

## COVID-19 Telephone Check Documentation

Client Name and DCN:	Date/Begin and End Time of Conversation:	Provider Agency Name/Caller's Name:
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Yes NO

1. Client has adequate food and water supply
2. Client has adequate medication supply/medical supplies (e.g. Oxygen)
3. Client exhibiting any COVID-19 symptoms (temp, cough, difficulty breathing)
4. Client has adequate heating/cooling system
5. Client feels comfortable in current living arrangement
6. Client understands when to call 911
7. Client has agency office number to call as needed
8. Client is keeping essential physician appointments
9. Client's current services/care plan are adequate
10. Client's aide is attending to the client per the care plan or per new COVID-19 standards agreed upon by the participant
11. Client has the COVID-19 hotline number if needed: 877-435-8411

**If any of the above statements are marked NO, please explain in the space below and if necessary, who you contacted for follow-up (supervisor, PCCP Team, agency nurse, physician, etc.)**

**Additional Notes: **Include updated back up plan**, any additional informal supports, concerns not listed above and who was notified for follow-up if necessary (supervisor, agency nurse, PCCP Team, physician, etc.).**