# Laundry Service & Delivery

## SERVICE CAPACITY

* 1. What is the “turn-around time” between pick-up and delivery?
	2. Describe where and how laundry is weighed.
	3. Describe your policy with respect to any restrictions on service.
	4. If no restrictions, describe any precautions or methods used by employees with consumer’s laundry.
	5. What is your policy for notifying the ASAP about problems that affect completion of authorized services?
	6. Describe your policy to notify the ASAP if a consumer is over the authorized amount of service?
	7. Describe the policy in place for delays due to weather emergencies and holidays. Include how consumers and ASAP are notified.
	8. What is your policy for consumers with allergies to products used in the washing and drying process?
	9. What is your capacity to launder clothes that might be affected by scabies, bedbugs, severe incontinence, etc.?
	10. Do you provide laundry bags for consumers?

Yes

* 1. Are the bags laundered before they are returned?

Yes

* 1. Describe how clothes are packaged for pick-up and delivery
	2. What is your proposed rate for 10 pounds of laundry? Describe any additional charges.

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1. Describe your system to ensure each consumer’s laundry is not confused with another consumer’s items.
2. What is your company’s reimbursement policy regarding lost and damaged laundry?

## STAFF QUALIFICATIONS

* 1. Describe the experience and qualifications of the person responsible for service provision (the manager of the program), if different from the information provided in the Administrative Overview.
	2. Describe the experience and qualifications you require for persons providing services, including drivers.

## SUPERVISION

* 1. Describe the procedure and frequency for supervision of Drivers, Workers, and Coordinator.

Employee who completed this form Date:

|  |
| --- |
| EMPLOYEE Records Review |
| Provider Date Monitor |  |  |  |  |  |
| Start Date& Termination Date, if applicable |  |  |  |  |  |
| Number of reference checks |  |  |  |  |  |
| CORI Check |  |  |  |  |  |
| Job Description(s) |  |  |  |  |  |
| Current Drivers’ License (if applicable) |  |  |  |  |  |
| OIG monthly checks |  |  |  |  |  |
| Annual Performance Appraisal: Date |  |  |  |  |  |
| Comments |

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| --- |
| CONSUMER Records Review |
| Provider Date Monitor |  |  |  |  |  |
| ASAP Authorization |  |  |  |  |  |
| ID Info – name; address; phone; DOB |  |  |  |  |  |
| Emergency contact(s) and phone |  |  |  |  |  |
| Name of current CM |  |  |  |  |  |
| Date of referral |  |  |  |  |  |
| Service start date& Termination Date, if applicable |  |  |  |  |  |
| Comments |  |  |  |  |  |
| NOTE: Shaded data elements are only required in the Consumer File if provider is not on Provider Direct.  |
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