



**ACKNOWLEDGEMENT OF RECEIPT OF IMPORTANT INFORMATION**

[in accordance with the Georgia Department of Community Health,  
Private Home Care Providers,  
Rules and Regulations, Chapter 290-5-54-.09(7)]

**Companion Sitter**

"Companion or Sitter tasks" means the following services which are provided to older, disabled or convalescing individuals: transport and escort services; meal preparation and serving; and household duties essential to cleanliness and safety.

**Personal Care Assistant**

"Personal care tasks" means the following services which are provided to older, disabled or convalescing individuals: assistance with bathing, toileting, grooming, shaving, dental care, dressing, and eating; and may include but is not limited to proper nutrition, housekeeping duties, home management (with the exception of handling any Client funds), ambulation and transfer, and medically related activities, including the taking of vital signs only in conjunction with the above services. "Medically-related activities" means actions such as, but not limited to, observing and reporting changes in a Client's condition, arranging trips to the doctor, picking up prescription drugs, accompanying Clients on medical appointments, documenting Client's food and/or liquid intake or output, and reminding Clients to take medication.

I affirm that I have an understanding of the above Caregiver tasks for Companion Sitters and Personal Care Assistants as mandated by the State of Georgia. This affirmation is from reading the above tasks and through discussion with the Office Director or designee concerning Georgia regulations so that I, as an employee qualified to supply the requested services, will follow the provisions as outlined by the Georgia Regulations for Private Home Care Providers. Also discussed with me were the scope of services and types of Clients *Aaron's Home Care* assists, the Client's Rights and Responsibilities and the Complaint Procedure. I acknowledge that I need to report Client progress and problems to *Aaron's Home Care* and the Client's family, as necessary. In the event of a medical emergency, I understand that I should call 9-1-1 first, then the family and the *Aaron's Home Care* office (unless directed otherwise). I acknowledge that I am obligated to report any known exposure to tuberculosis or hepatitis to *Aaron's Home Care*. I acknowledge receipt of the *Aaron's Home Care* information, "Suggestions to Caregivers."

I also acknowledge that I have never been shown by credible evidence (e.g., a court or jury, a department investigation, or other reliable evidence), to have abused, neglected, sexually assaulted, exploited or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct.

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Caregiver Signature

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Date