

Participant Consent Form



Yes

or



No



This form is designed with **simple English & pictures** for easy understanding

Why this Consent form?

For you to say



Yes

or



No

for any Help you need from

TAUS care™ staff

Your answers will help our staff to serve
you better.

How to fill this Consent form?

If you want to Say **Yes**, then circle thumbs up like below



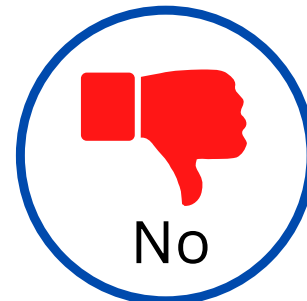
or



If you want to Say **No**, then circle thumbs down like below



or



You **NEED NOT** say **Yes** or **No**
if you **DO NOT WANT** to answer any Question.

Who can fill this Consent form?



Option 1: Our **TAUS care**™ staff can explain the questions and help you to fill out this consent form



Option 2: Your Guardian also can answer and fill out this consent form on behalf of you

How can we help you?

Draw a Circle on **Yes** or **No** for the below questions about your personal care needs.



Do you need help in moving with **wheel chair**?



Yes

or



No



Do you need help in **using toilet**?



Yes

or



No

How can we help you?

Draw a Circle on **Yes** or **No** for the below questions about your personal care needs.



Do you need help in **brushing teeth**?



Yes

or



No



Do you need help in **bathing**?



Yes

or



No

How can we help you?

Draw a Circle on **Yes** or **No** for the below questions about your personal care needs.



Do you need help with bed pan for **urination / defecation**?



Yes

or



No



Do you need help in **getting dressed**?



Yes

or



No

How can we help you?

Draw a Circle on **Yes** or **No** for the below questions about your personal care needs.



Do you need help in **eating food**?



Yes

or



No



Do you need help in getting your **medicines on time**?



Yes

or



No

How can we help you?

Draw a Circle on **Yes** or **No** for the below questions about your personal care needs.



Do you need help in taking any regular prescribed **injections**?



Yes

or



No



Do you need help in taking you for **outing** for medical / leisure / other purposes?



Yes

or



No

How can we help you?

Draw a Circle on **Yes** or **No** for the below questions about your personal care needs.



Do you need help in handling your **money** by **TAUS care**™ staff?



Yes

or



No



Do you need **overnight care** from **TAUS care**™ staff?



Yes

or



No

Additional Questions for our staff to serve you better

Draw a Circle on **Yes** or **No** for the below questions



Can we **collect information about you** to support you better?

Example:

- Your Name, age, address etc.
- Your Picture
- Your Medical reports
- Video recording your activities



Yes

or



No



Can we talk to your **friends & family** to understand about your needs better?

Example:

- What you like and you do not like
- Food preferences
- Any allergies
- Additional support needed



Yes

or



No

Did you understand this consent form?

Draw a Circle on **Yes** or **No** for the below questions



Did you **understand** each question well before answering them?



Yes

or



No



Are you **happy** with **TAUScare**™ staff for explaining each question well?



Yes

or



No

Did you understand this consent form?

Draw a Circle on **Yes** or **No** for the below questions



Do you know you can **change your answers later** at any time?



Yes

or



No



Do you understand the **risks** involved based on your choice of answers?



Yes

or



No

Did you understand this consent form?

Draw a Circle on **Yes** or **No** for the below questions



Do you know you can **skip any questions** if you are not sure?



Yes

or



No



Do you know this consent form to be filled out **every year**?



Yes

or



No

Your Signature

Please sign in this box

Your Name

Write your name in capital letters - Example: 'LESLEY BAKER'

Date

Please write today's date in this box

Your Guardian's Signature

If your Guardian filled this form, he / she needs to sign in this box

Guardian's Name

Guardian's name in capital letters - Example: 'KELLY ABBEY'

Date

Please write today's date in this box

TAUS care™ Staff's Signature

Signature of the staff who helped to fill this form

Staff's Name

Staff's name in capital letters - Example: 'STEVE SMITH'

Date

Please write today's date in this box