

FT BEND HOME HEALTH CARE, INC

Intervener's Acknowledgement of Responsibilities

I, _____ hereby acknowledge that the list below is my responsibility as an Intervener for _____

RESPONSIBILITIES:

- (1) works with no more than one individual at a time;
- (2) makes sights, sounds, and activities accessible to the individual by learning the specific communication system of the individual;
- (3) provides communication and information to an individual concerning the individual's environment that otherwise would be available through vision and hearing;
- (4) develops and prepares activities for the individual with the help of FT BEND HOME HEALTHCARE Agency staff where needed;
- (5) forms a working alliance with the individual's family members, neighbors, employers, and professionals with whom the individual has contact;
- (6) participates on the individual's service planning team;
- (7) transports the individual to gain access to community services and resources required by the IPP;
- (8) instructs and supports the individual in skills related to community involvement; and
- (9) uses interpersonal communication, including sign language, speech, tangible communication symbols, gestures, calendars, and augmentative communication devices.

Intervener Signature _____

Date: _____

Supervisor _____

Date: _____

INTERVENER SCHEDULE (for use by provider agency)

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL HOURS
TOTAL HRS.								

Comment: