

DAILY TASK CHECKLIST



	Date	Task	Done
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

IDENTIFYING & RESOLVING CONFLICTS

1. Identify the problem or conflict. What is making you unhappy or uncomfortable? (Example: "Sarah, my homecare worker, doesn't listen to me.")

2. Thinking about the problem you wrote about above, be as specific as possible about what is happening that you don't like. (For example, "Sarah doesn't listen when I am telling her what I want to eat and she makes food that I don't like.")

3. How do you feel about the problem? (Examples: Angry, frustrated, sad, scared, disrespected: "I feel angry and frustrated when Sarah doesn't listen to me, and I have to eat food I don't like.")

4. What do you think about the problem? (Example: "I think I have a right to be heard when I speak, and I think Sarah should make what I want to eat since I am her employer.")

5. What do you want to happen? (Example: "I want Sarah to listen to me, and make the food I ask her to make.")

6. How can you communicate what you want to your homecare worker in a respectful way? (Example: "Tomorrow, I'll ask Sarah to sit down before making breakfast, and I'll calmly and clearly tell her that I feel disrespected and she needs to honor my requests." Or, "I can discuss this with Sarah during her performance evaluation." Or, "I can show her these worksheets and explain the problem, how I'm feeling, and what I want.")

7. In addition to talking directly with the homecare worker, are there other things you could do to address this problem? (Example: "I'll address the problem with Sarah in a calm, direct manner, but I'll ask a friend to be there so I feel supported.")

8. What will you do if the problem doesn't get solved? (Example: "If Sarah continues to ignore what I want, I'll let her know that I'll need to find a different homecare worker.")

WORKSHEET FOR ADDRESSING CONCERNS

Ground Rules:

When: _____

Where: _____

Concern: _____

Ideas to resolve concern (no idea is a bad idea):

(1) Check those ideas you want to discuss

(2) Rewrite if needed and use worksheet for discussion guide

Follow-up: _____

EMPLOYEE PERFORMANCE REVIEW

Employee Name: _____
(Last, First, MI)

Job Title: _____

Performance Review Period From: _____ to _____

Task	Observations

Employee _____ Date _____

Employer _____ Date _____

NOTICE OF EMPLOYMENT TERMINATION

TO: _____ (Employee Name)

This is to inform you that as of _____ (date), _____ (time) your services are no longer required.

- Employee has returned all possessions that belong to employer.
- Employer has returned all possessions that belong to employee.
- Employer's case manager has been notified of employee's termination of employment, time and date.

Employee Signature

Date

Employee Signature

Date

EXAMPLE CHECKLIST OF THINGS TO ORGANIZE FOR AN EMERGENCY:

- Copy of identification card_____
- Copy of driver's license_____
- Copy of social security card_____
- Copy of medical card_____
- Copy of birth certificate_____
- Bus tokens / bus pass_____
- Quarters for phone call_____
- or phone cards_____
- Purse_____
- Money_____
- Credit/debit cards_____
- Clean clothes_____
- Emergency button/alarm_____
- Medic Alert bracelet_____
- Copies of medical records_____
- Copies of legal papers (divorce papers, restraining order, etc.)_____
- _____
- Other things you might need:
- _____
- _____

CHECKLIST OF THINGS TO ORGANIZE FOR AN EMERGENCY:

- _____
- _____
- _____
- _____
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- _____

EMERGENCY PLAN

Employer and employee should develop this plan, post it next to phone, and update it whenever changes occur.

Employer Name: _____ Date: _____

1. EMERGENCIES - LIFE THREATENING: CALL 9-1-1

Phone Number You Are Calling From: _____

Street Address: _____

Major Crossroad: _____

Home Direction from Crossroad: _____

2. EMERGENCIES - NON- LIFE THREATENING

List the following local numbers - not 9-1-1.

Fire/paramedics: _____

Physician: _____

Hospital: _____

Police/Sheriff: _____

Poison Control: _____

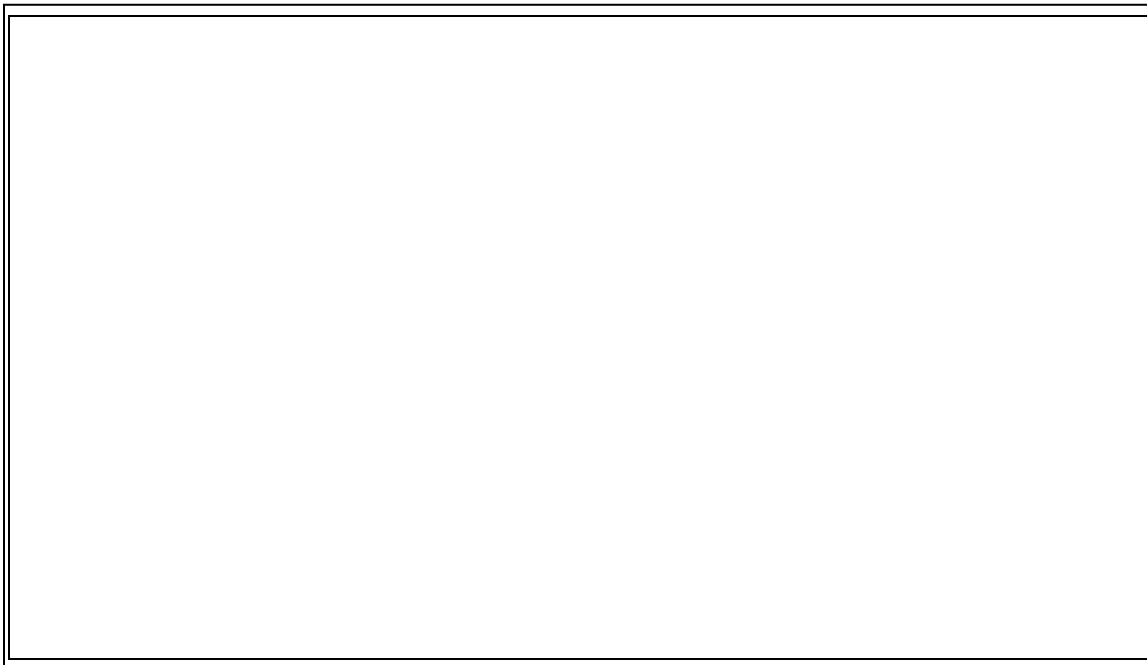
Other: _____

3. List of allergies:

4. Medications you take:

5. HOME EVACUATION

Make a sketch of your home in this space and show where exits are (whether they are doors or windows). Draw arrows to show escape routes. In case of fire, get everyone out.



9. IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

HOUSEHOLD SAFETY CHECKLIST

Emergency Planning	
<input type="checkbox"/>	Emergency number/ 9-1-1 posted or on speed-dial
<input type="checkbox"/>	Other emergency numbers posted in clear view
<input type="checkbox"/>	Escape plan or emergency ladder for the upper floors of your home
<input type="checkbox"/>	Household fire/emergency escape plan is posted
<input type="checkbox"/>	Alternate routes are planned, and all persons know the routes
General Household	
<input type="checkbox"/>	Thermostat on the water heater set below 120 degrees Fahrenheit
<input type="checkbox"/>	Flashlights are available and ready to use
<input type="checkbox"/>	Home is free of pests and animal waste
<input type="checkbox"/>	Animals are controlled
<input type="checkbox"/>	Medications, chemicals, and cleansers are labeled and stored correctly
<input type="checkbox"/>	Materials are safely stored at proper height
<input type="checkbox"/>	Furniture arranged to allow for free movement in household traffic areas
<input type="checkbox"/>	Adequate space to use special equipment
<input type="checkbox"/>	Sharp objects are padded (bed frames, countertop corners, etc.)
<input type="checkbox"/>	Guns, ammunition and hazardous equipment kept in separate places under lock and key
Tripping & Falling	
<input type="checkbox"/>	Enough lighting to see steps, curbs, etc.
<input type="checkbox"/>	Light can be turned on without walking into a dark room
<input type="checkbox"/>	Liquids such as water, ice, snow, grease are cleaned up immediately
<input type="checkbox"/>	Outside walkways are cleared of trash, boxes, etc.
<input type="checkbox"/>	Sidewalks and outdoor stairways clear of concrete cracks and missing pieces
<input type="checkbox"/>	Stairs, halls, rooms, exits and pathways are free from clutter
<input type="checkbox"/>	Stairs have sturdy handrails
<input type="checkbox"/>	Rug edges are not frayed and are tacked down
<input type="checkbox"/>	Throw rugs are removed or non-skid mats are in place
<input type="checkbox"/>	Sharp objects are padded (bed frames, countertops, etc.)
<input type="checkbox"/>	Stairs, halls, exits, and pathways are free from clutter
<input type="checkbox"/>	Railings or banisters are securely placed along each stairway or other necessary

<input type="checkbox"/>	locations
<input type="checkbox"/>	Electrical cords are not a tripping hazard
<input type="checkbox"/>	Sleeping pets are out of pathways
<input type="checkbox"/>	Bright contrasting color tape is on top and bottom steps of stairs
Fire and Electrical Safety	
<input type="checkbox"/>	Smoke alarms and fire extinguishers installed on every floor and in the kitchen
<input type="checkbox"/>	Smoke alarms are in working order, batteries are checked
<input type="checkbox"/>	Fire extinguishers are in good working order, available, and serviced after each use
<input type="checkbox"/>	All working fireplaces have a screen
<input type="checkbox"/>	No exposed electrical wires
<input type="checkbox"/>	Electrical outlets and extension cord are not overloaded
<input type="checkbox"/>	Cords and electrical cords are not frayed
<input type="checkbox"/>	Cords or extension cords do not run across traffic path areas or wheelchair routing paths
<input type="checkbox"/>	Turn off appliances when they are not in use
Medical Equipment and Safety	
<input type="checkbox"/>	Well-stocked First Aid kit available
<input type="checkbox"/>	Protective equipment (gloves, masks, clothing, etc.)
<input type="checkbox"/>	Oxygen hoses are out of walkway
<input type="checkbox"/>	Medical equipment stored properly
<input type="checkbox"/>	No smoking or open flames when oxygen is used
<input type="checkbox"/>	Used needles are placed in "sharps" container or closed durable container
<input type="checkbox"/>	Medicines are clearly labeled and include directions
Bedroom	
<input type="checkbox"/>	Night light provides light for your path to the bathroom
<input type="checkbox"/>	Bed is at the proper height
Bathroom	
<input type="checkbox"/>	Bath water temperature is checked by hand before bathing
<input type="checkbox"/>	Non-slip rubber mat in tub or shower
<input type="checkbox"/>	Handgrips installed at bathtub, shower, and toilet