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# GENERAL HIRING PACKET

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# Personnel File Management Checklist

Name \_\_\_\_\_ DOH \_\_\_\_\_

| <b>I-9 Form for ALL employees are filled all together, in a separate file folder.</b> |   |   |   |   |   |
|---|---|---|---|---|---|
| <b>MANILLA FILE</b>   | √ | <b>RED FILE</b>   | √ | <b>BLUE FILE</b>  | √ |
| Application Resume  |   | Professional license copies and verification active.<br>(RN, LPN) |   | <b>**CONFIDENTIAL**</b>                                     |   |
| Pre-employment interview  |   | Diploma, transcript, attestation of training/education as applies |   | <b>Filed separately from manila and red file.</b>           |   |
| Education Verification  |   | Training certificate Verifying completion (if applicable)         |   | <b>1. All criminal history request forms &amp; reports.</b> |   |
| 2 Reference checks  |   | Job Description-signed  |   |   |   |
| Offer letter  |   | Signed Handbook/Do's & Don't form                                 |   |   |   |
| OIG Fraud Check   |   | HIPAA Test  |   |   |   |
| New Hire Form   |   | Orientation Instruction Page Sign Off                             |   | <b>2. All health info including:</b>                        |   |
| Direct Deposit Form (if apply)  |   | Orientation Checklist: General for ALL staff                      |   | On hire Health statement                                    |   |
| W-4/ SS Card CPR card   |   | Orientation Checklist- Direct Care Staff (if applies)             |   |   |   |
| Liability Ins (contractors)   |   | Orientation Checklist- per position (if applies)                  |   | TB (Mantoux or x-rays)                                      |   |
| Availability form   |   | CPR card- direct care staff                                       |   | Health Questionnaires                                       |   |
| Conflict of interest form   |   | In service record   |   | Hep B accept/decline form                                   |   |
| Driving license   |   | Signed Confidentiality Statement                                  |   | Flu Shot – between October 1 <sup>st</sup> and March 31st   |   |
| Statement of Driving Status   |   | Signed Incident Statement<br>Signed Privacy Statement             |   |   |   |
| Proof of Auto insurance   |   | Competency Skills Checklist On hire & annually                    |   |   |   |
| Exit Interview (on termination)   |   | Performance Evaluations At 90 days & annually                     |   |   |   |

## **Documents Needed For Hire**

On day of completing application, the hiring Staff **MUST** process Criminal Background Checks. Must be in the employee's file before 1<sup>st</sup> visit is scheduled.

You must do an online check (Professionals) for license in good standing. Print the verification page out for employee file.

- Proof of car insurance (registration showing insured status) if applicable
- TB Test Results
- Identification: Driver's license (current)
- 2nd form of identification
- Current copy of professional license
- Training certificate (if applies)
- Social Security card
- Criminal Check returned
- Immigration documents in order (if applicable)
- ChildLine Verification (18 years of age) (If applicable)

Tests to be completed with a passing score of 80%

- HIPAA

Skills Competency Checklist to be completed on or before 1<sup>st</sup> Consumers visit

- Skills checklist done

# Orientation Instruction Page Sign Off For All Employees

Liberty Home Care uses a unique method to orient its new employees so that we are assured that every employee receives ALL the information needed on your hiring date.

We ask that you have in front of you the complete hiring packet and the job description from your office manager.

As you go through, each document will be reviewed. You should have the document being reviewed in front of you and you should read through it as we proceed. As we finish each document you will sign and date each document and put it aside in the order we go through.

Use care on the document marked “Reference Request”. We require you to provide 2 written references in your file. Fill in the name of the company or person **and their address** that you would like us to send the reference request to (at the top of the document). If you don’t know the addresses during orientation please find it out as soon as you leave today and call us before the day is over.

The section called “Orientation for All Employees” and the document called “Orientation for Direct Care Employees” are in a table format. As we complete each section, you will put today’s date and your initials in the right-hand column indicating that you had that section reviewed with you.

Please inform us right away if you suspect that something negative will come back on your Criminal Background Check. Not all convictions will eliminate you from working in homecare but you must understand that we are responsible for assuring the safety of vulnerable Consumers (elderly and children). Speak to the Agency Director privately if you suspect a problem will be identified.

Many homecare employees work for more than one company at the same time. It is essential that you let us know if you are working for another agency. Remember that any Consumers you service for us are **OUR** Consumers. Should you ever decide to leave us for any reason, Consumers you are servicing for us **MAY NEVER** be encouraged to transfer to another company where you might be working. This is clearly a conflict of interest and will not be tolerated. Our legal department will be notified immediately should this occur.

Please have your documents ready for copy before Orientation begins:  
Driver’s License, Car registration, Social Security Card, Legal Immigration documents (if applicable), Current Professional license, copy of professional liability insurance (if contractor), training certificates, TB test.

---

Employee Signature and Date

---

Orientation Performed by/ Date

# Availability List

EMPLOYEE NAME: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

DATE OF HIRE (date of orientation) \_\_\_\_\_

**I am available at the following days and / or hours:**

| AVAILABLE | FROM: | TO: |
|-----------|-------|-----|
| Mon       |       |     |
| Tues      |       |     |
| Weds      |       |     |
| Thurs     |       |     |
| Fri       |       |     |
| Sat       |       |     |
| Sun       |       |     |

**ONLY list towns you are willing to travel to.**

## Statement Of Driving Status

I, \_\_\_\_\_, am currently licensed to drive a motor vehicle in the state,

I carry auto insurance on my vehicle, and I have supplied Liberty Home Care a current copy of my license and auto insurance.

---

Signature

Date

I, \_\_\_\_\_, declare that I do not have a driver's license in the state and therefore will find other forms of transportation to get to my scheduled visits (i.e. public transportation)

---

Signature

Date

# Acknowledgment Employee Handbook/Do's & Don'ts

## Liberty Home Care

Listed are some pertinent references to employee policies from the Agency Employee Handbook. For more detailed information please refer to the Handbook. You may request to review any/all of the personnel policies pertinent to your employment at our Agency at any time.

1. Do wear scrubs to all your visits. However, if you do not have scrubs, you may wear business casual clothing. **NO JEANS**, scanty tops, see through clothing etc. allowed.
2. Do wear your Agency Issued photo ID badge at all time when on agency business.
3. Do arrive on time for ALL assignments. Our Agency must be notified immediately if:
  - a. An emergency or situation arises which causes you to be late by five or more minutes.
  - b. You will be absent from your assignment.

**Without calling the office, these situations are called NO CALL NO SHOW and are subject to termination.**

4. Once you have been given an assignment, no more than 2 cancellations will be tolerated.
5. Don't use the client's phone. Cell phones are off during all visits.
6. Under No circumstances should you ever take property, money or "borrow" anything that belongs to a client or ever enter into any type of legal or financial agreement.
7. Don't discuss your rate of pay with your clients or any other employee of the Agency.
8. Do complete visit notes correctly and completely and have signed by the client **AT THE TIME OF THE VISIT**.
9. Do call our coordinator to inquire as to cases to be covered if you are not scheduled for work.
10. Do call the office immediately if any problem arises on your assignment.
11. Do call the office immediately if the client does not answer the door for a scheduled visit. Failure to notify the office may be considered abandonment, especially if the client has had a medical emergency and is in need of medical assistance. **DON'T** assume they aren't home. **CALL THE OFFICE**.
12. Don't leave any assignment early without first calling the scheduling coordinator/office immediately.
13. Do report any incident/accident or unusual occurrence involving an Liberty Home Care employee/client to our office **immediately**. If you are injured and unable to make the call have another person call us right away.
14. Do follow your schedule at all times **WITHOUT MAKING ANY CHANGES**.
15. Don't transport a client's in your car unless you have a signed consent/authorization.
16. Please know, at the present time our agency does not perform drug testing of staff but may do so at our discretion.
17. Cancellation Policy: A minimum of eight (8) hours cancellation notice must be given at all times, unless you are involved in an emergency. Sick call shall be made with a 2-hour notice. Should you decide an assigned client must be removed from your schedule, the office requires a minimum of one week's notice to arrange a change of worker. 2 weeks' notice is preferred.

My signature acknowledges that I have received and have read the Employee Handbook and agree to the Agency's Dos & Don't as listed above & in the Handbook.

---

Employee Signature

Date



# Orientation for All Employees

| TOPICS COVERED  | INITIALS |
|---|----------|
| Review of job duties  |          |
| Agency Mission/ History/ Values/Services provided   |          |
| Background information on Home Service industry   |          |
| Handling complaints/grievances  |          |
| Office communication (suggestion box, staff meetings, memos etc)<br>Note: mandatory means <b>required</b> . Written warnings if you do not attend   |          |
| <b>HIPAA</b> (Consumer's confidentiality)   |          |
| Employee safety issues: OSHA/Hazardous materials<br>Working after hours/ office security/Employee injury/ Incident reporting/ Employee role in disasters<br>Fire safety/ drills   | _____    |
| <b>Infection Control/Universal Precautions</b>  |          |
| Abuse Recognition and Reporting   |          |
| Fraud/False Claims  |          |
| Conflict of Interest  |          |
| Complete personnel file review  |          |
| Name tag/ ID card/ ID # assigned  |          |
| Use of office equipment/Phones/ fax/Copier  |          |
| Review Policy manuals<br>Review <b>and sign/date</b> job description<br>Review pay period, paydays and time sheets<br>Approved reimbursement expenses<br>Review policy for sick call, call outs, bereavement benefits<br>Vacation/ leave requests<br>Performance evaluations (must be signed by employee after review with sup)<br>Disciplinary action (3 written then termination)<br>EEO Policy | _____    |
| Agency Organizational & Reporting Chart   |          |
| Employee Handbook Review & Sign Off   |          |
| Company policies: Dress Code, Office Hours, Reliability   |          |
| Resources   |          |
| Quality Assurance (QA) Program  |          |
| Testing: HIPAA Exam   |          |
|   |          |

|                              |              |
|------------------------------|--------------|
| <b>Employee Printed Name</b> | <b>Date</b>  |
| <b>Employee Signature</b>    | <b>Title</b> |
| <b>Trainer Printed Name</b>  | <b>Date</b>  |
| <b>Trainer Signature</b>     | <b>Title</b> |

## Orientation #2 for Direct Consumer Service Employees

| TOPICS COVERED   | INITIALS                         |
|--|----------------------------------|
| Review of job duties   |                                  |
| Scheduling Guidelines  |                                  |
| Ethnic Diversity/Ethics  |                                  |
| Conflict of Interest   |                                  |
| Consumers Rights & Responsibilities  |                                  |
| Reporting consumer status changes/issues   |                                  |
| OSHA: Safe and appropriate use of equipment:<br>Office/Community/Home SAFETY: Bathroom safety<br>Fire safety/Environmental safety/Electrical safety<br><b>Medical Device Act</b> & Adverse Events/Incident reports | _____<br>_____<br>_____<br>_____ |
| Management of hazardous/infectious materials<br>Universal Precautions policy<br>HIPAA<br>Behavior Management<br>Basic First Aid & Home Safety  | _____<br>_____<br>_____<br>_____ |
| Infection Reporting  |                                  |
| Advance Directives   |                                  |
| Abuse Reporting (mandatory reporters)  |                                  |
| Emergency preparedness: Consumers medical/ non-medical emergencies<br>Employee role in disasters<br>Disaster planning  | _____<br>_____                   |
| Do's and Don'ts of Home Care   |                                  |
| Competency skills testing (if appropriate to position)   |                                  |
| Nutrition Basics   |                                  |
| Documentation/Assessments (for Qualified Supervisor)   |                                  |
| Supervision & Performance Evaluation   |                                  |
| Case Conferencing & Staff Meetings   |                                  |
| ISP Training   |                                  |
| DO NOT USE abbreviation list (for Qualified supervisors)   |                                  |
| Summary  |                                  |

|                              |              |
|------------------------------|--------------|
| <b>Employee Printed Name</b> | <b>Date</b>  |
| <b>Employee Signature</b>    | <b>Title</b> |
| <b>Trainer Printed Name</b>  | <b>Date</b>  |
| <b>Trainer Signature</b>     | <b>Title</b> |

## Orientation for Current Staff to New Job Role

| TOPICS COVERED  | DATE AND INITIALS |
|---|-------------------|
| Overview of any policies/regulations related to new job role                                  |                   |
| Review of job description of new role   |                   |
| Review of Policies & Procedures related to new job responsibilities                           |                   |
| Organizational chart as it related to new job responsibilities                                |                   |
| Review of Safety related to new job responsibilities  |                   |
| Management of hazardous and/or infectious materials as it related to new job responsibilities |                   |
| Infection control as it related to new job responsibilities                                   |                   |
| Lines of communication in new job role  |                   |
| HIPAA as it relates to new job responsibilities   |                   |
| Any procedures related to new job responsibilities  |                   |
| Emergency preparedness as related to new job responsibilities                                 |                   |
| Competency skills testing as it relates to new job responsibilities                           |                   |
| In-services related to new job responsibilities   |                   |
| Documentation as it relates to new job responsibilities                                       |                   |
| Supervision & Performance Evaluation relating to new job responsibilities/role                |                   |
| Case Conferencing & Staff Meetings related to new job responsibilities                        |                   |
| Testing as appropriate to new role  |                   |
| Training/observation with another in same job role  |                   |
| Summary   |                   |

|                              |              |
|------------------------------|--------------|
| <b>Employee Printed Name</b> | <b>Date</b>  |
| <b>Employee Signature</b>    | <b>Title</b> |
| <b>Trainer Printed Name</b>  | <b>Date</b>  |
| <b>Trainer Signature</b>     | <b>Title</b> |

## Orientation for Agency Directors

| TOPICS COVERED  | DATE AND INITIALS                         |
|---|---|
| Review of Job duties  |   |
| Review of Organizational Chart  |   |
| Agency Licensing  |   |
| HIPAA (Consumers confidentiality)   |   |
| Guidelines for referrals: Everyone generates referrals  |   |
| Employee safety issues: Hazardous materials, Working after hours/ office security<br>Employee injury/ Incident reporting<br>Employee role in disasters<br>Fire safety/ drills   |   |
| Quality Assurance (QA) program:<br>QA Calendar<br>Committees: GB, Budget, QA, Ethics, Safety/Feedback Committee<br>Annual Agency Evaluation   |   |
| Budget development, working within the current budget   |   |
| HR compliance<br>Supervision of staff   |   |
| Delegating/receiving weekly reports from Supervisors, Marketing, HR   |   |
| Contracts<br>License renewal log<br>Staffing<br>Occupational Health (optional)  |   |
| Complete your personnel file  |   |
| Review Personnel Policies manual<br>Review and sign/date job description<br>Approved reimbursement expenses<br>Review policy for sick call, call outs, bereavement benefits<br>Vacation/ leave requests<br>Performance evaluations signed by employee & sup. Must include "goals"<br>Disciplinary action (3 written then termination) | _____<br>_____<br>_____<br>_____<br>_____ |
| Employee Handbook Review & Sign Off   |   |
| Company policies: Dress Code, Office Hours, Reliability   |   |
|   |   |

|                              |              |
|------------------------------|--------------|
| <b>Employee Printed Name</b> | <b>Date</b>  |
| <b>Employee Signature</b>    | <b>Title</b> |
| <b>Trainer Printed Name</b>  | <b>Date</b>  |
| <b>Trainer Signature</b>     | <b>Title</b> |

## Orientation for Governing Body Members

| TOPICS COVERED   | DATE AND INITIALS                |
|--|----------------------------------|
| Review of role   |                                  |
| Agency mission/ History/ Values/ Services Offered  |                                  |
| Background information on Home Care industry   |                                  |
| Review of Organizational Chart   |                                  |
| Office communication   |                                  |
| HIPAA (Consumers confidentiality)  |                                  |
| Employee safety issues:<br>Hazardous materials<br>Working after hours/ office security<br>Employee injury/ Incident reporting<br>Employee role in disasters<br>Fire safety/ drills | _____<br>_____<br>_____<br>_____ |
| Quality Assurance (QA) program<br>Definition/Committees/Your role/What's done with the QA data<br>Annual Agency Evaluation   |                                  |
| Review By-Laws   |                                  |
| Review Budget  |                                  |
| Review All Legal Documents   |                                  |
| Use of office equipment  |                                  |
| Review Policies manuals<br>Review policy for sick call, call outs, bereavement benefits<br>Performance evaluations<br>Disciplinary policies  | _____<br>_____<br>_____          |
| Review of Agency Financials  |                                  |
| Employee Handbook Review   |                                  |
| Company policies: Dress Code, Office Hours, Reliability  |                                  |
| Evaluations  |                                  |
| Resources  |                                  |
|  |                                  |

|                              |              |
|------------------------------|--------------|
| <b>Employee Printed Name</b> | <b>Date</b>  |
| <b>Employee Signature</b>    | <b>Title</b> |
| <b>Trainer Printed Name</b>  | <b>Date</b>  |
| <b>Trainer Signature</b>     | <b>Title</b> |

# Orientation for Supervisors

| TOPICS COVERED  | DATE AND INITIALS |
|---|-------------------|
| Review of job duties  |                   |
| Agency Licensing  |                   |
| Supervisory responsibilities  |                   |
| Employee safety issues: Hazardous materials, Working after hours/ office security, Employee injury/ Incident reporting, Employee role in disasters, Fire safety/ drills |                   |
| Consumers Safety:<br>Safe Environment<br>Missed visits  |                   |
| Quality Assurance (QA) program: QA Calendar/Committees<br>Other Committees: GB, Budget, Ethics, Safety/Feedback<br>What we do with the QA data                          |                   |
| Preparing reports for Agency Director   |                   |
| Contracts: Use of Contracted personnel  |                   |
| Productivity: staff productivity expectations   |                   |
| Consumers Record Review   |                   |
| Staff meetings: What to communicate/Who attends   |                   |
| Complete your personnel file  |                   |
| Review Personnel Policies respective to supervisory/management role   |                   |
| Review of Organizational Chart  |                   |
| Summary   |                   |

|                              |              |
|------------------------------|--------------|
| <b>Employee Printed Name</b> | <b>Date</b>  |
| <b>Employee Signature</b>    | <b>Title</b> |
| <b>Trainer Printed Name</b>  | <b>Date</b>  |
| <b>Trainer Signature</b>     | <b>Title</b> |

# Confidentiality Agreement

This agreement is made between \_\_\_\_\_ (the “Employee”) and Liberty Home Care, (the “Employer”) on the \_\_\_ of \_\_\_\_\_, 20\_\_.

The Employee agrees to the terms of this Agreement:

- 1.) As a condition of employment, the employer requires that all new employees agree to enter into this Confidentiality Agreement (the Agreement). The Employee acknowledges that employment with Employer is sufficient consideration for the Employee to entering into the Agreement.
- 2.) The Employee acknowledges that, in the course of employment, the Employee will, and may in the future, come into possession of certain confidential information belonging to the Employer including but not limited to trade secrets, data, materials, products, technology, computer programs, specifications, manuals, business plans, software, marketing plans, financial information, and other information disclosed or submitted. This confidential information may be embodied in hand written notes by the Employee, computer disks, tapes, paper, or any other media.
- 3.) The Employee hereby covenants and agrees that she or he will at no time, during or after the term of employment with the Employer, use for his or her own benefit or the benefit of others, or discloses or divulge to others, any such confidential information.
- 4.) Upon termination of employment, the Employee will return, retaining no copies or notes, all documents relating to the Employer’s business including, but not limited to, reports, lists, correspondence, information, computer files, computer disks, and all other material and all copies of such material, obtained by the Employee during employment nor will the employee attempt to contact or solicit any Consumers that the employee may have worked with during employment.
- 5.) The Employee recognizes that the Employer may be irreparably damaged by breach of this Agreement and that the Employer shall be entitled to seek an injunction to prevent such competition or disclosure, and will entitle the Employer to other legal remedies, including attorney’s fees and costs.
- 6.) The obligations of Recipient herein shall be effective from the date the Owner last discloses any Confidential Information to Recipient pursuant to this Agreement.
- 7.) If any part of this Agreement is adjudged invalid, illegal or unenforceable, the remaining parts shall not be affected and shall remain in full force and effect.
- 8.) This instrument, including any attached exhibits and addenda, constitutes the entire Agreement of the parties. No representation or promises have been made except those that are set out in this Agreement. This Agreement may not be modified except in writing signed by all parties.
- 9.) This agreement shall take effect as a sealed instrument and shall be construed, governed and enforced in accordance with the laws of the State of CO, without regards to its conflicts of law provisions.
- 10.) The descriptive headings used herein are for convenience of reference only and they are not intended to have any effect whatsoever in determining the rights or obligations under this agreement.

Employee:

Employer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Employee Sign Off Regarding HIPAA

I, \_\_\_\_\_, an employee of Liberty Home Care has read and understand this policy on protecting Consumers Health Information (PHI) and security. I understand that should any situation arise where I breach Consumer's confidentiality I will be disciplined up to and including termination.

I hereby agree to maintain Consumer's confidentiality in the strictest manner possible, sharing or discussing Consumer's information only with those designated care providers or supervisors who have "a need to know" and are actively involved in the care of services provided to the Consumers.

I further acknowledge that I have been trained in the provisions and laws related to HIPAA compliance during orientation and those Consumers must sign written permission to allow their health information (PHI) to be disclosed.

I further agree that I will protect PHI while driving in my vehicle servicing Consumers in their homes and will not allow any PHI to be visible inside my vehicle; I will not bring any PHI related to another Consumers into the homes/facilities of Consumers I am servicing.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Incident/Accidents

#### INCIDENT/ACCIDENTS REPORTING ACKNOWLEDGEMENT

I, \_\_\_\_\_ (print name) have been thoroughly informed by Liberty Home Care that I **MUST** report **ALL** incidents/accidents and any medical, physical, or mental changes in my Consumers **immediately** to the Supervisor and/or Scheduling Coordinator.

I further understand that in the event that I become injured, even a minor injury, I am required to report that incident to my office as soon as possible after an injury.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

OUR AGENCY IS AVAILABLE BY PHONE 24 HOURS A DAY. THE ANSWERING SERVICE  
WILL RESPOND AFTER 5 PM WEEKDAYS AND ON WEEKENDS/HOLIDAYS

#### Acknowledgement and Understanding of Zero Tolerance Sexual Abuse Policy

I acknowledge that I have received and read the sexual abuse policy and/or have had it explained to me. I understand that the organization will not tolerate any employee, volunteer, board member or third party who commits sexual abuse. Disciplinary actions will be taken against those who are found to have committed sexual abuse.

I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of sexual abuse as set forth in the abuse policy, including retaliating against any employee/volunteer exercising his or her rights under the policy.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## **Conflict Of Interest**

### **POLICY:**

No employee or member of the Governing Body or other individual, committee, or entity shall derive any profit or gain directly or indirectly by reason of their association with the agency, without the prior knowledge and approval of the Governing Body. All GB members and/or employees, at the discretion and specific request of the board, will be required to submit a disclosure statement annually.

If a matter arises in which a member of the board or employee has a conflict of interest, it shall be promptly disclosed to the Agency Director and Governing Body.

In matters involving a conflict of interest, a board member must disclose any known significant reasons why a transaction might not be in the best interest of the agency and a board member shall not participate in discussions unless requested by the board nor vote on such transactions. The abstention and the reason for it shall be recorded in the minutes.

Field staff in any capacity understands that all Consumers are Consumers of the Agency not personal Consumers of the field staff. Consumers may never be serviced privately by an employee of Our Agency for the financial gain of the employee. Should an employee terminate employment with Liberty Home Care, the field staff understands that the Consumers may not be encouraged or otherwise moved from our Agency to another agency.

### **INDIVIDUAL STATEMENT REGARDING CONFLICT OF INTEREST.**

I, \_\_\_\_\_, have read and am fully familiar with the agency's policy statement regarding conflict of interest. I am not presently involved in any transaction, investment, or other matter in which I would profit or gain directly or indirectly as a result of my membership on the agency's Governing Body or its committees or my employment.

Furthermore, I agree to disclose any such interest which may occur in accordance with the requirements of the policy and agree to abstain from any vote or action regarding the agency's business that might result in any profit or gain directly or indirectly, for myself.

I also work for another homecare agency: Yes \_\_\_\_\_ No \_\_\_\_\_

I am disclosing the name of the agency/agencies:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# Employment Offer Letter

Date: \_\_\_\_\_

**RE: JOB OFFER FOR** \_\_\_\_\_

I am pleased to offer you a position as \_\_\_\_\_ with Liberty Home Care. You will begin your full-time, part-time, per diem, or salary (Circle one) position on \_\_\_\_\_. Your employment location is in \_\_\_\_\_ as identified below:

You will report directly to the Agency Director of your office for all administrative and operational purposes.

Your salary offer for this position is \$ \_\_\_\_\_ per year      per hour      per visit      (Circle one)

Benefits are not currently offered as we are a startup agency. We will notify you immediately when we are prepared to begin offering a benefit package consult your employee handbook or the Agency Director for other benefit information.

Sincerely,

\_\_\_\_\_  
Agency Director

**Offer accepted by:**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# **Equal Employment Opportunity (EEO) Policy**

## **Organization: Liberty Home Care**

Liberty Home Care complies with nondiscrimination regulations under Title VII, Civil Rights Acts of 1964; Vietnam-Era Veterans Readjustment Assistance Act of 1974; Section 504 of the Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990; the Age Discrimination in Employment Act of 1967; Executive Order 11141, the Equal Pay Act, the CO Labor Code, and other applicable statutes, ordinances and regulations. Our Agency complies with affirmative action regulations under Executive Order 11246, the Vietnam-Era Veterans Readjustment Assistance Act, and the Federal Rehabilitation Act.

Our Agency will recruit, hire, train, and promote people in all job classifications without regard to race, color, religion, national origin, age, disability, or history of disability (except where physical or mental abilities are a bona fide occupational requirement and the individual is not able to perform the essential functions of the position even with reasonable accommodations), or sex (unless gender is a bona fide occupational qualification), status as a veteran or other protected characteristic.

Managers and supervisors of the company will base decisions on employment so as to further the principle of equal employment opportunity.

The company is pledged to develop and support an environment of affirmative action toward this policy including affirmative action recruitment of candidates for positions at all levels. This policy applies to all employees and applicants for employment.

All weekly employment opportunity bulletins (which specify job titles, salary/wage rates, and job duties and requirements) will continue to be sent to the CO Unemployment Commission for inclusion on its job availability listing. In addition, the bulletin is sent to the CO Rehabilitation Commission and other sources of minority, female, veteran, and applicants with a disability including organizations that specialize in the referral of minority applicants.

Recruitment literature, newspaper advertising, magazine advertising, and position announcements will contain clear statements of the Equal Employment Opportunity Policy. Each advertisement for a vacant position will continue to affirm the company's commitment to affirmative action by including a statement such as "Equal Employment Opportunity through Affirmative Action" or "An Affirmative Action/Equal Opportunity Employer Committed to Diversity" in clearly distinguishable type. It may also include a statement such as: "Women and Minorities Are Encouraged to Apply."

When employees are pictured in consumer or help-wanted advertising, both minorities and non-minority men and women are shown. The Agency Director will continue to ensure that employment handbooks, brochures, and other printed materials include references to equal employment opportunity for minorities, women, individuals with a disability, and covered veterans, and that artwork therein, as appropriate, includes representatives of groups covered in the company's affirmative action plan.

On first contact, all applicants (prospective employees) will be informed that the company is operating under an Affirmative Action Program (AAP) that provides equal opportunities to qualified employees and prospective employees without regard to race, color, religion, pregnancy, sex, sexual orientation, age, national origin, veteran status, or physical or mental disability or other protected characteristic. This information will be made known to applicants as they come into the employment office of the human resources department by making available to them the company's EEO/AA policy statement on the employment application, on posters displayed in the area where they complete their applications for employment, and on the company's Web page.

Vietnam veterans, special disabled veterans, and individuals with disabilities who wish to avail themselves of the provisions of the company's Affirmative Action Program are invited to identify themselves to company administration for this purpose. Persons with disabilities, special disabled veterans, and veterans of the Vietnam Era choosing not to identify themselves for this purpose at the time of application or employment will not be discriminated against and will be able to identify themselves at any time.

Subcontractors, vendors, and suppliers are notified in writing of our EEO policy and are requested to practice the appropriate action on their part in their operations and in their relationship with our company.

Public groups are kept informed of EEO policy development where appropriate. The vice president of human resources will continue to communicate the company's affirmative action policy to community agencies and leaders, as well as to organizations representing minorities, women, individuals with a disability, and covered veterans on a periodic basis.

Managers and supervisors of the company will ensure that promotion decisions are in accord with principles of equal employment opportunity by imposing only job-related requirements for promotional opportunities.

The company will ensure that all personnel actions, including compensation, benefits, transfers, layoffs, return from layoff, company-sponsored training, education, tuition assistance, and social and recreation programs will be administered without regard to race, color, religion, national origin, age, disability, or history of disability (except where physical or mental abilities are a bona fide occupational requirement and the individual is not able to perform the essential functions of the position even with reasonable accommodations), veteran status, pregnancy, sex, (unless gender is a bona fide occupational qualification) or other protected characteristic. For example, employees with the same job title will receive pay within the salary range provided for that position with variances based upon education and experience and without any salary differentiation based on pregnancy, sex, religion, national origin, age, ethnicity, veteran, disability status, or other protected characteristic.

The company will reasonably accommodate the religious observances and practices of an employee or prospective employee unless such accommodation creates an undue hardship on the conduct of the business. As part of this accommodation, the company will make reasonable accommodations to the religious observances and practices of an employee or prospective employee who regularly observes Friday evening and Saturday, or some other day of the week, as his or her Sabbath, and/or who observes certain religious holidays during the year, and who is conscientiously opposed to performing work or engaging in similar activity on such days, when such accommodations can be made without undue hardship on the conduct of the business. The following factors shall be considered: (a) business necessity, (b) financial costs and

expenses, and (c) resulting personnel problems. Any employee who requires a religious accommodation should speak with a human resources representative.

Any employee with a disability who requires accommodation should speak with his or her human resources representative. Generally, disability refers to a physical or mental impairment that substantially limits one or more of the major life activities of an individual. The company will seek to reasonably accommodate qualified individuals with a disability. The employee has the responsibility to provide adequate information to the company as part of the accommodation process. A qualified person with a disability means an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the position. Such reasonable accommodation may take the form of making existing facilities readily accessible to or usable by individuals with a disability, restructuring jobs, modifying schedules, acquiring or modifying equipment, adjusting training materials, adjusting employment policies, and the like. Generally, such reasonable accommodation will be made unless it creates an undue hardship for the company.

Our Agency shall review its employment practices to determine whether any individuals with protected characteristics are receiving fair consideration for job opportunities. The company will annually review its personnel policies to ensure that all such policies apply equally to all employees and that care has been exercised to ensure that such policies comply with this policy.

Our Agency ensures that the physical and mental job qualification requirements are related to the specific job or jobs for which the person is being considered and are consistent with business necessity and safe performance of the job. The company regularly reviews its personnel procedures to ensure that careful and thorough consideration is given to the job qualifications of individuals with disabilities, disabled veterans, and Vietnam-era veteran applicants and employees.

Our Agency disapproves of sexual, racial, disability, national origin, age, veteran, religious, and all other forms of harassment of any employee, whether it is by a co-worker, a manager, a customer, or a vendor. Sexual advances; requests for sexual favors; sexual or racial jokes; racial, ethnic, national origin, or disability slurs; and other harassing language or conduct have no place in our business. In addition, physical conduct of a sexual nature will not be tolerated.

It is expected that employees will treat one another with mutual respect for their dignity. Harassment, of any type, by any employee, is grounds for immediate termination.

Employees or applicants are protected from coercion, intimidation, interference, or discrimination for filing a complaint or assisting in an investigation under the laws covering these individuals. Periodic reviews will ensure that personnel decisions are in full accord with the principles and spirit of equal employment opportunity law.

The AGENCY DIRECTOR has overall responsibility for this Equal Employment Opportunity Policy. Implementation of the policy in this establishment is the responsibility of the Agency Director/ Manager.

This policy will be posted and disseminated as widely as possible. Such dissemination shall include periodic meetings with supervisory personnel, periodic meetings with all employees, inclusion in employee-

orientation sessions, inclusion in management-training programs, inclusion in company publications, posting on company bulletin boards, the company Web page, and the like. An equal opportunity clause will be inserted in all purchase orders, leases, contracts, and the like as required by applicable law, including Executive Order 11246.

Requests to review a copy of the company's Affirmative Action Program should be directed to our AGENCY DIRECTOR at\_\_\_\_\_.

Any person who believes he or she may have been discriminated against in violation of these principles or who observes any discrimination in violation of these principles or who needs a reasonable accommodation should discuss the matter with a human resources representative or the Agency Director. If for any reason, you do not want to discuss the matter with these individuals, you may discuss the matter any member of the Senior Management Team, the EEO-AAP coordinator, or any officer of the company.

Managers or supervisors who receive any complaint or concern involving discrimination or observe any discrimination must bring the matter to the attention of the EEO-AAP coordinator or the Manager. That individual will initiate an appropriate investigation. Employees have a responsibility to cooperate in any investigation of unlawful discrimination. All employees are to cooperate fully with the investigation and resolution of all discrimination and affirmative action complaints.

The EEO-AAP coordinator will report quarterly to the Agency Director and the vice president for human resources on all concerns or complaints concerning discrimination brought to her or his attention during the preceding quarter. The report will include recommendations for changes to company policies, practices, or procedures appropriate to the company's compliance with this EEO Policy.

If the appropriate human resources representative or the EEO-AAP coordinator is not able to resolve a concern or complaint of discrimination, the EEO-AAP coordinator will investigate the matter and recommend a solution to the Manager or an officer of the company, who will decide how the concern or complaint will be resolved.

Any person who believes that the Agency Director has not resolved a concern or complaint in accordance with this EEO policy may bring the matter to the attention of the vice president for human resources, or any other officer of the company, who may reopen the investigation, continue the investigation, or decide how the complaint will be resolved.

The Agency Director and owners of our company fully support this equal employment opportunity policy and specifically require each employee to act in accordance with its principles.

## Non-Discrimination/LEP Statement

### NON-DISCRIMINATION/LEP STATEMENT 6.2016

Liberty Home Care complies with applicable Federal civil rights laws and does not discriminate in hiring or admissions, on the basis of race, color, national origin, age, disability, or sex. Our Agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Liberty Home Care:

- Provides free aids and services to patients with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to patients whose primary language is not English (LEP) such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact \_\_\_\_\_.

If you believe that Liberty Home Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Agency Name: Liberty Home Care  
Agency Civil Rights Coordinator:  
Agency Address:  
Agency Phone:

You can file a grievance in person or by mail or fax. If you need help filing a grievance, \_\_\_\_\_ is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, Washington DC  
1-800-368-1019, 800-537-7697 (TDD)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# WHAT TO DO IN AN EMERGENCY

## Liberty Home Care

### **Pre-Disaster**

In an effort to triage all high-risk patients in preparation for possible disaster, the police and fire departments will be notified by our Agency in advance if you are servicing a high-risk patient.

### **Inclement Weather**

All administrative and supervisory staff is expected to contact the Agency Director directly for instructions regarding operations and patient care. All patient care employees are expected to check with the answering service regarding the opening of the office. All office staff that can report to the office is expected to do so. If inclement weather conditions exist prior to the opening of the office, the Agency Director will advise the answering service, at least one (1) hour before the office opens if possible, if the office will be open, closed or if opening will be delayed. If the office is open, all staff will be expected to report to work unless otherwise directed by their supervisor.

If inclement weather develops during the workday the Agency Director will make a decision regarding closing our Agency early. Field staff is expected to call their supervisor for further instructions. According to the disaster plan, high-risk patients will be notified of the emergency situation to arrange for supervision or care of patients. Instructions or assistance may be provided with transportation to hospitals or shelters. Lower priority patients will be contacted to re-schedule the day's visit to a different day after the storm has passed.

### **Loss of Office Telephone Service**

If the office telephone service is out of order, operations will be maintained out of an alternate location designated by the Agency Director, and the answering service will be contacted to alert them of the need for priority service. Cellular phones may be used in lieu of an alternate location. If no telephone service is available in the area, state and local police, fire stations, hospitals and patient's physicians will be notified of high-risk patients. Our Agency will attempt to assist high-risk patients to obtain shelter and safety.

### **Interruption of Public Transportation**

Staff who uses public transportation will be instructed to arrange for transportation from relatives or friends or carpool to patient's homes if possible. At the discretion of the Agency Director, staff may be provided with assistance with transportation by supervisors, taxi, and/or state police to high-risk patients. Patients who rely on public transportation will be assisted by our Agency with alternate arrangements. State and local police, emergency medical services and fire departments will be notified to assist with emergency services to meet the patient's needs.



**Year:**

## **In-Service Calendar**

**Personal Care (6 hours annually) and Companion (4 hours annually) In-services**

**Employee Signature:** \_\_\_\_\_

**Job Title** \_\_\_\_\_

| <b>In-Service Name</b> | <b>Initials<br/>Of<br/>Employee</b> | <b>Date of<br/>in-service</b> | <b>Time of<br/>In-service</b> |
|------------------------|-------------------------------------|-------------------------------|-------------------------------|
| 1.                     |                                     |                               |                               |
| 2.                     |                                     |                               |                               |
| 3.                     |                                     |                               |                               |
| 4.                     |                                     |                               |                               |
| 5.                     |                                     |                               |                               |
| 6.                     |                                     |                               |                               |