



995 Worthington Street, Springfield, MA 01109
 Telephone (413)734-5376 Fax (413) 737-7949

ORIENTATION FORM FOR PROGRAM MANAGEMENT

Employee Name _____

New employee Supervisor
 Initials designee

	New employee Initials	Supervisor designee
I. Nursing/Medical		
1. Daily Medication Book		
2. MAP Technical Assistance Tool		
3. MAP Audits		
4. Physician Contact Sheet or HCPOP		
5. Refusal Form		
6. Participant Medical Histories		
7. MAP Training Program		
8. Medication Status Sheets/Psychiatric Order Form (DDS and MRC and DCF)		
9. Access to Nursing		
10. Communication with Nursing		
11. Telephone Medication Order		
12. Medication Tracking Sheets/Med Log Log-in		
13. Medical Exam Timeframes-Medical, Dental, Eye, Gyn/Health Screenings		
II. Fiscal		
1. Rep. Payee Accounts		
2. ATM Grocery Shopping Procedures, Costco Card		
3. Requisition Vouchers		
4. Receipt Protocol		
5. Access and Accounting for Petty Cash		
6. Paycheck Distribution		
7. Staff Mileage Procedures		
8. Vacancy Data Sheets		
9. Timesheet Collection and Review		
10. Rent Collection Policy		
11. Billing Procedures		
12. Supervisor Budgets/MERs		
13. Customer Financial Statements-Money person owes MHA		
III. Administrative		
1. Timesheet Approval Process		
2. Website, Email, Outlook		
3. Agency Orientation and Overview with Directors		
IV. Property Maintenance/APG		
1. Move-in/Move Out Forms		
2. HUD Certifications		
3. Weekly Building Maintenance Reports		
4. Priority Status of Maintenance Projects		
5. House Inspection/System Review		
6. Site Emergency Fact Sheets		
7. Processing of Room and Board Fees		
8. Program Relocation Plan		



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9. Monthly Safety Checklist		
10. On Call Protocol-Maintenance Related/Work Orders		
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V. Human Resources		
1. Accident Reporting/Forms		
2. Family Medical Leave Act		
3. Performance Evaluation Process		
4. How to Process Change of Status, Termination		
5. Staff Training Requirements		
6. Procedure for Training Sign-up		
7. Hiring Process, Reference Request		
8. Interviewing Process		
9. Disciplinary Procedures		
10. Grievance Procedure		
VI. Office/Equipment Orientation		
1. Voice Mail		
2. Fax Machine		
3. Copier		
4. Telephone System		
5. Postage Meter		
6. Booking Conference Room		
7. Ordering Office Supplies		
VII. Funders and Program Specific Community Providers/Resources		
1. Meeting Case Managers/Service Coordinators		
2. Meeting Other Team Members Such as Drs., Day Program, Family		
3. Knowledge of How Funding Source Effects Contract (DDS,DMH,MRC,Other)		
4. Expectations of Funders in Regard to Service Provision		
5. Orientation to DMH, DDS, MRC Regulations		
6. Frequency of Communication		
VIII. Programmatic		
1. Review Program Staff Orientation Checklist and Policy and Procedure Manual		
2. Development of Staff Schedule		
3. Review Emergency Procedure and Protocol (Medical and Psych.)		
4. Disaster Plan Review		
5. Review Participant Files		
6. Funds Management Policy and Procedures		
7. Participant Consent Forms		
8. Individual Crisis Plans		
9. Safety Plans		
10. Fire Drills		
11. Incident Reports		
12. Critical Incident Reports		
13. Menus and Meal Planning		
14. Restraint Protocol and Forms		



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15. ISP Procedures-Pre information, Support Strategies, Progress Notes, Quarterlies		
16. PSTP Procedures-Pre information, Goals, Progress Notes, Quarterlies		
17. DMH Performance Indicator Quarterly Report		
18. Program Documentation/HER, etc. – Contents & Structure of Participant record		
19. Grants (Carousel Trust, Participant Benefit)		

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20. Missing Participant Procedure and Plan		
21. Team Meeting Process		
22. Management Meetings/Division Meetings		
23. Supervision with Director-Format and Frequency, Process		
24. Employee Supervision-Format, Frequency, Process		
25. Organization/Time Efficiency-Weekly Schedule to Front Desk		
26. Calling-out Procedure for Staff		
27. Self Preservation Test		
28. Program Entrance Criteria		
29. Accessing Social Security Benefits		
30. Key Receipt Form		
31. Access to Acute Care Team		
32. On Call Protocol-Program/Division		
IX. Quality Improvement		
1. Performance Improvement Projects and Process		
2. Areas Tracked for Improvement (Employee Satisfaction, Medication Errors, etc.)		
3. Supervisor Responsibility to Report Information		
4. Satisfaction Surveys-Participant, Family, Funder		
5. Committee Opportunities		
6. Employee Satisfaction Surveys		
X. Human Rights		
1. Role and Responsibilities of Human Rights Officer		
2. Role and Responsibilities of Human Rights Committee		
3. Role in Participant Complaint Process		
XI. Program Movement		
1. Referral Process into Program		
2. Screening Process with New Referral		
3. Assessment Process for Accepted Referral		
4. Admission		
5. Transition into Program-Develop Plan, Timeliness, Visits		
6. Discharge		

All items I through XI must be reviewed and signed off within three months of appointment.
 I certify that the above information has been reviewed with me.

 Signature of New Employee

 Date

 Signature of Supervisor

 Program