



**Assistance Needed and Special Considerations**

General Assistance Needed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Considerations \_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, please list any specific instructions or duties.  
\_\_\_\_\_  
\_\_\_\_\_

.....

**Care Preferences and Matching Information**

Preferred days and times for care \_\_\_\_\_

Days and times that will NOT work for care \_\_\_\_\_

Preference regarding the gender of the Care Provider: no preference / female / male  
smoker / non-smoker / no preference      Any other character preference?  
\_\_\_\_\_  
\_\_\_\_\_

Please list type/number of household pets \_\_\_\_\_

Please list number of smokers in the house \_\_\_\_\_

Other helpful information \_\_\_\_\_

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**Billing Information**

Number of people living in Client's household? \_\_\_\_\_

Total Net Income of Client's household? \_\_\_\_\_

Payment for services covered by \_\_\_\_\_

# of hours authorized \_\_\_\_\_      Private Pay Rate \_\_\_\_\_

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**I have completed the above information to the best of my ability and knowledge. All of the facts and figures shown here represent true information. In addition, I have reviewed Trinity's Client Guidelines and have received the Client Bill of Rights. I am willing to follow these guidelines while utilizing Trinity In-Home Care services.**

Signed: \_\_\_\_\_      Date: \_\_\_\_\_

# Release of Information Consent

I, \_\_\_\_\_, as an individual, or

I, \_\_\_\_\_, \_\_\_\_\_ (relationship) of \_\_\_\_\_ (client), do hereby authorize Trinity In-Home Care., and/or the attending Care Provider to share necessary information with and receive necessary information from the following agencies:

\_\_\_ VNA (Visiting Nurses of Douglas County)    \_\_\_ Hospice \_\_\_\_\_

\_\_\_ SRS (Social and Rehabilitation Services)    \_\_\_ JAAA

\_\_\_ Project Lively/Douglas County Health Department

\_\_\_ Lawrence Memorial Hospital

\_\_\_ Cottonwood, Inc.

\_\_\_ The ARC of Douglas County

\_\_\_ Bert Nash

\_\_\_ Independence, Inc

Other (please list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_ I authorize information to be shared during receipt of Trinity services.

I understand that the information used or disclosed may be subject to redisclosure by the person(s) receiving it and no longer protected by the federal privacy regulation. I understand that I may revoke this authorization by notifying Trinity In-Home Care staff in writing of my desire. However, I understand that if I revoke this authorization, it will not have any affect on my actions taken by Trinity In-Home Care, Inc. in reliance on this authorization. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility.

\_\_\_\_\_  
Individual Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# Client Bill of Rights

Trinity In-Home Care is a licensed home health agency in the state of Kansas. As such, Trinity is required by the Kansas Department of Health and Environment to distribute the Bill of Rights to all clients. Trinity In-Home Care believes all clients who receive home health care services are entitled to high standards of social, psychological, and physical care. We recognize the dignity of each individual and the inherent human rights that contribute to the totality of individual dignity, health, security, happiness, and usefulness in life.

Each client has the right to be treated with respect as an intelligent and sensitive human being. Clients have the right to religious and civil liberties, and to the widest extent possible, freedom of choice and decision making consistent with the standards and obligations of Trinity In-Home Care.

1. Each client has the right to choose their care providers, to know by name, and to be able to communicate with them.
2. Each client and/or family member has the right to participate in the planning of their care and to educate and appropriate instructions regarding their care.
3. Each client has the right to refuse care and to be informed of possible consequences of this action.
4. Each client has the right to care without discrimination on the basis of race, age, color, creed, sex, or national origin.
5. Each client will be admitted for care only on the basis of available, qualified staff.
6. Each client has the right to reasonable continuity of care.
7. Each client has the right to be advised in advance of the frequency of care planned and of any changes in the plan of care before the change is made.
8. Each client has the right to confidentiality of all records and personal information.
9. Each client has the right to review all health records pertaining to them obtained by Trinity In-Home Care unless the information is restricted by a physician.
10. Each client has the right to be referred elsewhere for in-home services.
11. Each client has the right to voice grievances and to suggest changes.
12. Each client has the right to be informed of agency policies and charges prior to receiving care.
13. Each client has the right to be free from verbal, physical, or emotional abuse and to be treated with dignity.
14. Each client has the right to have his/her property treated with respect.
15. Each client has the right to be informed of the Home-Health hotline number:  
1-800-842-0078, hours Monday-Friday 8:00am-4:00pm, excluding holidays.

# Helpful Hints for Trinity Clients



## **What can I expect from Trinity In-Home Care?**

The staff at Trinity In-Home Care wants to do our best at matching services to your individual needs. It is important to know that **YOU** are part of the Trinity team! Your feedback and cooperation allow us to provide optimal care, including non-medical personal support, light housekeeping, errand running, grocery shopping, transportation within Douglas County, and a variety of other services.



## **What does Trinity *not* provide?**

All cleaning supplies and personal care items must be provided by **YOU**. Please remember that Trinity *cannot* provide medical care to clients. That means, no medication administration, wound care, or other skilled support. Also, Trinity's direct support professionals (DSPs) can perform light housekeeping tasks, but remember that they are not trained housekeepers. You will need to be specific if you have any preferred cleaning practices that you would like them to follow.



## **What are my responsibilities?**

In addition to providing supplies, and setting your own schedule, you are in charge of verifying the amount of hours a DSP worked for you by reviewing and signing his/her time sheet. Be sure to monitor these hours closely, because they are the basis for your Trinity bill. If there is a discrepancy, please call the Trinity office.



## **How do I schedule time with care providers?**

At Trinity, care is provided as scheduled by **YOU**. Although availability of a care provider cannot be guaranteed, the more notice provided, the more likely it is that care can be arranged. If you would like to make a schedule change or add more hours, please contact our office and we will do our best to assist you. If your provider is sick or unable to come for a scheduled shift, and it is outside regular office hours, please use our on-call service. A DSP is available to fill in for scheduled shifts by calling 785-550-1882.



## **What if I am not satisfied with the care I'm receiving?**

If you feel that your needs are not fully being met or that you are dissatisfied with your DSP's performance, please call the Trinity office right away. We want to provide you with the complete care you deserve, and for your experience at Trinity to be a great one!



## **How does billing work?**

Please **DO NOT** pay your DSP directly for services! If you are paying privately or you have a client obligation through a funding program, you will receive a monthly invoice detailing services provided in the last month. Invoices are mailed monthly, for care received the previous month.



## **How do I pay my bill?**

Payment is due within 30 days of the invoice date. Acceptable forms of payment include cash, check, money order, automatic withdrawal, and major credit cards (Visa, Mastercard, and Discover). Please call the office if you have additional questions regarding your invoice.

***Thank you for choosing Trinity In-Home Care!***

**Office Phone: (785) 842-3159    Fax: (785) 842-7061**

**On-Call Service: (785) 550-1882**