

RE: PERSONAL ASSISTANCE GUIDELINES FOR: **DELEGATED OCCUPATIONAL THERAPY TASKS**

Was the 'Decision to Delegate' tool used to determine if it is safe and suitable to delegate this task?

— Yes — No

□ New Task
□ Change to Task Is this Delegated Task a: □ Review PARIS ID: Client: _____ Phone #: ____ Physician: ____ Phone #: ____ Client is able to direct own care? □ Yes □ No Family or Client's Key Caregiver: ______Relationship to Client: _____ This is to confirm home support has agreed to accept the task of **ASSISTING WITH**: □ Prosthetics / Orthotics / Splints □ Re-Training Client's Functional Capability □ Other: _____ VCH Community staff will continue to monitor the client's condition. They should be contacted as soon as possible by Home Support staff if there are any concerns about the task(s) or a change in client's condition. VCH Community Contact: Name: ______ Phone: _____ Date: _____ **TASK GUIDELINES:** The Unregulated Care Provider is to: 1. 2. 3. 4. Additional Information:

Persons Trained:	Name	Date	Competence Demo	onstrated (Y/N)
Agency Supervisor:				
Unregulated Care Provider(s):				
	AILED: (X All that apply)			
□ Written Instructions□ Diagrams				
 Photographs 				
□ Other			(
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