

# HOW TO CALL IN & OUT USING IVR

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## CALL IN

1. Call **718-705-6189** for **English**
2. Press **1** for **CALL-IN**
3. Enter your **ASSIGNMENT ID (PIN)**
4. The system will repeat the Assignment ID (PIN) you entered
5. Press **1** to confirm or Press **0** to re-enter

## CALL OUT Note: A CALL OUT for a shift without a CALL IN will NOT be accepted

1. Call **718-705-6189** for **English**
2. Press **2** for **CALL OUT**
3. Enter your **ASSIGNMENT ID (PIN)**
4. The system will repeat the Assignment ID (PIN) you entered
5. Press **1** to confirm or **0** to re-enter
6. Enter **all** the **DUTY ID's** of all the duties performed during the shift  
Note: Please enter at least 2 Personal Care tasks and 4 additional tasks (For a total of 6 tasks)
7. Press **000** to complete the call  
Note: The system will say, "Your call has registered successfully."

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## VERIFICATION CALL

The system will call the client's home phone number during the shift. Press **1** to confirm that the aide is present or Press **0** if the aide is not present.

## OTHER LANGUAGES

**ENGLISH:** 718-705-6189  
**CHINESE:** 718-663-0256  
**FRENCH:** 718-705-6191

**SPANISH:** 718-705-6190  
**RUSSIAN:** 718-705-6192

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## LIVE-IN

The aide should call in regularly. If the call out should be made within 30 minutes of the scheduled start time for the next shift, the aide will automatically be clocked in for the next shift. (Ex: if scheduled start time is 8:00 a.m. and the aide clocks out for the previous shift at 7:45 a.m. then call in for the following shift is not required) This is **ONLY VALID** when the second shift starts at the end time of the first shift and the service is provided by the same aide.

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## MUTUAL CASES

Mutual cases are case where the same aide is working 2 consecutive shifts for different clients at the same location (**Ex: husband and wife**). The aide needs to call for the **CALL-IN** at the beginning of the first shift and **CALL-OUT** at the end of the second shift. During the call-out the system will require the tasks for both shifts.

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## VERIFICATION CALLS

Verification is not performed between 8PM and 7:30AM. If the shifts start after 8PM the Verification will happen the next day at 7:30 AM.

## SABBATH OBSERVANT

Notify the agency if the client is Sabbath observant. In such case, no verification call will be done from Friday 5PM to Saturday night.

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## NO DIRECT PHONE NUMBERS

Clients in facilities might not always have a direct phone number. In such case, notify the agency of the situation so that they will turn off the verification call. The verification will have to be done manually by your agency.

## ROTARY PHONE

The time and attendance system will not work with a rotary phone. In such case, the call in/out and duties will have to be done manually entered. Notify the agency of the situation so that they turn off the time/attendance for the client.



DUTY ID	DESCRIPTION
<b>PERSONAL CARE</b>	
100	Bath - Tub
101	Bath - Bed
102	Bath - Shower
103	Client Requires Total Care
106	Mouth Care/Denture Care
107	Hair Care - Comb
108	Hair Care - Shampoo
109	Grooming - Shave
110	Grooming - Nails
111	Dressing
112	Skin Care
113	Foot Care
114	Toileting - Diaper
115	Toileting - Commode
116	Toileting - Bedpan/Urinal
117	Toileting - Toilet
118	Sponge Bath
<b>NUTRITION</b>	
201	Client is on a prescribed diet
202	Prepare - Breakfast
203	Prepare - Lunch
204	Prepare - Dinner
205	Prepare - Snack
206	Assist With Feeding
207	Record Intake Food
208	Record Intake Fluid
529	Diet - Regular
530	Diet - Low Salt/No Added Salt
531	Diet-2gm Sodium
532	Diet - Low Fat
533	Diet - Low Cholesterol
534	Diet - No Concentrated Sweets
535	Diet - ADA calories
536	Diet - Renal
537	Diet - Fluid Restriction
538	Diet - Other
<b>TREATMENT / SPECIAL NEEDS</b>	
400	Take Temperature - Oral
403	Take Pulse
404	Take Respirations
405	Take Blood Pressure
406	Weight Client
407	Record Output (Urine/BM)
408	Assist With Catheter Care

DUTY ID	DESCRIPTION
409	Empty Foley Bag
410	Assist With Ostomy Care
411	Remind To Take Medication
412	Assist With Treatment
413	Ask Client About Pain
<b>CLIENT SUPPORT ACTIVITIES</b>	
500	Changed Bed Linen
501	Client Laundry
502	Light Housekeeping
504	Clean Safe Environment
505	Clean Client Care Equipment
506	Do Client Shopping and Errands
508	Accompany Client To Medical Appointment
509	Diversional Activities-Speak/Read
511	Monitor client Safety
514	Standard Precautions
515	Fall Precautions
516	Notify Hospice If Change In Condition
539	Fall Precautions
540	Seizure Precautions
541	Bleeding Precautions
542	Standard Precautions
543	Oxygen Safety Precautions
<b>ACTIVITY</b>	
300	Transferring
301	Assist With Walking
302	Client Walks With Assistive Devices
305	Assist with home exercise Program
306	Range of Motion Exercises
311	Turning and Positioning (At least Q2)
602	Observation of Skin Condition
<b>HOME MANAGEMENT</b>	
600	Holiday Coverage
601	No Holiday Coverage
<b>COVID-19</b>	
994	Client Exposed To Person Suspected Or Confirmed Positive For Coronavirus
995	Client Traveled To Country With Widespread Coronavirus In The Past 14 Days
996	Patient Has Fever Or Respiratory Symptoms
997	Aide Exposed To Person Suspected Or Confirmed Positive For Coronavirus
998	Aide Traveled To Country With Widespread Coronavirus In The Past 14 Days
999	Caregiver Fever Or Respiratory Symptoms