

# NEW CLIENT MEETING GUIDE



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# CHECKLIST

Review and/or fill out the following items with the client/parents.

- The get-to-know-you form for your client (page 2)  
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- ISP, BSP, and any other documentation  
.....
- DSP Job Duties (page 3)  
.....
- Serious Incident Reporting requirements (page 4)  
.....
- The progress note Google form our office emailed to you. Progress notes should reflect progress made specifically toward the desired outcomes/goals listed on the ISP.  
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- Timekeeping method (below)  
.....
  - Clocking in and out is done through the state system called eXPRS, or shifts can be emailed to [timesheets@familyreliefresources.com](mailto:timesheets@familyreliefresources.com) if the DSP forgets to clock in or out, there is no coverage, or eXPRS isn't working.
  - A GPS stamp is taken at clock in and clock out. It doesn't matter if the DSP is clocking in or out from the client's home or out in the community (like a school pick up, etc).
  - **It is the responsibility of the parent and the DSP to make sure not to go over the client's attendant care hours. Hours worked for the month can be requested at any time by emailing [timesheets@familyreliefresources.com](mailto:timesheets@familyreliefresources.com).** It is helpful for the DSP to keep track of their own hours on their phone in case something goes wrong with their eXPRS clock in.
  - No parent/guardian timesheet approval is necessary due to the GPS stamp.

# FILL IN THE BLANKS

Review and/or fill out the following items with the client/parents.

1

Desired outcomes/goals

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2

Behaviors

Suggestions for de-escalation

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.....	.....
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.....	.....

3

Daily job tasks

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.....	.....
.....	.....
.....	.....

# FILL IN THE BLANKS

Review and/or fill out the following items with the client/parents.

**4** Activity suggestions (out in the community)

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**5** Attendant care hours per month

.....

**6** Respite Care Days (these reset every year when the ISP is renewed. Unused days do not carry over.)

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**7** Mileage reimbursement (adult clients only)

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**8** Shift schedule

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# GETTING TO KNOW YOU

My name: .....

Nickname? .....

My favorites:

Color: .....

Book: .....

Food: .....

Movie: .....

I like to:

Draw and color

Play outside

Go to a friend's house

Play quiet games inside

Play alone

Listen to stories

Something I'm good at is: .....

.....

Something you should know about me is: .....

.....

.....

# DIRECT SUPPORT WORKER JOB DUTIES

- Keep the patient safe from health hazards.
- Monitor individuals' behavior toward themselves and others and maintain records of patients' problems and progress.
- Report any instances of suspected abuse, neglect, or exploitation to the appropriate authorities.
- Help individuals with tasks like cooking, cleaning, showering, toileting, shopping, and managing money.
- Help with transportation arrangement to appointments. Drive clients to appointments and community activities if needed.
- Teach patients tasks that they can ultimately learn to do for themselves.
- Encourage and assist client engagement in social networks and communities.
- Arrange an agreed-upon work schedule with the client or client's guardian.
- Be on time for each shift.
- Give as much notice as possible if you aren't going to be able to work your shift.
- Stay off your phone/internet during your shift.
- Clock in and out for each shift using EVV – Electronic Visit Verification. If EVV is not available at time of shift, report the shift time immediately to Family Relief Resources via [timesheets@familyreliefresources.com](mailto:timesheets@familyreliefresources.com). Your own smart phone is required for this position, as EVV requires GPS locations and internet or app for timekeeping.
- Keep progress notes for visits that demonstrate achievement of the client's desired outcomes and goals on a Google Form document shared with you.
- Keep Family Relief Resources updated with current CPR certification. Obtain CPR certification within 90 days of employment.
- Keep Family Relief Resources updated with current auto insurance information and driver's license.
- Complete 24 hours of continuing education each year.
- Turn in a Serious Incident Report to Family Relief Resources with 24 hours of any serious incident.

# SERIOUS INCIDENT REPORTING

Support workers must report serious incidents to Family Relief Resources immediately, but no later than one business day after an incident happens. A blank report can be found [www.familyreliefresources.com](http://www.familyreliefresources.com).

## What kinds of things are DSWs required to report?

- Serious illness that will result in hospitalization, bodily injury, or death without treatment.
- Serious injury that risks a person's life or permanent injury without treatment.
- Physical aggression resulting in injury to the person, PSW, or others.
- Person receives emergency medical care.
- Person is missing beyond the time frame established in the ISP.
- Person is admitted to a psychiatric hospital.
- Person attempts suicide.
- Person has an unplanned hospitalization.
- A medication error that results in harm or puts the person's health and safety at risk.
- A safeguarding intervention or the use of safeguarding equipment included in a Positive Behavior Support Plan results in injury.
- The use of a physical restraint that is not included in a Positive Behavior Support Plan.
- Death





## DOES THE CLIENT HAVE A RISK IDENTIFICATION TOOL (RIT)?

If yes, list each risk and how you plan to mitigate it.

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## DOES THE CLIENT HAVE ANY SPECIFIC WRITTEN PROTOCOLS?

If yes, list each protocol and how you plan to follow it.

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# SIGNATURE FORM



Sign below once you have reviewed and filled out the entire guide.

## Parent/guardian agreement

- I agree to do my best to set a work schedule and be consistent with it.
- I agree to give the DSP as much notice as possible when the work schedule changes due to sickness, vacation, summertime, etc.
- I agree to give constructive, kind and clear feedback and suggestions to help the DSP do their job and understand their client.
- I agree to provide a safe and pleasant working environment for the DSP and client.
- I agree to not have the DSP work over the monthly hours I have approved, and that I am responsible to compensate the DSP for any hours worked over the limit.

Name .....

Date .....

## Employee agreement

- I have reviewed the entire new client meeting guide with the client.
- I understand my responsibilities as a DSP and agree to do my best in fulfilling said responsibilities and achieving the agreed upon goals.
- I understand the situations in which a Serious Incident Report is required and will submit a report when needed to [office@familyreliefresources.com](mailto:office@familyreliefresources.com) within 24 hours of incident.
- I understand my client has a specific amount of hours approved, and if I work over those hours I am not eligible to be paid.

Name .....

Date .....