

## ORIENTATION CHECKLIST FOR PERSONS RECEIVING SERVICES

Participant's Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Caregiver's Name (if applicable): \_\_\_\_\_

**I have received orientation within 24 hours of admission, or no more than 72 hours of admission which, included the following:**

- \_\_\_\_\_ External and internal reporting procedures
- \_\_\_\_\_ The telephone number for the license holder's common entry point
- \_\_\_\_\_ The program abuse prevention plan

**I received the following written information upon admission:**

- \_\_\_\_\_ Scope of the program's services and care offered
- \_\_\_\_\_ Description of the population served
- \_\_\_\_\_ Description of the individual conditions which the center is not able to accept
- \_\_\_\_\_ Grievance procedure
- \_\_\_\_\_ Copy or written summary of Minnesota Statutes, section 626.557, the Vulnerable Adult Act and the license holder's statement of compliance with that section
- \_\_\_\_\_ Program's transportation policy and arrangements
- \_\_\_\_\_ Program's policy on providing meals and snacks
- \_\_\_\_\_ Program fees, billing arrangements, and plans for payment
- \_\_\_\_\_ Program's policy on smoking
- \_\_\_\_\_ Types of insurance coverage carried by the program
- \_\_\_\_\_ A statement of the program's admission and employment policies and procedure
- \_\_\_\_\_ Terms and conditions of the program's DHS license, including a description of the population the program is licensed to serve
- \_\_\_\_\_ Program's policy on pets

\_\_\_\_\_ Telephone number for the Department of Human Services, Division of  
Licensing, (651) 431-6500

\_\_\_\_\_ Participant's rights which include:

- The right to participate in developing the plan of care
- The right to refuse care or participation
- The right to physical privacy
- The right to confidentiality of records
- The right to present grievances regarding treatment or care
- The right to contest the accuracy and completeness of the data maintained in the record

\_\_\_\_\_  
Signature of Participant or Caregiver receiving orientation

\_\_\_\_\_  
Date completed

\_\_\_\_\_  
Signature of Person Providing Orientation

\_\_\_\_\_  
Date completed