HOME HEALTH | NON-SKILLED SERVICES

Policy Manual Order Request

PN System · 2950 W 84 St, Bay 7, Hialeah, FL 33018 · 305-818-5940

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AGENCY INFORMATION

Agency: _____

Address: _____

Phone: _____ **Email:** _____

Contact: _____ **Title:** _____

MANUAL CUSTOMIZATION (defaults are used unless you mark "Other")

Hours of operation: ☐ 9:00 am - 5:00 pm *(default)* Other: _____

AHCA area(s) and counties licensed: ☐ Miami-Dade *(default)* Other: _____

Other (cont.): _____

List ALL AHCA areas and counties on the license or license application (e.g., Area 11: Miami-Dade, Monroe).

Mission statement: ☐ *(default)*

> The Agency's mission is to provide non-skilled and paraprofessional services to clients in their place of residence, assisting them to achieve the highest level of potential in their day-to-day self-care activities. We are committed to providing high-quality, multidisciplinary care by staff who recognize the needs of both the client and the caregiver.

For a different mission statement, email it to info@pnsystem.com

Progress notes due: ☐ Every two weeks (by the following Tuesday, 5:00 pm) *(default)*

Other: _____

Clinical record format: ☐ Paper only ☐ Electronic and paper *(default)* ☐ Electronic only

Absenteeism / PTO: ☐ Seven (7) days per year for direct employees (illness, vacation, etc.) *(default)*

Other: _____

Other: _____

ORDER

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New manual, customized as above

☐ **Policy Manual Update** — $295.00
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Completed by: _____ **Date:** _____

Submit this form: Fax 305-818-5935 or email info@pnsystem.com