

Client Name: _____

Advantage

EVV- Electronic Visit Verification Notice

Dear home care recipient,

This notice is to make you aware that the state of Missouri mandated the use of EVV- *Electronic Visit Verification* as of July 1st, 2015. Advantage uses an EVV system that requires your home care worker to use YOUR telephone to call in and record the time that your services start and stop, as well as keep track of the tasks performed. Your worker is NOT allowed to use their personal cell phone, per state regulation.

Please note: Every single agency in the state of MO is required to use EVV.

It is very important that your in home worker has access to use your telephone when they arrive at your home to start services, and again when they have completed your services and are done for the day.

Please sign below stating that we do have your permission to begin this verification process *OR* that we do not have your permission to begin this verification process. **We ask that you return this document either way, if you do agree or you do not agree.**

We are aware that you may have questions and/or concerns so please feel free to call your staffing coordinator.

Please sign below next to the option you choose.

YES, I agree that my in home service worker can use my telephone to call to clock in when he/she arrives to my home AND to call to clock out and record the tasks performed for the day when he/she leaves my home.

Signature

Date

OR

NO, I do not authorize the telephony system to be used in my home. The reason being:

- A. No working phone Other: _____
- B. I do not have a phone _____
- C. I do not have cell service _____
- D. I do not have extra minutes on my cell plan
- E. Other: MUST explain why you will not allow EVV to be used above.

Signature

Date

Office Use Only: A client signature is not required on this form. If the information above was gathered over the phone with the client, the signature of the office staff member who took the information is needed below.

Office Employee Signature

Date