

**LINCOLN STREET, INC.
TRAINING DOCUMENTATION FOR RESPITE PROVIDERS**

Contractors and or Family Members are responsible for assuring Respite Providers receive all training required by the Division of Disability and Aging Services. **Training requirements are outlined the Information and Training Manual.**

Documents to be used when training Respite Providers will include: Information and Training Manual, Person's Emergency Fact Sheet, Individual Support Agreement, Shared Support Plans and other pertinent assessments.

Respite Provider _____ Date _____

Physical Address: _____
Street Town State Zip Code

Mailing Address: _____
(if different from physical address)

Phone Number: _____

Individual Served: _____ Home Provider _____

Pre and In-Service Training: Before working alone with a person who receives support funded by the Division of Disability and Aging Services each Respite Provider must demonstrate knowledge or be trained in all of the following.

Training Provided	Date Completed
Adult Abuse Neglect & Exploitation and Reporting Requirements	
Child Abuse, Neglect & Exploitation and Reporting Requirements	
Or online Vermont Pre-Service Training vtrespite@arissolutions.org (attached certificate)	

Training Provided: Values information	Date Completed
Individual Rights	
Notice of Privacy Practice HIPPA – Confidentiality	
Respectful interactions with people with developmental disabilities & their families.	
Principles of Service contained in the Developmental Disabilities Act of 1996.	
Or online Vermont Pre-Service Training vtrespite@arissolutions.org (attached certificate)	

Training Provided: Health & Safety Practices & Procedures	Date Completed
Universal precautions, practices & procedures	
Emergency procedures, including where to locate the emergency factsheet	
What to do if the person is ill or injured	
Critical Incident reporting	
How to contact a LSI management personnel or emergency on-call staff	

Agency Practices regarding health, safety and emergencies	
---	--

Pre-Service Training:

Training Provided: Individual Specific Information	Date Completed
How to contact the persons guardian (if applicable)	
How to communicate with the person	
The person's behavior, including how to recognize and respond to stressors and behaviors which place the person or others at risk.	
The person's service & support plan, including the amount of supervision the person requires.	
Person's specific medical issues	

In-Service Training: Within three months of providing respite services you must be trained in or demonstrate the knowledge and skills necessary to support individuals including:

Training Provided	Date Completed
The skills necessary to implement the person's service & support plan	
The agency mission statement	
State & Agency procedures & practices	

I _____ have scheduled this Respite Provider to receive any necessary Special Care Procedures from the Agency.

I have also informed this Respite Provider that they must receive CPR and First Aid Training within 90 days of the date at the top of this document; and remain current in CPR and First Aid Certification in order for continued services.

Signature of person providing the above trainings

I _____ have received a copy of Lincoln Street, Inc.s

(signature of Respite Provider)

Information and Training Manual from _____

(Home Provider signature)

(Date)

I understand that it is my responsibility to read this document in its entirety and if I do not understand any portion; I will notify the Developmental Home Provider I am providing respite for and/or contact a Lincoln Street, Inc. Management Member at 802-886-1833 for clarification.