

Service specific training

Self-administered services

Version: 5/2026

PRIVACY NOTICE: DHHS is collecting this data to determine continued eligibility for the Employer and Employee to participate in the Self-Administered Services (SAS) Program. This personal data will only be used by DHHS and, if needed, by a person or party contracted with DHHS. Without this data, you may not use the SAS model. This data is part of record series 15735 or 15376.

For (Person):

Date:

Prepared by (Employer):

This record confirms the employee has demonstrated competency in health and safety topics specific to the client's needs.

1. Medication taken

Medications	Purpose	Possible side effects
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2. **Emergency contact(s):** (include contact information)

3. **Additional instructions for supporting medications:**

4. Allergies: (note item and reaction)

5. Dietary concerns: (Note specific restrictions)

6. Swallowing and choking concerns: (Note specific details and restriction)

7. List all diagnostic or disabling conditions: (note details and restriction)

8. List all additional support needs: (note details and restriction)

9. Seizure management, if applicable: (note specific instructions)

10. Hygiene needs: (note specific instructions)

11. Acquired brain injury needs, if applicable: (note specific instructions)