



**Recover Care  
Prospective Client**

# Welcome

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Dear Client:

Thank you for considering Recover Care for your home care needs. If you choose to initiate services with us, we promise you that we will do our very best to help you achieve your health care goals, by developing a Plan of Care that is specifically and uniquely designed to meet your needs.

Please review our Mission Statement, it speaks of our dedication and commitment to the highest possible quality services. We value the trust you have placed in us, and we invite you to contact us whenever you have questions or concerns.

Sincerely,



Greg Von Arx  
President/CEO  
Recover Care



**Our mission is about creating relationships that make a meaningful difference in people's lives.**

*...we bring health care home*

## **Philosophy:**

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Recover Care is a company of caring individuals with compatible values, whose drive and desire are to be part of something greater than themselves. It is our vision to recruit and retain only those individuals who are inspired by the same beliefs and values, and who intend to sustain relationships that make a difference in the lives of those we take care of, work with, and encounter in our business activities.

## **Guiding Principles:**

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Recover's Guiding Principles are a set of commitments and beliefs that guide clinical practice, decision making, staff performance, and business strategy.

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### **We are committed to:**

- Bringing leadership to home care and integrity to business in every community we serve and in every way we operate.
- Building the cornerstones of our business on a strong foundation of service to others.
- Maintaining a company culture that encourages entrepreneurial spirit, shares its success, and values each individual's contribution.
- Leading by example and creating a highly ethical environment, attracting staff who deal honestly in every transaction and respond honorably in every interaction.
- Making decisions that support the client's welfare and are financially responsible for the organization.

### **We believe in:**

- Using candid, respectful communication, promoting consistency in word and action, and supporting individuals to say what they mean and mean what they say.
  - Listening and responding to the voices of our clients, co-workers, and communities.
  - Making a difference together using skill, hard work, and an affinity for learning, laughter, and goodwill.
  - Sharing a sense of purpose with professionals and paraprofessionals who are talented, competent, and love what they do.
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# Statement of Home Care Services

Comprehensive Home Care Provider Name: **Recover Care**

Below is a list of all services that *may* be provided with a Comprehensive Home Care License.

**Each service that is offered by this provider is indicated by a check in the box next to the service.**

<input checked="" type="checkbox"/> Registered Nurse Services	
<input checked="" type="checkbox"/> Licensed Practical Nurse Services	
<input checked="" type="checkbox"/> Medication Management Services	
<input checked="" type="checkbox"/> Delegated tasks to unlicensed personnel	
<input checked="" type="checkbox"/> Hands-on assistance with transfers and mobility	
<input checked="" type="checkbox"/> Providing eating assistance for clients with complicating eating problems (i.e. difficulty swallowing, recurrent lung aspirations, or requiring the use of a tube, parenteral or intravenous instruments)	
<input checked="" type="checkbox"/> Assistance with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing	
<input checked="" type="checkbox"/> Providing standby assistance within arm's reach for safety while performing daily activities	
<input checked="" type="checkbox"/> Providing verbal or visual reminders to take regularly scheduled medication (includes bringing clients previously set-up medication, medication in original containers, or liquid or food to accompany the medication)	
<input checked="" type="checkbox"/> Providing verbal or visual reminders to the client to perform regularly scheduled treatments and exercises	
<input checked="" type="checkbox"/> Preparing modified diets ordered by licensed health professional	
<input checked="" type="checkbox"/> Laundry	
<input checked="" type="checkbox"/> Housekeeping/Other household chores	
<input checked="" type="checkbox"/> Meal preparation	
<input checked="" type="checkbox"/> Shopping	
	<input type="checkbox"/> <del>Advanced Practice Nurse Services</del>
	<input type="checkbox"/> <del>Physical Therapy Services</del>
	<input type="checkbox"/> <del>Occupational Therapy Services</del>
	<input type="checkbox"/> <del>Speech Language Pathologist Services</del>
	<input type="checkbox"/> <del>Respiratory Therapy Services</del>
	<input type="checkbox"/> <del>Social Worker Services</del>
	<input type="checkbox"/> <del>Services by a Dietitian or Nutritionist</del>
	<input type="checkbox"/> <del>Complex or Specialty Healthcare Services</del>

# Prospective Client Intake Form

Client Name:		Apartment #:	Consult Date:
Phone Number:	Email:		
DOB:	SSN:		
Emergency Contact Name:	Emergency Contact Number:		
Preferred Hospital:	Physician Name/Clinic:		
Pharmacy Name:	Pharmacy Phone:		
<b>Notes:</b>			
If applicable, make copies of and scan in the following information: <input type="checkbox"/> Medicare Card <input type="checkbox"/> Any other information provided			

## Client's Choice of Home Care Provider

Client Name: \_\_\_\_\_

Community Location: \_\_\_\_\_

If your choice of agency is Recover Health, please indicate that below and acknowledge that you were given the option of any agency and made the choice of your own free will.

\_\_\_\_\_

\_\_\_\_\_

Recover Health \_\_\_\_\_

I grant Recover Health authority to gather any medical records necessary to provide home care services to me.

I understand that I have the right to change my decision for a home care provider at any time. I will coordinate with my hospital/facility discharge planner as appropriate if I decide to make any changes to my home care provider.

*I acknowledge that I was provided a choice of agencies and select Recover Health as my provider.*

\_\_\_\_\_  
Client/Representative Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Client (if necessary):