



Client Guide to Success





Employee Folder Requirements: The file will include, but not be limited to:

Left Side of Folder

1. An APPROVED Application Name: _____ ID#363 _____
 2. 2 VERIFIED credible Reference checks
 3. Tax Forms
 - a. Payroll Intake Form
 - b. Direct Deposit
 4. DATES of employment _____ and termination _____
 - a. Return ID if terminated or documentation as to why it is not returned
 5. Copy of Driver's License/Valid State ID
 6. 2nd form of Valid ID
 7. Copies of all Certification/Resume
 8. All waivers and supporting documents
 9. FCSR CHECK#: _____
 10. EDL Verification
-

Right Side of Folder

1. Handbook Receipt
 2. Confidentiality Statement
 3. Code of Ethics
 4. Client Rights
 5. Annual Performance Evaluation (to include observation form of one off-site visit). Employee's Signature will serve as acceptance of training received prior to service delivery Position Statement (include if they serve Clients or Administrative duties)
 6. Care Givers Guide
 7. All Training Documents and Dates
-

Things to give Employee

1. Employee Signature Packet
 2. Handbook
 3. "Who to Call When"
 4. ANOINTING LOVING CARE IN-HOME, LLC SERVICES Flyer/Business Card
-

Things to get from Employee

1. Copy of Driver's License
 2. 2nd form of ID
 3. Copies of all certification/Resume
 4. All waivers and Support Documents (if needed)
-

Take Photo of Employee (use a plain wall for background)



ANOINTING LOVING CARE IN-HOME, LLC SERVICES TELEPHONE REFERENCE CHECK FORM #2
TO BE COMPLETED BY APPLICANT

EMPLOYMENT HISTORY: Position: _____ Dates Employed: _____

Company Name _____ Phone (____) _____

Duties: _____

Reason for leaving this company: _____

Name of First Supervising Reference To Be Contacted _____ Title _____

I authorize the company I worked for and/or the individual listed above to release information about me to
ANOINTING LOVING CARE IN-HOME, LLC SERVICES _____

Applicant Signature _____ Date ____/____/____

FOR OFFICE USE ONLY

EMPLOYMENT VERIFICATION: To be completed by employer

INTERVIEWER: Introduce yourself, identify our company, one of your former employees, _____
(name), has applied for employment at our company as a _____ (job title). Hopefully,
you will give me some insight on (him/her) and whether this is a suitable position for (him/her).
May I ask you a few questions?

What was his/her position? _____ What were the dates of his/her employment? _____

What was your relationship to him/her? (e.g., supervisor, co-worker, etc.) _____

What were his/her strengths as an employee? _____

How would you rate his/her overall performance? _____

If you had an opening today for the same job, would you hire him/her? Why/why not? _____

Was he/she _____ dependable? _____ work well with other? _____ exhibit initiative?

If we were to extend an employment offer, what suggestions would you give us to help contribute toward _____'s success
on the
job? _____

Is there anything else you think would be helpful for us to know about _____ in making our hiring decision?

Name of Interviewer: _____ Date: ____/____/____



Client Name:

ANOINTING LOVING CARE IN-HOME, LLC SERVICES

Client EIN:

Employee Personal Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit^

City

State

ZIP Code

Home Phone: () . Alternate Phone: ()

E-mail Address:

Social Security Number or Government ID:

Birth Date:

Marital Status:

Salary Information

Title: Employee ID:

Hire Date: • ; Salary: \$

Rate

To
New

Change

From:

Rate:

Termination

Date:

Emergency Contact Information

Full Name:

Last

First

M.L

Address;

Street Address

Apartment/Unit#

City

State

ZIP Code

Primary Phone: () 1 Alternate Phone: ()

Relationship:

Please fax all new hire/termination/employee change information to:

Clay Financial Services

(636)387-7604

at least three days prior to payroll for direct deposit

if you have questions please call Veda Clay at (636)387-7600



APPLICATION FOR EMPLOYMENT

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For(PCP, RN, Secretary, CNA, etc.) Today's Date// _____

Are you seeking: Full-time Part-time Temporary employment? When could you start work? _____

Last Name _____ First Name _____ Middle initial _____ Telephone Number _____

Present Street Address _____ City _____ State _____ Zip Code _____

County _____ Email Address _____

Date of Birth _____ Are you 18 years of age or older? (If you are hired you may be required to submit proof of age.) Yes No

Social Security #--If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before?.....Yes No If yes, when? _____

Were you ever employed here?.....Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)?..... Yes No

If yes, give details: _____
(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment?..... Yes No

If yes, please explain: _____

For Driving Jobs Only: Do you have a valid driver's license?.....Yes No

Driver's License Number _____ State of License: _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years?.....Yes No

If yes, give details: _____

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma Degree / Certificate ✦	Subjects Studied
High School or GED _____	_____	_____	_____
College or University _____	_____	_____	_____
Vocational or Technical _____	_____	_____	_____

What skills or additional training do you have that are related to the job for which you are applying? _____



ANOINTING LOVING CARE IN-HOME, LLC SERVICES

PATIENTS RIGHTS

1. You have the right to be treated with respect and dignity; and have the responsibility to treat the personal caregiver with respect.
2. You have the right to have all personal and medical information kept confidential.
3. You have the right to have the direction over the services provided, to the degree possible, within the service plan authorized.
4. You have the right to know the provider's established grievance procedure, how to make a complaint about the service and receive cooperation to reach a resolution without fear of retribution.
5. You have the right to receive service without regard to race, creed, color, age, sex, or national origin.
6. You have the right to receive a copy of the code of ethics under which services are provided.
7. You have the right to receive complete written information on the plan of care, including the name of the home health care aid and the supervisor responsible for the services and the agency contact number.
8. Expect that all home care personal, within the limits set by the plan of care, will respond in good faith to your request for assistance in the home.
9. Know that the agency maintains liability insurance coverage; and be given in writing the name and phone number of a contact person for 24 hour access to the agency.
10. You have the right to choose your provider.
11. You have the responsibility to adhere to your plan of care established through collaboration with HEALTH AND SENIOR SERVICES, your physician and the personal caregiver.



ANOINTING LOVING CARE IN-HOME, LLC SERVICES
5648 Dr. Martin Luther King St. Louis, Mo. 63112
Phone: 314.889.0292 - 314.393.2894 Fax 314.899.0291
www.anointinglovingcare.com

PATIENT GRIEVANCE PROCEDURE

In the event, you have a grievance with an employee or the services rendered please take the following procedures:

1. Inform the employee of your grievance/concern. Communicating the grievance with the employee may offer an opportunity for immediate correction or resolution.
2. If there is no satisfaction with the employee, please contact Anointing Loving Care In-Home, LLC Services office and report the grievance to the Administrator @ (314-899.0292 / 314-393-2894).
3. The administrator will investigate your grievance and take the appropriate steps to resolve the problem.
4. If you are not satisfied with the corrective measures that were taken, you have the right to report the grievance to Health and Senior Services Abuse and Neglect hotline @ 1-800-392-0210

ANOINTING LOVING CARE IN-HOME, LLC SERVICES



This agreement made this day of, by and between (Client)

(hereafter referred to as "the client"), and, ANOINTING LOVING CARE IN-HOME, LLC SERVICES (hereafter referred to as "ALC").

1. Purpose. The purpose of this agreement is to set forth the terms and conditions under which ALC will provide assistance with day-to-day living for the client in his/her home (service address) _____, following the approved care plan provided through the Division of Senior Services. (Copies of this plan was provided by the client's Case Manager)

2. Services to be performed by ALC. ALC shall furnish the client with the services and incidentals specified herein, provided that the client remains in his/her house and performs his or her obligations under this contract. In consideration of the mutual promises contain herein, the parties intent to be legally bound, agree to follow the Care Plan provided by Missouri Senior Services:

3. Nutrition.

a. Balanced meals- ALC hereby agrees to prepare nutritionally balanced meals per day when such assistance is requested.

b. Special Diet- Special diets will be provided only upon order of a licensed physician.

c. Additional Duties- ALC agrees to grocery shop for the client with nutritious meals in mind. Following the preparation of meals, ALC shall assist with feeding, if necessary, and cleaning the kitchen, which included washing dishes.

4. Cleaning. ALC agrees to provide cleaning services as directed:

- a. General cleaning
- b. Make bed/ change sheets
- c. Wash Laundry
- d. Wash dishes
- e. Empty waste containers
- f. Sweep and mop all uncarpeted floor, stairs and hallways
- g. Vacuum carpeted floors
- h. Disinfect all bathroom
- i. Replace bathroom supplies
- j. Maintain bedroom in a neat and orderly condition

5. Housekeeping. The client shall maintain the home in a clean and sanitary and orderly condition. The client shall make available to ALC all supplies necessary for ALC to perform the usual housekeeping in order to maintain his or her accommodations. ALC shall perform all ordinary and heavy housekeeping as set forth in detail above.

6. Assistance outside the Home. ALC shall run daily errands for the client. These may include but are not limited to, picking up dry cleaning, grocery shopping and shopping for necessities.

7. Personal Care Needs. ALC shall observe the client's physical and mental states on a regular basis, and shall make arrangements, as necessary, to meet health needs by arranging transportation to the physician of

the client's choice. ALC shall provide assistance to the client in carrying out the instructions of physicians including storing, distributing and reminding the client to take prescribing medications.

ALC shall also provide the client with personal assistance with bathing, dressing, toileting, hair care, shaving, eating, care of clothing, personal shopping and incidental services, as needed.

8. Transportation. ALC shall assist with transportation needs by arranging for public transportation or help with specially provided elderly transportation.

9. Companionship and Entertainment. ALC shall provide companionship and support for the client.

10. Time Sheets. The client shall sign all necessary time sheets tracking the date, time and services provided by ALC:

11. Governing Law, Entirety of Agreement and Severability. This agreement shall be governed by the laws of the state of Missouri. It constitutes the entire agreement between the parties regarding its subject matter. If any provision in this contract is held by any court to be invalid, void or unenforceable, the remaining provisions shall nevertheless continue in full force and effect.

THIS IS A LEGALLY BINDING CONTRACT. EACH PARTY HAS READ THE ABOVE AGREEMENT BEFORE SIGNING IT. EACH PARTY UNDERSTANDS THE AGREEMENT THAT HE OR SHE IS MAKING.

We, _____ and ANOINTING LOVING CARE IN-HOME, LLC SERVICES & CDS, LLC having read this agreement, agree to its terms and sign it as our free act on the ____ Day of _____

[Name of Client]

Signature

Address

City, State, Zip

ALC Witness Name

ALC Witness Signature



CLIENT CONFIDENTIALITY STATEMENT

ANOINTING LOVING CARE IN-HOME, LLC & CDS Services will inform the Client of their right to privacy regarding ALL information.

I understand that in the performance of my duties as an employee of ANOINTING LOVING CARE IN-HOME, LLC SERVICES & CDS Services, I must hold ALL personal and medical information in confidence, be it verbal or written according to all rules and regulations including HIPPA.

As an employee, I may have access to information concerning patient conditions, diagnosis, accidents, deaths, personal life, etc. and that this information has been declared confidential by law.

Further, I understand that intentional or involuntary violation of the Professional Ethic of this department such as knowingly or innocently revealing confidential information about a patient may make me subject to legal action as well as internal disciplinary action.

Acknowledgment of Receipt of Client Code of Ethics

This is to certify that I received a copy of ANOINTING LOVING CARE IN-HOME, LLC SERVICES Employee Code of Ethics. I understand that it represents mandatory policies of the organization. I agree to abide by the Code.

Client Name (Print)

DOB

Client Signature

Date

ALC STAFF Name (Print)

ALC STAFF ID

ALC STAFF Signature

Date



CLIENT CODE OF ETHICS

1. No use of the client's /employee's car .
2. Employee no consumption of the client's food or drink except water .
3. Employee no use of the client's telephone for personal calls .
4. No discussion of own or other's personal problems , religious or political beliefs with the clients .
5. No acceptance of gifts or tips .
6. Employee not bringing other persons to the client's home .
7. Employee no consumption of alcoholic beverages , or use of medicine or drugs for any purpose , other than medical , in the client's home prior to service delivery .
8. Employee no smoking in the client's home .
9. Employee no solicitation or acceptance of money or goods for personal gain from the client .
10. Employee not to breach of the client's privacy and confidentiality of information and records .
11. Employee do not purchase any items for the client even at fair market value .
12. Employee do not assume control of the financial and /or personal affairs of the client or of his /her estate including power of attorney , conservatorship , or guardianship .
13. Employee no residing with the client in either the client's or personal care aide's residence .
14. Employee do not take anything from the client's home .
15. Employee no committing any act of abuse , neglect , or exploitation .
16. Employee no giving of your personal phone number or address to client
17. Aids are allowed to eat lunch in the home of the client that is provided by the worker .
18. Aids are allowed to use the restroom in the home of the client .

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Client Name (Print)

DOB

Client Signature

Date

ALC STAFF Name (Print)

ALC STAFF ID

ALC STAFF Signature

Date

ANOINTING LOVING CARE IN-HOME, LLC SERVICES



CLIENTS RIGHTS

1. You have the right to be treated with respect and dignity; and have the responsibility to treat the personal caregiver with respect.
2. You have the right to have all personal and medical information kept confidential.
3. You have the right to have the direction over the services provided, to the degree possible, within the service plan authorized.
4. You have the right to know the provider's established grievance procedure, how to make a complaint about the service and receive cooperation to reach a resolution without fear of retribution.
5. You have the right to receive service without regard to race, creed, color, age, sex, or national origin.
6. You have the right to receive a copy of the code of ethics under which services are provided.
7. You have the right to receive complete written information on the plan of care, including the name of the home health care aid and the supervisor responsible for the services and the agency contact number.
8. Expect that all home care personal, within the limits set by the plan of care, will respond in good faith to your request for assistance in the home.
9. Know that the agency maintains liability insurance coverage; and be given in writing the name and phone number of a contact person for 24-hour access to the agency.
10. You have the right to choose your provider.
11. You have the responsibility to adhere to your plan of care established through collaboration with **HEALTH AND SENIOR SERVICES**, your physician and the personal caregiver.

Client's Name (Print)

DOB

Client's Signature

Date

Witness Signature

Date



CLIENT GRIEVANCE PROCEDURE

In the event, you have a grievance with an employee, or the services rendered please take the following procedures:

1. Inform the employee of your grievance/concern. Communicating the grievance with the employee may offer an opportunity for immediate correction or resolution.
2. If there is no satisfaction with the employee, please contact ANOINTING LOVING CARE IN-HOME, LLC SERVICES office and report the grievance to the Administrator @ 314-899.0292 OR. 314.393.2894
3. The administrator will investigate your grievance and take the appropriate steps to resolve the problem.
4. If you are not satisfied with the corrective measures that were taken, you have the right to report the grievance to Health and Senior Services Abuse and Neglect hotline @ 1-800-392-0210

Client's Signature _____

Date _____