

**IRIS SUPPORTIVE HOME CARE / SELF-DIRECTED PERSONAL CARE / RESPITE CARE
 TRAINING VERIFICATION**

INSTRUCTIONS: Completion of this form is not required through Wisconsin State Statute; however, completion of this form is an IRIS Program requirement. Both the participant-hired worker and the participant employer must sign and date the bottom in order to be considered complete. Participant-hired worker may not begin working for participant employer until they have received a mailed start date letter.

Please fill out the appropriate section(s) based on services that will be provided.

Completed forms should be submitted to the participant's Fiscal Employer Agent.

SECTION I – PARTICIPANT-HIRED WORKER DEMOGRAPHICS (all fields must be filled)

Name – Participant-Hired Worker (Last, First)	Name – Participant Employer (Last, First)
Date of Birth – Participant-Hired Worker	Anticipated Employment Start Date

SECTION II – SUPPORTIVE HOME CARE REQUIRED TRAINING

- Employee is oriented to participant's place of care.
- Employee safely performs cares and duties.
- Employee knows what to do in an emergency situation*.
- Employee works effectively with participants and respects their choices.
- Employee is familiar with homemaking/household services.
- Employee uses gloves as appropriate while assisting with participant's cares.
- Employee understands participant's disability, diagnosis and related needs.
- Employee is familiar with participant's daily schedule, needs, and duties.
- Employee is aware of the participant's back-up plan.

Required training completed on:

SECTION III – SELF-DIRECTED PERSONAL CARE REQUIRED TRAINING

- Employee is oriented to participant's place of care.
- Employee safely performs cares and duties.
- Employee knows what to do in an emergency situation*.
- Employee works effectively with participants and respects their choices.
- Employee uses gloves as appropriate while assisting with participant's cares.
- Employee understands participant's disability, diagnosis and related needs.
- Employee is familiar with participant's daily schedule, needs, and duties.
- Employee is aware of the participant's back-up plan.

Required training completed on:

SECTION IV – RESPITE CARE REQUIRED TRAINING

- Employee is oriented to participant's place of care.
- Employee safely performs cares and duties.
- Employee knows what to do in an emergency situation*.
- Employee works effectively with participants and respects their choices.
- Employee uses gloves as appropriate while assisting with participant's cares.
- Employee understands participant's disability, diagnosis and related needs.
- Employee is familiar with participant's daily schedule, needs, and duties.
- Employee is aware of the participant's back-up plan.

Required training completed on:

***Emergency Response:** employee knows how to evacuate the participant in an emergency, and knows how to respond to emergencies related to the participant's health and safety.

By signing below, you agree the information on this form is accurate. Both signers also acknowledge that no hours worked prior to a passed background check will be authorized.

SIGNATURE – Employee	Date Signed
SIGNATURE – Participant	Date Signed