

IMPORTANT INFORMATION FROM THE COMPREHENSIVE CASE MANAGERS

A new form called the "Supervision Agreement" is now available for use as foster plans are put into place and reviewed. The purpose of this form is to provide medical, behavioral and supervision information to friends and family members who might be taking residents out of your homes for community outings and visits. There is room on the form to list medications, allergies, treatments and other pertinent medical needs. The amount of supervision an individual needs can be indicated, both at home and in the community. The ISP team for the individual can decide if the form is necessary and how often it needs to be completed/signed by the individuals taking the resident out of your home. Please check with your assigned case manager if you believe this form would be a helpful addition to the ISP process.

DATE: _____

SUPERVISION AGREEMENT

For Non-Paid Caregivers

(PLEASE PRINT)

6/1/06

I, _____, hereby accept responsibility for the care and support of _____, as described below.

I. Medical Support - - - Primary Care Physician: _____
 Address: _____ Phone #: _____

Allergies	Treatment or Response

Medication	Dosage	Times of Administration	For What Condition
Treatments/Protocols (see attached)		Times of Administration	For What Condition

II. Supervision Needed - - - - If help is needed, call:
 Name: _____ Involvement: _____ Phone #: _____
 Name: _____ Involvement: _____ Phone #: _____

	In Public	At Home
Visual and Auditory		
Visual Supervision		
Auditory Supervision		
Whereabouts known		
Independent		
Special Concerns (e.g., court orders, safety issues):		

DATE: _____

III. Behavioral Issues (Behavior Support Plan or Guidelines can be attached instead of completing section below)

Concern	Prevention	Intervention

IV. Other Pertinent Information (e.g., appointments, expected time of return, etc):

I agree to communicate any observations, incidents or concerns of a medical or behavioral nature upon the person’s return to the home. I agree to return any unused medication or personal spending money to the home.

V. Signatures

Name	Relationship to Person

According to ISP team agreement, this form shall be completed as follows:

Individual Assuming Responsibility	Pre-Approval?	If signature required, how often?

DATE: _____