



H.O.M.E.S. Clinic at Lord of the Streets
[HTTP://WWW.HOMELESS-HEALTHCARE.ORG/HOMESPROGRAM/](http://www.homeless-healthcare.org/homesprogram/)

HOMES Manager Confirmation Form

The purpose of this form is to confirm that all HOMES Clinic Managers (and managers-in-training) have read in full the most recent version of the Manager Training Guide and will faithfully complete the Manager Supply Checklist at the end of each Sunday. This measure is being taken in order to ensure that HOMES consistently provides the best health care and resources to the most patients possible each day it operates. Further, it will allow supplies to be ordered in a time sensitive manner.

Any questions or comments regarding this form should be directed to Chirag Patel, Associate Director of Clinical Care, at cpatel1@uth.tmc.edu or 832-620-2701. Thank you in advance for your cooperation.

Date: _____

Name (please print): _____

School: _____

First time as a manager trainee (month and year will suffice): _____

Second time as a manager trainee (month and year will suffice): _____

Third time as a manager trainee (month and year will suffice): _____

Fourth/final time as a manager trainee (month and year will suffice): _____

Date you first managed on your own at HOMES (month and year will suffice): _____

By signing below, I hereby confirm:

- I have completely read the most recent version of the HOMES Manager Training Guide.
 - This will enable to me to offer the most up-to-date and full information to HOMES patients about treatment and referral options.
 - This will further enable me to maximize the number of patients that can be seen whenever I manage at HOMES.
- I will thoroughly complete a Manager Supply Checklist at the end of each day I manage at the HOMES Clinic
 - This will ensure that the Clinic is adequately stocked on a weekly basis, for the benefit of all our HOMES patients.

Signature (sign here):
