HCW Incident Report

\* Required fields

Date (MM/DD/YYYY) \*

Name of person completing form \*

HCW's Provider # (6 digits) \*

HCW's Name (Last, First, Middle Initial) \*

Case Manager's Name \*

Case Manager's Branch # \*

Case Manager's Phone # \*

Client's Name (Last, First, Middle Initial) \*

Client's Prime # \*

Date(s) of Incident \*

Location of Incident

Type of Incident \*

* Fiscal improprieties (includes voucher fraud)
* Violation of APS rules
* Violation of requirement to maintain a drug-free workplace
* Lack of skills, knowledge and ability to adequately or safely perform the required work
* Failure to provide services as required
* Demonstration of a lack of ability or unwillingness to maintain consumer-employer confidentiality
* Introduction of an unwelcome nuisance to the workplace
* Failure to adhere to an established work schedule
* The homecare worker has been sanctioned or convicted of a criminal offense related to that individual’s involvement in any public assistance program
* Failure to perform the duties of a mandatory reporter
* Failure to inform the Department or consumer-employer within 14 days of being arrested, cited for, or convicted of a crime
* Exertion of undue influence over a consumer-employer
* Other:

Please describe the incident in detail. \*

Please describe how the incident was resolved.

Was an APS referral made? \*

* Yes
* No

Has the case manager spoken to the HCW regarding this incident? \*

* Yes
* No

Outcome, after speaking to the HCW:

Has the case manager staffed this incident with the supervisor? \*

* Yes
* No

Does this HCW work for other clients, to your knowledge? \*

* Yes
* No

Case Manager/Supervisor's recommendation \*

* Refer for termination
* For records only