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| ***ENTITY INFORMATION*** |
| Named Insured: |
| ***CHECK SERVICES PROVIDED*** |

[ ]  Nursing Care [ ]  Social Work [ ]  Driving Clients for Appointments

[ ]  Meal Preparation [ ]  Blood Testing [ ]  Feeding

[ ]  Running Errands [ ]  Speech Therapy [ ]  Dressing

[ ]  Laundry [ ]  Bathing [ ]  Medication Management

[ ]  Housework [ ]  Medical Therapy [ ]

|  |  |
| --- | --- |
| Total annual home healthcare payroll: |  |
| How many employees provide in-home services? |  | How many volunteers? |  |
| Percentage of clients who are non-ambulatory:  |
| Do you sell or rent medical equipment? | [ ]  Yes [ ]  No |
| Amount of receipts for sales and rentals: $ |
| Do you have written procedures in place to prevent theft from clients’ homes? | [ ]  Yes [ ]  No |
| How are these procedures monitored?  |
| What type of training does staff receive?  |
| Are volunteers required to complete the same training? | [ ]  Yes [ ]  No |
| Are medications administered? | [ ]  Yes [ ]  No |
| Are visits documented? | [ ]  Yes [ ]  No |
| Do care providers use their own vehicle? | [ ]  Yes [ ]  No |
| Do you verify auto insurance? | [ ]  Yes [ ]  No |

**COMPLETED SUPPLEMENTS MUST BE SUBMITTED TO:**

BYRON RICHE PHONE: (800) 407-2027

CLEAR RISK SOLUTIONS FAX: (509) 754-3406

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