

Service Orientation Checklist – Adult Services

Name: _____ Service Area: _____

Service Commencement date: _____

Service Orientation Start Date: _____ Completion Date: _____
(Within 1st week of service)

Name of Employee Completing Orientation: _____

Check those that apply	Checklist
	Received Service Orientation/Renewal Package
	Review of Guardianship and/or Trusteeship Orders (as applicable)
	Review of Conflict of Interest P&P
	Review of Confidentiality P&P
	Review of Rights and Responsibilities P&P
	Review of What You Need to Know About Abuse
	Review of Protection for Persons in Care Act information
	Review of Addressing Concerns P&P
	Review of Handling of Client's Funds P&P
	Review of Remuneration P&P
	Review of Medication P&P
	Review of Safe Water Temperatures & Bathing P&P (as applicable)
	Review of Emergency Preparedness P&P
	Review of area specific Continuation of Services / Contingency Plans (as applicable)
	Review of Documentation P&P
	Review of Person Centered Planning P&P
	Review of Responding to Situations and Behaviors of Concern P&P
	Review of Accommodations Licensing Information
	Review of other required Inspection Information (as applicable)
	- Alberta Health Inspections
	- Fire Inspections
	Cleaning and Maintenance Information (as applicable)
	Review of Move-in information
	Review of Risk Assessment for Clients
	Review of Discontinuation of Services P&P
	Advanced Care Planning information
	ASC Workplace Culture
	Review of Resident and Family Councils information (as applicable)

SIGNATURES: _____ *Client/ Guardian* _____ *Coordinator*

Binder(s):	Adult Services					Page:	1 of 1
Section(s):	Entry/Exit	R/R	Feb 24/05	R	Mar 6/08	R/R	May 19/10
Program Area(s):	Adult Disability	R/R	Sept 24/12	R/R	May 9/13	R/R	Nov 12/15
		R/R	Apr 18/18				