Substitute Caregiver Change Form

Do not send this form to CTA

Keep this form in your personnel records. A home should keep all SCG records for all SCG's used by the home for each certification period.

To show when a Substitute Caregiver (SCG) was added or removed, the Primary Caregiver (PCG) will keep this form in their CCFFH files. This form will be reviewed by CTA during surveys as a record of notifying the department of all SCG changes, per the Hawaii Administrative Rule (HAR) requirements.

PCGs are responsible for having an adequate number of approved SCGs in their CCFFH to provide care for their clients 24 hours a day / 7 days a week / 365 days a year.

PCGs must complete this form when any of the following occurs:
1. Remove a SCG
2. Add an approved SCG

A copy of the SCG Approval Form must be kept in the PCG's file for every SCG. The PCG should obtain a copy of the SCG Approval Form by contacting the SCG.

This form is only to show CTA SCG changes that occur between certification surveys. A SCG must receive nurse delegation from the client's case management agency **BEFORE** providing care to clients.

PCG's Name: _____
Please Print Clearly

SCG's Name: _____   SCG's DOB:_____
Please Print Clearly

This SCG is a (***Check One***):   ☐ <3 hour   ☐ NA   ☐ CNA   ☐ LPN   ☐ RN

Did the CCFFH Add or Remove this caregiver (***Check One***):   ☐ ADD   ☐ REMOVE

If the CCFFH added this SCG, what date was the SCG approved by CTA: _____

By signing this form, I understand I am completely responsible to ensure all requirements are maintained and up to date for this SCG. I am responsible for keeping all records of the SCG in my CCFFH and ensure SCGs meet all yearly training requirements as listed in HAR 11-800 regulations. I also understand a client's case management agency may refuse to sign off on a SCG's training if, in their professional judgment, the SCG lacks the necessary skills to take care of the clients in my home.

PCG's Signature: _____   Date: _____   Beds: _____

If requesting to **add** a SCG, please have the SCG read and sign this statement:

By signing this form, I am accepting responsibility to follow all Department requirements per HAR 11-800 regulations. I verify that I can speak, read and write in the English language in order to communicate with Medical providers. I understand I must be trained by each client's case management agency on each client's service plan, complete a basic skill check and must receive nurse delegation before I can provide care to any client.

SCG's Signature: _____   Date: _____