

Aging Division Community Living Section

National Family Caregiver Support Program CAREGIVER SERVICE PLAN

Caregiver Name				
Physical Address				
City	State	Zip		
Mailing Address (if different tha	an Physical Address)			=
City	State	Zip		
Phone Number	Cell Numb	er		
Emergency Contact		_ Phone number_		
This service plan MUST be comp in status, indicate 90 th day, end day			every 90 days thereafter. If no cl	hange
Start Date End Date 90 th Day End Date 90 th Day End Date 90 th Day End Date	e ACC's e ACC's		Caregiver's Initial Caregiver's Initial Caregiver's Initial Caregiver's Initial	_
Day End Date		come(s)	Calegiver's findar	_
(Please check ALL outcomes tha1) To maintain unity of Ca caregiver and/or care receiver2) To minimize burden to c3) To minimize caregiver's4) To increase quality of ca5) Other:	t are applicable) regiver's "family" by pr aregiver by maintaining s stress level are provided by caregive	eventing inappropria or increasing self-sur	•	ion of
A voluntary contribution to this p signing this SERVICE PLAN, I a understand my consumer rights a of any changes, needs, problems,	agree with the above pla nd responsibilities (see	n of services; will p back of page). I wi	participate in my services; and ll notify my Access Care Coor	
Caregiver Signature	Date	Access Care C	Coordinator Signature	Date

Caregiver Services								
Service Category	Service	Sub-Service						
Assistance	Care Coordination aka- NFCP Case Management	Evaluation Initial Care Giver NFCP Evaluation Initial-Care Receiver NFCP Follow-up -Caregiver NFCP Quarterly Eval-Caregiver &/or Care Receiver Re-evaluation renewal of Caregiver Re-evaluation renewal of Care Receiver						
Counseling, Support Group, and Training	NFCP Counseling/ Support Group /Training							
Respite (50 hrs per month, prior approval for 51 or more hours)	NFCP Respite	Adult Day Care NFCP In-Home NFCP Institutional NFCP Assisted Living NFCP						
Supplemental Services	NFCP Supplemental Services NFCP Home Modification \$400) NFCP Assistive Devices (\$400) NFCP Assisted Transportation NFCP Meals (\$5.25) NFCP Incontinence Supplies NFCP Homemaking NFCP Chore/Handyperson NFCP Personal Care NFCP Pers Emer Resp Sys (PERS) NFCP Medication Setup		Loan ClosetVolunteers Installation Monthly (PERS)					
City	State Zi	ip						
Phone Number								
Emergency Contact Emergency Phone Number								
Care Receiver Services								
a . a .	α .							

Care Receiver Services							
Service Category	Service	Forms to be completed	Frequency				
Assistance if Respite and/or Supplemental Services are being provided to the Caregiver	Care Coordination	AGNES~ done by ACC and entered ,aka Assessment,in SAMS (for Respite & Supplemental Services only) APS Packet & Review	Annually or Change of Status Annually.				
Nursing Services: If personal care is indicated	Nursing Assessment Nursing Delegation	Date:	Both done annually or at a change of status.				

CLIENT RIGHTS

- ✓ The client has a right to be informed, in advance, about the services to be provided, and of any changes to the services to be provided.
- ✓ The client has the right to participate in the planning of the services changes to the services.
- ✓ The client has the right to refuse services, and to be informed of the consequences of their decision.
- ✓ The client has the right to be fully informed of the agency's policies and voluntary contributions for the services, prior to receiving services.
- ✓ The client has the right to be treated with respect and dignity.
- ✓ The client has the right to have their property treated with respect.
- ✓ The client has the right to expect their personal information and records to be maintained with confidentiality.
- ✓ The client has the right to voice their grievance regarding services that are provided or fail to be provided, or regarding the lack of respect for property by anyone who is providing services, without fear of termination or retaliation.
- ✓ The client has the right to be advised of the availability of the Aging Division Community Living Section's toll-free number 1-800-442-2766.
- ✓ The client shall be given written notice of their rights prior to the start of services.
- ✓ The client has the right to call the Ombudsman at 1-800-856-4398.

CLIENT RESPONSIBILITES

- ✓ The client has the responsibility to keep providers aware of any change in their living situation.
- ✓ The client has the responsibility to provide accurate information to the Access Care Coordinator when he/she visits.
- ✓ The client has the responsibility to be cooperative, actively participate in the development of, and follow, their service plan, and the agreed upon fee.
- ✓ The client has the responsibility to keep appointments, or notify the providers when they are unable to keep appointments.
- ✓ The client has the responsibility to ask questions if the program services are unclear.
- ✓ Wyoming is a mandatory reporting state regarding Elder Abuse. Call your local Department of Family Services or law enforcement.