



DWIHN SD Referral Checklist

All training must be completed as a pre-condition for employment based on date of hire then updated annually unless stated otherwise.

Date: _____

Support Coordinator: _____ CRSP: _____

Fiscal Management Service: _____

DWIHN Member: _____ Member ID: _____ Telephone #: _____

Legal Representative Name: _____ Email Address: _____

Type of Staffing Supports

Provider Agency: _____ Contact number: _____

Direct Hire Staff Name: _____ DH Date of Birth: _____

DH Address: _____ City: _____ Zip Code: _____

DH Phone Number: _____ DH Email Address: _____

THIS SECTION TO BE COMPLETED BY THE FMS FOR DIRECT HIRES

Date Background Checks/Information *(Required at time of hire* or prior to hire**)*

_____ Criminal Record Check (Prior to hire** and annually)
_____ Office of Inspector General (Monthly)
_____ Michigan Driver's License (Annually)

Date Trainings *(Required at time of hire*)*

_____ First Aid/ Exp. Date: _____ (2 years- LIVE- In person training)
_____ CPR/ Exp. Date: _____ (2 years- LIVE- In person training)
_____ Universal Precautions/Bloodborne Pathogens/Infection Control (2 Years)
_____ New Hire Recipient Rights- Attend a face-to-face training or Virtual (One time only)
_____ Annual Recipient Rights Training *(Annual update is required on or prior to the date it expires)*

Required if Medication is put in your plan (Both offered by CLS & LIVE In-Person Training)

_____ Initial DCH Approved Medication Administration Training (One time only)
_____ Medication Administration Competency Review Annual Training (Annually)

Verification in MHWIN

_____ Backup plan verified in MHWIN
_____ Inservice of IPOS in MHWIN

Date of Hire: _____ Direct Hire Wage: \$ _____

(after making a conditional/contingent offer of employment to the candidate and prior to the candidate providing services to the Person)

I verify that the above information is accurate and available in the employee's record files.

Financial Management Service Representative Signature: _____ Date: _____

Submitted to DWIHN Representative's Signature: _____ Date: _____

*At time of hire means prior to performing service.

**Prior to hire means after making a conditional/contingent offer of employment to the candidate and prior to the candidate providing services to the Person.