

Form 690 Individual Orientation

Clark Quality Care

Individual's Name: _____

ID #: _____

Date of Admission: _____

1. _____ Mission Statement given to individual and/or legally authorized representative
2. _____ Confidentially practices explained to individual and/or legally authorized representative
3. _____ Copy of Human Rights provided to individual and/or legally authorized representative
4. _____ Tour of home provided, sleeping area shown and introduction to individuals and staff
5. _____ Fire Drill and Disaster Preparedness procedures explained
6. _____ Informed of his/her rights to actively participate in treatment and discharge planning
7. _____ Copy of Grievance procedures provided
8. _____ Policy on handling Individual's Fund explained and Fee Schedule
9. _____ Informed about weekly individual council meetings and purpose
10. _____ Informed of hours of operation and the availability of after-hour services
11. _____ Provided with a copy of the program's policies on Weapons
12. _____ Provided with a copy of the Client Orientation Handbook.
13. _____ Provided with a copy of the Privacy Policy & Individual Consent Form.
14. _____ Provided with information regarding HCBS Rights.

Individual's/Authorized Representative's
Signature

Date

Program Staff's Signature

Date