**Welcome To PROS**

**Participant Handbook Checklist**

**I have received a copy of following documents and they have been explained to me:**

* PROS Participants Handbook
* Grievance Procedures, Request Form, and Contact List
* Annual Physical Form to be completed by my Primary Care Physician:

I am aware of the Annual Physical Requirements including blood work and agree to have it done.

* Consumer Rights List
* Notice of Privacy Practice
* Consumer Centered Family Consultation (CCFC) Brochure
* Health Link NY Information Sheet

**I have been shown or provided information about the following:**

* A tour of the facility, including offices, group rooms, kitchen area, bathrooms, emergency exits.
* Where to sign in and out?
* Safety codes that are used during emergency situations.
* Where to go in case of an emergency (i.e. Fire Drill, natural disaster)?
* Where/how to make an appointment with the psychiatrist, primary staff, and RN.
* Where the first aid kit is?
* Information about our smoke free environment and services available.
* Where I can eat or go for lunch?
* Introduced to staff and consumers from the PROS community.
* A schedule and explanation of services.
* A start date and time and contact person at site.
* Phone number for site and/or contact person.

|  |  |
| --- | --- |
| ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Staff Name*** | ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Participant Name*** |
| ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Staff Signature*** | ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Participant Signature*** |
| ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Date*** | ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Date*** |

*Make a copy of completed checklist for participant and file original in chart*