



Connecting Individuals with Disabilities to Their Community

Emergency Certification Requirements

Procedure:

If an individual has an unanticipated move and the provider agency needs an emergency certification, the provider agency must submit a completed emergency certification application, floor plan indicating individual's bedroom and smoke detectors, completed and signed copy of Emergency Certification Requirements (see below) within 7 days of the individual's move.

Expectations:

Prior to an individual moving into a home where the provider agency is requesting an emergency certification, the following items must be in place. Our Executive Director will not sign the Emergency Certification unless all of the items are in compliance. Use the check boxes and/or spaces below to indicate completion.

Home

<input type="checkbox"/>	Smoke Detectors in all bedrooms
<input type="checkbox"/>	Interconnected hardwired smoke detectors throughout home or scheduled install date: _____)
<input type="checkbox"/>	Well water tested (or scheduled date: _____)
<input type="checkbox"/>	Current furnace inspection (or scheduled date: _____)
<input type="checkbox"/>	Adequate food in the home
<input type="checkbox"/>	Access to privacy in bathrooms and individual's bedroom
<input type="checkbox"/>	Basic furnishing (i.e.: bed, living room seating, dining furniture, linens, etc.)
<input type="checkbox"/>	Home meets accessibility needs of client (egress with ramp, accessible shower, etc.)
<input type="checkbox"/>	Working phone available in the home at all times
<input type="checkbox"/>	Ages of children under 18 living in the home _____, _____, _____, _____

Documentation

<input type="checkbox"/>	Date of scheduled Life Safety with Fire Department _____
<input type="checkbox"/>	Current Service Agreement with all supporting documentation (goal sheet, daily notes, schedule, etc)
<input type="checkbox"/>	Current Behavior Plan, Risk Management Plan, if applicable
<input type="checkbox"/>	Current Health History
<input type="checkbox"/>	Emergency medical information (including allergies, PCP, etc.)
<input type="checkbox"/>	Current med book, scripts, etc. to meet He-M1201 regulations (if applicable)
<input type="checkbox"/>	Current med certification for all staff/providers administering medications
<input type="checkbox"/>	New Unsupervised Time Assessment for any individual accessing unsupervised time submitted to SC
<input type="checkbox"/>	Current Personal Valuables Record submitted to SC

70 Pembroke Road Concord, NH 03301 1-800-499-4153 603-225-4153 Fax 225-0376

Staff/Provider(s)

<input type="checkbox"/>	Current criminal background check for all adults in the home (list initials and date)
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List initials & date _____

<input type="checkbox"/>	Current DMV check for all adults in the home (list initials and date)
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List initials & date _____

<input type="checkbox"/>	Current BEAS check for all adults in the home (list initials and date)
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List initials & date _____

<input type="checkbox"/>	Client specific and standard training for all staff/providers (list initials and date)
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List initials & date _____

Assigned Support Team

<input type="checkbox"/>	All assigned Provider/Staff: _____
<input type="checkbox"/>	Assigned Nurse: _____
<input type="checkbox"/>	Residential Coordinator/Manager: _____
<input type="checkbox"/>	Supervisor: _____

I, _____ as a representative of _____ attest that all of the above information is true and accurate and assume full responsibility for all information presented here.

Printed Name Title

Signature Date

Please attach this form to the Emergency Certification for Community Residential application and return it to the Community Bridges Quality Improvement Specialist.