __________
Supervisor: _________________________ Phone: ______________________ May I contact? __________
Location: ___________________________ Start date: ____________________ End date: _____________
Job title: ___________________________ Salary or wage: _________________ Hours: _______________
Job duties: __________________________________________________________________________
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Reason for leaving: ____________________________________________________________________

Employer: __________________________ Phone: ______________________ May I contact? __________
Supervisor: _________________________ Phone: ______________________ May I contact? __________
Location: ___________________________ Start date: ____________________ End date: _____________
Job title: ___________________________ Salary or wage: _________________ Hours: _______________
Job duties: __________________________________________________________________________
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Reason for leaving: ____________________________________________________________________

Employer: __________________________ Phone: ______________________ May I contact? __________
Supervisor: _________________________ Phone: ______________________ May I contact? __________
Location: ___________________________ Start date: ____________________ End date: _____________
Job title: ___________________________ Salary or wage: _________________ Hours: _______________
Job duties: __________________________________________________________________________
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Reason for leaving: ____________________________________________________________________

Employer: __________________________ Phone: ______________________ May I contact? __________
Supervisor: _________________________ Phone: ______________________ May I contact? __________
Location: ___________________________ Start date: ____________________ End date: _____________
Job title: ___________________________ Salary or wage: _________________ Hours: _______________
Job duties: __________________________________________________________________________
__________________________________________________________________________________
Reason for leaving: ____________________________________________________________________
Sample Caregiver Application, Page 3

1. Do you have experience doing bowel programs? _______________________________________

2. Do you have experience doing Range of Motion? _______________________________________

3. Do you have experience doing skin inspection? _______________________________________

4. Give examples of foods or meals you are comfortable cooking: ____________________________

5. Please list several of your skills. ____________________________________________________

6. List a few of your personality traits. _________________________________________________

7. Are you talkative or on the quiet side? _______________________________________________

8. Do you consider yourself patient? ___________________________________________________

9. Are you detail-oriented? ___________________________________________________________

10. What is your comfortable work pace? ______________________________________________

11. What do you do to keep on schedule? ______________________________________________

12. What motivates you? ______________________________________________________________

13. What adds to your job satisfaction? _________________________________________________

14. What lowers your job satisfaction? _________________________________________________

15. How do you handle instruction and constructive criticism? _____________________________

16. How do you like to receive feedback? ______________________________________________

17. How do you communicate your expectations? _________________________________________

18. What kinds of things irritate you? __________________________________________________

19. Is it easy for you to accept someone’s apology? ______________________________________

20. How many times were you late for work in the last year? ______________________________

21. How many days of scheduled work did you miss in the last year? _________________________

22. I need help every morning. Are you comfortable driving in the snow? ___________________

23. Do you have plans, such as vacations, holidays, etc. that will conflict with this position? (list) _______

24. Are you available and willing to have me call you for substitution work? ___________________

25. Will you travel for a few days if the circumstances are satisfactory? _________________________

26. What has been the best part of working in home health care for you? ____________________

27. What has been the worst part of working in home health care for you? ____________________

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28. What salary or wage do you desire? ____________________________________________

29. Give an example of how you continue to educate yourself. _____________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

30. What is the most important lesson you have learned working with clients? ________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Applicant Release Form

I certify that the information I have provided is true and complete. I authorize you to contact references, employers, public agencies, licensing authorities, and other entities as necessary to verify the accuracy of the information I provided. I understand that if hired, I must provide proof of identity and legal authority to work in the United States. I understand that information provided by me that is false, incomplete, or misleading will be sufficient cause for termination of employment.

I have read, understand, and accept the statement above.

Print Your Name _________________________________________________________

Signature ________________________________  Date _________________________
Sample Telephone Screening Tool for Caregiver Applicants

Callers on Caregiver Advertisement

**Caller #1:** Name _____________________ Date ____________ Time _________ Source ____________
Phone: ____________________________ Pager/other number: _________________________________
Notes: ______________________________________________________________________________
___________________________________________________________________________________

<table>
<thead>
<tr>
<th>Automobile</th>
<th>Yes</th>
<th>No</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCI Experience</td>
<td>Yes</td>
<td>No</td>
<td>Smoke</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Bowel Program</td>
<td>Yes</td>
<td>No</td>
<td>Residence Area</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Caller #2:** Name _____________________ Date ____________ Time _________ Source ____________
Phone: ____________________________ Pager/other number: _________________________________
Notes: ______________________________________________________________________________
___________________________________________________________________________________

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<thead>
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<th>Female</th>
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</thead>
<tbody>
<tr>
<td>SCI Experience</td>
<td>Yes</td>
<td>No</td>
<td>Smoke</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Bowel Program</td>
<td>Yes</td>
<td>No</td>
<td>Residence Area</td>
<td></td>
<td></td>
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</tbody>
</table>

**Caller #3:** Name _____________________ Date ____________ Time _________ Source ____________
Phone: ____________________________ Pager/other number: _________________________________
Notes: ______________________________________________________________________________
___________________________________________________________________________________

<table>
<thead>
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<th>Gender</th>
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<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCI Experience</td>
<td>Yes</td>
<td>No</td>
<td>Smoke</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Bowel Program</td>
<td>Yes</td>
<td>No</td>
<td>Residence Area</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Caller #4:** Name _____________________ Date ____________ Time _________ Source ____________
Phone: ____________________________ Pager/other number: _________________________________
Notes: __________________________________________________________________________________________
_______________________________________________________________________________________________

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<thead>
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<th>No</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCI Experience</td>
<td>Yes</td>
<td>No</td>
<td>Smoke</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Bowel Program</td>
<td>Yes</td>
<td>No</td>
<td>Residence Area</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Sample Weekly Caregiver Checklist

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>Date:</th>
<th>hrs</th>
<th>hrs</th>
<th>hrs</th>
<th>hrs</th>
<th>hrs</th>
<th>hrs</th>
<th>hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of sleep</td>
<td># of hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine: C=clear, D=dark</td>
<td>C, D</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel movement</td>
<td>S, M, L, XL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BM: F=formed, L=loose</td>
<td>F or L</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peri-care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shower</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range of motion</td>
<td>Y/N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make breakfast</td>
<td>Y/N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist with</td>
<td>Y/N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make lunch</td>
<td>Y/N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make dinner</td>
<td>Y/N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist with</td>
<td>Y/N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist with exercises</td>
<td># minutes</td>
<td>min</td>
<td>min</td>
<td>min</td>
<td>min</td>
<td>min</td>
<td>min</td>
<td>min</td>
</tr>
<tr>
<td>Vacuum dining room, traffic areas</td>
<td>as needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacuum house</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacuum sofas (every 2 weeks)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean bathrooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wash shower curtain (1 x month)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Load/unload dishwasher</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweep doorways (other as needed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mop vinyl floors</td>
<td>vinyl</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water plants (fertilize every 2 weeks)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dusting - bedroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dusting throughout house</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry</td>
<td></td>
<td>old towels</td>
<td>old towels</td>
<td>bath towels</td>
<td>clothes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry, bedding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>bedding</td>
</tr>
<tr>
<td>Feed animals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print your initials clearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours worked</td>
<td># hours</td>
<td>hrs</td>
<td>hrs</td>
<td>hrs</td>
<td>hrs</td>
<td>hrs</td>
<td>hrs</td>
<td>hrs</td>
</tr>
</tbody>
</table>

(Shaded areas indicate a minimum frequency; mark when completed)

**GENERAL NOTES**  (Enter the date, write miscellaneous notes as needed, then initial your entry)
**Sample Daily Routine List**

**Morning Caregivers:**

7:45 to 8:00    Wake up
8:00 to 8:45    Transfer to toilet, toileting
8:45 to 9:45    *Shower and get dressed (Monday, Wednesday, and Friday)*
8:45 to 9:15    Put on pants, socks, and shoes
9:15 to 9:30    Transfer to wheelchair
9:30 to 10:00   Eat breakfast, take medicines
10:00 to 10:30  Wash face, brush teeth, comb hair, put on shirt
10:30 to 11:30  Do exercises from my wheelchair

**Afternoon Caregivers:**

12:30 to 1:15   Eat lunch, take medicines
1:15 to 5:00    Free time, appointments, rest in bed if needed

**Evening Caregivers:**

5:00 to 6:00    Eat dinner, take medicines
6:00 to 9:00    Free time
9:00 to 9:30    Wash face, brush teeth, undress
9:30 to 9:45    Transfer back to bed
“It’s normal to be concerned about your discharge. It’s a little like going home with a new baby. You will be in a new role, one that you haven’t been in before. If you have questions or concerns before you go or after you leave the Rehab Unit – speak up.”

~ Patient Advisor