

Provider information

Provider Name

Social Security Number

FTIN

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Certification

- Instruct the client about how to use the PERS device:
- Obtain a client/client representative signature verifying receipt of the PERS unit.
- Assure that response to device signals (where appropriate to the device) will be provided 24 hours per day, 7 days per week.
- Furnish a replacement PERS unit to the client within 24 hours of notification of malfunction of the original unit while it is being repaired.
- Update list of responder and contact names at a minimum of semi-annually to assure accurate and current information.
- Assure monthly testing of the PERS unit.
- Furnish ongoing assistance when needed to evaluate and adjust the PERS device or to instruct clients in the use of PERS devices, as well as to provide for system performance checks.

Comments

Signatures and Dates

I have read and understand the above standards as explained by the agency representative. I certify that I/my agency will meet all the above standards while providing personal emergency response services.

Provider/Agency Representative Signature

Date

I have explained the above standards to this provider and this provider meets all the standards to provide personal emergency response services.

Signature of Authorized Representative - Nebraska Department of Health and Human Services

Date