

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES

DOCUMENTATION OF QUALIFICATIONS TO PROVIDE PERSONAL CARE SERVICES

Name of individual	Social Security number
Address	County
City	State
Zip	

Criteria	Yes/No	Comments	Date
Verification of identity obtained, such as a copy of Social Security card.			
Documentation made of relationship to client.		<input type="checkbox"/> Not a family member <input type="checkbox"/> Family member Relationship: _____	
References and/or work history verified as reported by client or client's family.			
Verification of age.			
Contact with OSDH, Nurse Aide Registry regarding any pending notation.			
Contact to verify Community Services Worker Registry does not contain individual's name.			
Criminal background check initiated/obtained.		<input type="checkbox"/> No pending notification <input type="checkbox"/> Pending notification	
Determination made of competency to provide personal care services according to plan of care.		See Documentation of Competency Form.	
Conducted orientation to personal care services as outlined in OAC 317:35-15-13(3A).			
Contract Initiated.			
Established date services are to begin.		Services to begin: _____	

Oklahoma Department of Human Services (OKDHS) nurse

Date

I agree to accept _____ as my personal care assistant. I understand that I am the employer of this individual and the Oklahoma Health Care Authority will pay him or her on my behalf.

Client's signature

Date

Name of client			Case number
Address	City	State	Zip
Name of personal care assistant (PCA)			Service initiation date

Demonstrates the ability to:	PCA initials	Evaluator initials	Date
assist with a tub bath			
assist with a shower			
assist with sponge bath			
perform a bed bath			
assist with dressing and grooming			
position an individual on a commode and/or bedpan			
assist in transfer from one location to another			
prepare an individualized meal			
conduct light housekeeping tasks and laundry			
assist in ambulation			
purchase groceries/needed supplies			
shampoo hair			
shave facial hair			
other competencies:			
report to nurse if the client:			

Personal care assistant signature Date

Evaluator's signature