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|  |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **DDA Alternative Living Provider Orientation**Population-Specific Training (six hours) |
| ALTERNATIVE LIVING PROVIDER’S NAME | CLIENT NAME | DATE |
| **REVIEWED** |  **DOCUMENT** |
|  **MODULE 1** |
| [ ]  | DDA Guiding Values |
| [ ]  | [Alternative Living Services WAC 388-829A](https://app.leg.wa.gov/wac/default.aspx?cite=388-829A) |
| [ ]  | [Client Rights RCW 71A.26](https://app.leg.wa.gov/RCW/default.aspx?cite=71A.26)* Grievance Policy
 |
| [ ]  | Alternative Living Contract |
| [ ]  | Alternative Living Training Requirements* Initial training requirements
* Yearly training requirements
 |
| [ ]  | Govdelivery |
|  **MODULE 2** |
| [ ]  | Policy 4.09 Alternative LivingReview:* [Alternative Living Service Plan and Progress Report, DSHS 10-269](https://www.dshs.wa.gov/sites/default/files/forms/word/10-269.docx)
* [Alternative Living Services Plan and Provider Progress Report Supplement to DSHS Form 10-269, DSHS 10-269A](https://www.dshs.wa.gov/sites/default/files/forms/word/10-269a.docx)
* [Service Verification and Attendance Record, DSHS 10-104B](https://www.dshs.wa.gov/sites/default/files/forms/word/10-104b.docx)
* [Companion Home and Alternative Living Services Incident Report, DSHS 15-512](https://www.dshs.wa.gov/sites/default/files/forms/word/15-512.docx)
* [Alternative Living Financial Report, DSHS 23-034](https://www.dshs.wa.gov/sites/default/files/forms/word/23-034.docx)
 |
| [ ]  | [Alternative Living Certification Evaluation, DSHS 15-388](https://www.dshs.wa.gov/sites/default/files/forms/word/15-388.docx) |
| [ ]  | Review Sample Instruction Techniques |
| [ ]  | Overview of provider reimbursement information* ProviderOne information
* Hourly rate of pay
* Transportation rate of pay
 |
| [ ]  | Sample Person-Centered Service Plan |
|  **MODULE 3** |
| [ ]  | Policy 5.13 Protection from Abuse: Mandatory Reporting* [Residential Services Provider: Mandatory Reporting of Abuse, Neglect, Personal and Financial Exploitation, or Abandonment of a Child or Vulnerable Adult, DSHS 10-403](https://www.dshs.wa.gov/sites/default/files/forms/word/10-403.doc)
 |
| [ ]  | Policy 6.12 Incident management and Reporting Requirements for Residential Services Providers |
| [ ]  | [Incident Report, DSHS 15-512](https://www.dshs.wa.gov/sites/default/files/forms/word/15-512.docx) |
| [ ]  | Policy 5.14 Positive Behavior Support |
| [ ]  | Policy 5.15 Restrictive Procedures |
| [ ]  | Policy 5.17 Physical Intervention Techniques |
| [ ]  | Policy 6.11 Residential Allowance Requests |
| [ ]  | Policy 6.07 Possession of Weapons in DDA Funded Community Residential Programs |
| [ ]  | Policy 6.09 Supporting End of Life Decision for Clients Receiving DDA Residential Services |
| [ ]  | Policy 7.05 Mortality Reviews |
| [ ]  | Quiz and Certificate |
| **I have reviewed and understand the rules, policies, and documents listed above and agree to following these standards.** |
| ALTERNATIVE LIVING PROVIDER’S SIGNATURE DATE |
| **To be completed by Resource Manager** |
| Date Alternative Living Provider Orientation completed and certificate issued:   |
| RESOURCE MANAGER’S SIGNATURE DATE | RESOURCE MANAGER’S PRINTED NAME |