

LIFELINE HOME CARE, INC.
"Where Dignity is Preserved"

EMPLOYEE INFORMATION AND RECERTIFICATION

EXPIRATION

VIRGINIA STATE CHECK

CPR

CURRENT PPD

DRIVER'S LICENSE

RESIDENT CARD/ EMP AUTHORIZATION

SOCIAL SECURITY CARD

POSITION (RN, LPN, CNA, HHA, PCA)

REFERENCES

--PLEASE LET THE OFFICE KNOW IF THERE ARE ANY CHANGES IN
ADDRESSES OR CELL PHONE NUMBERS!!! AND PLEASE SUBMIT
UPDATES IN 2 WEEKS!!!

Orientation Checklist

Employee Name _____ Social Security # _____

Hire Date _____

Received and Review copies of Policies and Procedures listed below:

- A. Organization Chart
- B. Employee Handbook
- C. Standards of Conduct/Ethical Behavior
- D. Employee Compensation-Wages and Benefits
- E. Time Sheet
- F. Holiday and vacation Policy
- G. Performance policy
- H. Disciplinary Procedure
- I. Warning Notice
- J. Grievance Procedure
- K. Termination Policy
- L. Mandatory Reporting requirements
- M. Administration Billing System
- N. Standards of Performance (See Employee Handbook)
- O. Policies and Procedure
- P. Continuing Education
- Q. Signed Copies of
 - Confidentiality
 - Non-discrimination and grievances
 - No pending criminal charges
 - Job descriptions and expectations
 - Clients Rights
 - Body Mechanics

I have read and understand the above policies and I agree to abide by them. I understand that failure to follow them may result in my termination. I further understand that as an employee of Lifeline Home Care, Inc. I am prohibited from working independently for any client for one year from the dates of leaving the employment of Lifeline Home Care, Inc.

Signature

Print Name

Date

Witness

- Please Print
- Lifeline Supervisor will complete shaded area

Personal Data

First Name	MI.	Last Name	Apt. No.	Address	P.O.Box No.
City	State	Zip Code	Home Phone	Alternate Phone	
Social Security No.	Birthday Mo./Day		Area/Cross Streets		

Interview

Interview Date	Interviewed By	High School Circle Years Completed				Name Of College, Trade Or Vocational School	Years Completed
		1	2	3	4		
Additional Training:		Type	Where			Date	
1.						/ /	
2.						/ /	
3.						/ /	

Name And Address Of Previous Employer <i>Print. List Last Employer First.</i>	Empl. Dates Mo./Day	Business/Supervisor	Duties	Reasoning For Leaving <i>Please Be Specific</i>
1.	From / To /	Type Of Business Supervisor's Name		
2.	From / To /	Type Of Business Supervisor's Name		
3.	From / To /	Type Of Business Supervisor's Name		

Reference Check: 1. E VG G F P 2. E VG G F P 3. E VG G F P

Availability	Indicate hours/days available. Mark an "x" when not available. Check Live-in days available.							
Can you report to work the same day we call you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat	
	AM							
	PM							
	Live-in							

AWE

Have you ever been convicted of a criminal offense, entered a plea of no contest, had prosecution deferred or adjudication withheld for any crime except for minor traffic violation? *

No
 Yes If yes, explain all.

Ⓞ Means Of Transportation: Car, Ride, Public Transportation

Do you have a current driver's license? Yes OR No

If you have worked for us before. Where: How long ago:

A YES answer to these questions will not automatically bar you from working with us. All relevant circumstances and facts concerning the criminal record/pending charges will be considered relation to the position for which you are applying.

Credentials	Date	Reviewed By	199 Completion Date
Certification Of Health	/ /		
Tuberculin Skin Test	/ /		
CPR Training	/ /		
License/Certification Type	License/Certification No.	State	Expiration Date
			/ /
			/ /
Verified Licenses/Certifications By		Date	

* In the District of Columbia and Massachusetts, list only those incidents that occurred in the last 10 years. In New Hampshire, list only those incidents that occurred in the last 5 years. In Washington, list only those incidents that occurred in the last 7 years.

LTD

Is your License restricted in any manner or has any disciplinary action ever been taken against you by the State Board of Licensing in this state or any other state?

No
 Yes If yes, explain restrictions

14701 Lee Hwy
Suite, 206
Centreville, VA 20121

Phone: (703)543-7511

Fax: (703)543-7512

EMPLOYEE REFERENCE INFORMATION

The applicant listed has applied to Lifeline Home Care, Inc. for employment and have your name as a reference. Please note applicant's authorization and provide us with the information below.

Date: _____

Name of Applicant: _____ SSN: _____

Other names used: _____

Name of Company: _____ Assigned Unit: _____

Name of Reference: _____ Title: _____

Time knows from: _____ Phone#: _____

I hereby give consent to release any and all information pertaining to my work experience and status to Lifeline Home Care, Inc.

Signature of Aide/nurse: _____ Date: _____

TO BE COMPLETE BY EMPLOYER/REFERENCE

We are known for our outstanding service because of the length we take in selecting our caregivers. This includes extensive skill evaluation, interviewing, reference checks and complete background checks. To help us maintain these higher standards, we ask that you complete this evaluation of the above person as accurate as you remember.

Are employment dates correct? Yes No, if no: From: _____ To: _____
Are you aware of any restrictions on this applicant's license/certification? Yes No or N/A

Employee Evaluation (Please check one)	Excellent	Above Average	Average	Poor
Job Knowledge				
Quality of Work				
Initiative				
Attendance/Punctuality				
Dependability				
Cooperative				
Attitude				

Reason for leaving: _____

Would you re-hire applicant Yes No

Remark: _____

Complete by: _____ Position: _____ Date: _____

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Name of Reference: _____ Title: _____

Time knows from: _____ Phone#: _____

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Are employment dates correct? Yes No, if no: From: _____ To: _____

Are you aware of any restrictions on this applicant's license/certification? Yes No or N/A

Employee Evaluation (Please check one)	Excellent	Above Average	Average	Poor
Job Knowledge				
Quality of Work				
Initiative				
Attendance/Punctuality				
Dependability				
Cooperative				
Attitude				

Reason for leaving: _____

Would you re-hire applicant Yes No

Remark: _____

Complete by: _____ Position: _____ Date: _____



▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

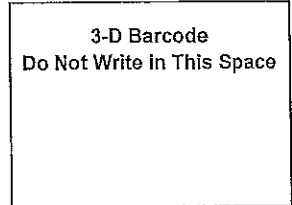
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code

STOP Employer Completes Next Page **STOP**

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent A _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. B _____

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit F _____

(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.
 • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child G _____

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ► H _____

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2016	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____	
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► 7 _____					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►				Date ►	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2016 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are--	Enter on line 2 above	If wages from LOWEST paying job are--	Enter on line 2 above	If wages from HIGHEST paying job are--	Enter on line 7 above	If wages from HIGHEST paying job are--	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



LIFELINE HOME CARE, INC.

"Where Dignity is Preserved"

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **LIFELINE HOME CARE INC.**, to initiate automatic deposits to my account at the financial institution named below. I also authorize **LIFELINE HOME CARE INC.**, to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **LIFELINE HOME CARE INC.**, responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **LIFELINE HOME CARE INC.**, receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

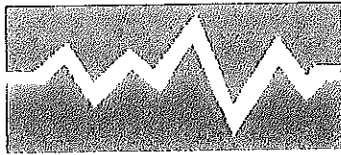
Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.



LIFELINE HOME CARE, INC.

"Where Dignity is Preserved"

October 5, 2001

MEMO

To all caregivers

In our effort to reduce work place injuries, Lifeline Home Care, Inc. is implementing a strict **No Lifting** policy which will go into effect immediately. It is the responsibility of all caregivers to contact and report to the administrator at 703-543-7511 as soon as they feel that they are lifting any client in anyway. This Memo is reinforcement to the "No Lifting" policy which is in the Lifeline Home Care, Inc. handbook which was provided to you during the hiring process.

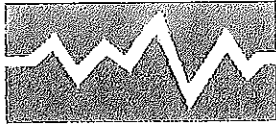
Thank you,

Irene Osei,

Director

Employee Signature:

Date:



LIFELINE HOME CARE, INC.

"Where Dignity is Preserved"

Client/Lifeline Communication

It is very important that if you cannot work a day/shift, that you call Lifeline Home Care, Inc. at least 1 week in advance and inform us that you will not be working for that day. This gives us enough time to find a replacement.

DO NOT ever communicate to clients directly about taking days off. You must notify Lifeline.

If it is determined by Lifeline that you have made arrangements with the client without notifying us it will result in disciplinary action.

Please Sign _____ date _____



CODE OF CONDUCT

Your conduct has a great deal to do with the reputation of our agency. If you are dependable, trustworthy and considerate of the client you will be a valuable asset to our agency. Being respectful, cheerful and courteous add to your value also. A sense of humor is good to have when you are working with our clients.

You must follow certain common sense rules of conduct. The penalty for violating the rules may result in your termination and notification to the Board of Nursing. Some examples follow:

1. Negligence and inconsiderate treatment of a client and/or responsible person(s).
2. Abandoning a client - leaving a client unattended.
3. Divulging confidential information.
4. Falsifying records, reports or information of any nature.
5. Theft, misappropriation or unauthorized possession or use of property belonging to the agency, the client or any other employee.
6. Use or possession of intoxicating beverages or reporting to work under the influence of intoxicants.
7. Illegal use or possession of narcotics or drugs.
8. Possession of a weapon while on assignment or on agency premises.
9. Insubordination.
10. Conduct unbecoming to the reputation of the agency.

**YOU ARE EXPECTED TO ACT IN A PROFESSIONAL MANNER AT ALL TIMES.
BEAR IN MIND THAT YOU ARE AMBASSADORS OF LIFELINE HOME CARE, INC.**

Caregiver name: _____

Caregiver Signature: _____

Date: _____



CODE OF CONDUCT

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Caregiver name: _____

Caregiver Signature: _____

Date: _____

Job Description: Certified Home Health Aide, Certified Nurse Aide, Personal Care Aide/Attendant*

QUALIFICATIONS:

- Satisfactory completion of the *Home Health Aide Competency Exam*
- Completion of a recognized home health aide training program or 6 months of recent experience as an aide
- Ability to read, writes, understand, and communicate written instructions
- Two work-related references
- Additional state-specific requirements under state licensure include: **Virginia:** Must meet one of the following or will not be assigned to cases requiring home health aide services:
 - Completion of an approved nurse aide training program and registration by the *Virginia Department of Health Professions* as a Certified Nurse Aide
 - Completion of a professional or practical nursing/nurse aide training program approved by the *Virginia Department of Education* or the *Virginia Community College System* or the *Virginia Department of Health Professions*
 - Completion of a home health aide-training program approved by the *Virginia Department of Health* prior to July 1, 1984 and in continuous practice since that time

Washington:

- 85 hours of training for CNA or can become a registered nurse assistant for a fee (Both are required to attend seven hours of HIV training and show proof of training to employer.)
- Current CPR training

DUTIES MAY INCLUDE:

The CNA/HHa/CHHa provides only those services/tasks within the established job description, designated on the (*Assignment of Duties*) and in compliance with state-specific licensing regulations and agency policies and procedures.

- Performing home management functions, such as light housekeeping, laundry, bed making and cleaning
- Planning meals, shopping for groceries, preparing and serving food/meals, feeding and clean-up
- Reminding/assisting client with self-administration of medications
- Reporting changes in client's condition or family situation to the office
- Responding to and reporting emergency situations to the Management staff
- Contacting supervisor about client/family requests that are not designated on the **Assignment of Duties (Form)**
- Documenting services provided on the appropriate flow sheet, according to agency policies and procedures
- Accompanying client to scheduled appointments
- Providing for and assisting with personal care needs, such as bathing, shaving, shampooing hair, dressing and grooming, oral hygiene and perineal care
- Assisting with ambulating, including the use of walkers and wheelchairs, when applicable
- Caring for children after successfully passing a criminal history check, and providing current proof of child/infant CPR training and current MMR vaccination
- Working in the home or remaining at the home while the client is absent (with supervisor's approval)
- Assuring client safety and maintaining a safe environment
- Encouraging self-help activities
- Caring for intact skin to prevent skin breakdown
- Assisting with safe client transfers and proper body positioning
- Transporting clients or running errands
- Performing cardiopulmonary resuscitation. Turning oxygen concentrator unit/tank on only as directed by client
- Collecting specimens (urine, stool and sputum only)
- Calibrating intake and output
- Adhering to client's rights
- Maintaining client confidentiality
- Assisting with toileting, including bedpans, urinals and commode chairs
- Clean and file fingernails and toenails

ADDITIONAL DUTIES, PERMISSIBLE AFTER TRAINING AND SKILLS VALIDATION, AND UNDER DELEGATION AND SUPERVISION OF AN RN:

- Assisting with prescribed exercise program, such as range of motion exercises, etc.
- Taking and recording vital signs
- Administering Fleet4D enema - not a soap suds or cleansing enema
- Changing a non-sterile dressing or reinforcing an existing, non-sterile dressing (**In Virginia:** minimum of 8 hours
- Training and competency required. Must be listed on state registry as Nurse Aide I.)

- Providing ostomy care
- Reapplying/changing a colostomy appliance/bag
- Assisting with mechanical lift transfers (e.g., Hoyer)
- Assisting with coughing and deep breathing
- Applying elastic hose, such as TED
- Applying condom catheters for external urinary drainage
- Assisting with self-administered medications:

DUTIES DO NOT INCLUDE:

- Contacting or taking orders from the physician on the telephone
- Inserting Foley catheter
- Providing wound care and changing dressings
- Administering invasive procedures, such as enemas (except Fleets), wound, gastric, colostomy or bladder irritations, suctioning, tube feeding, douches, inserting rectal tubes or flatus bags, etc.
- Dispensing or administering medications, including eye drops, ointment, skin patches, liquid medicine, ear drops, pain medications and suppositories
- Providing a bowel program
- Caring for tracheostomies
- Applying warm compresses or heating pads
- Performing urine tests
- Using or assisting client with glucometer
- Regulating flow rate of oxygen
- Performing heavy house cleaning, such as washing walls or windows, moving heavy furniture, and cleaning basements
- Babysitting
- Lending or borrowing money or other articles
- Recommending services or diagnosing and treating client problems
- Providing personal telephone numbers to clients/families, or contacting clients/families, unless instructed to do so by LHC office
- Accepting private employment from the client or financially responsible person
- Accepting payment or gifts from the client/family
- Cutting and/or trimming toenails or fingernails

ACCOUNTABILITY

Lifeline Home Care Supervisor Nursing Supervisor or Management

DRESS CODE

Caregivers are expected to present a professional, clean and neat appearance at all times when on assignment and/or when representing Lifeline Home Care, Inc.

- **Clothing:** Comfortable fitting street clothes with consideration of professional appearance. May include the following: slacks, knee-length or longer skirts, culottes or walking shorts, blouses or sweaters, and uniform smock top or white uniform.

Caregivers must wear an identification badge.

Not Allowed: *Skin-tight clothing* *Sweat pants or warm-up outfits*
Attire above knee length *Sleeveless tops, tank tops*
Jeans or Levi's *Low-cut blouses or dresses*
Shirts or tops with any slogan or inappropriate picture

- **Footwear:** Shoes must be clean, in good repair, low-heeled with enclosed toes, and provide protection and support for safety; color must be standard and business/professional appearance. Socks or hose (foot covering) are required at all times. **Not Allowed:** *Open-toe shoes, Strap sandals, High heels*
- **Personal Hygiene:** Clean, neat appearance; prevention of body odors; minimal use of perfumes. Clients may have an allergic reaction or aversion to odors/perfumes.
- **Nails:** Clean, well trimmed; no chipped polish; length appropriate for client and personal safety.
- **Hair:** Clean, styled for professional appearance; arranged in a manner that does not interfere with client care. Unconventional hair styles and colors are to be avoided. Hair longer than shoulder length must be restrained at back of neck.
- **Jewelry:** Minimal use of jewelry, for personal safety and prevention of client injury. Dangle earrings and long neck chains may not be appropriate and may cause injury. Multiple rings or neck chains that could potentially tear protective gloves are not to be worn.

A particular facility may request that a caregiver follow that institution's dress code.

EMPLOYEE/CONTRACTOR ACKNOWLEDGEMENT

I certify that I have been oriented to and understand Lifeline Home Care Inc. client care policies and procedures. I received a copy of this job description and I understand the duties, responsibilities, and any limitations.

Employee Signature

Date

Skills Training and Experience

indicate a 1 if trained; 2 if experienced; 3 if trained and experienced

Bathing

- Bed Bath Skin Care
- Chair Bath Shampoo
- Tub Bath Shave
- Shower Bath Foot/Nail Care
- Mouth Care Peri Care
- Dentures Dressing/undressing

Vital Signs

- Temperature Oral Respiration
- Temperature Axillary Blood Pressure
- Pulse weight

Specialty Care

- Pediatric
- Adolescent
- Adult
- Geriatric
- Convalescent
- Chronically III
- Alzheimer's Disease
- Terminally III
- Disabled
- Specify: _____

Treatments

- Fleets Enema Remind Medication
- Ted Hose Decub/wound care

Transfers

- Transfer Bed/Chair Transfer Belt
- Stand-By Assist Transfer Slide board
- Assist With Transfer Hoyer Lift
- Full Lift

Eating

- Meal Planning Diet: Diabetic _____
- Assist Feeding Low salt _____
- Prepare/Serve Meals Low Fat _____
- Offer/Restrict Fluids Soft/Bland _____
- _____ Blender _____
- _____ Supplemental Feeding

Activity Level

- Reposition/bed bound Prosthesis Assistance
- _____ Brace Assistance Wheelchair
- _____ ROM Exercises

Activities

- Reality Orientation Errands
- Recreational Activities Escort Client to Appointment

Walking

- Walker Straight/Quad Cane Crutches
- Weight Bearing Restrictions Walking Assistance

Home Management/Safety

- Make Bed(s) Vacuum
- Change Linens Dust/Polish
- Clean Kitchen/Bathroom Mop
- Laundry Maintain Clean/Safe Environment
- Iron Oxygen Precautions
- Empty Trash Use Universal Precautions

Special Communication

Skills

Other Languages:

- Speak _____
- Read _____
- Write _____
- Braille Sign

Other Client Care skills

Emergency

In case of an emergency only, notify Name	Relationship	Home Phone	Business Phone
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I understand that making false statements or omitting pertinent facts is sufficient cause for denial of employment or dismissal from employment, if I am hired, I will abide by all present and future rules and policies of Lifeline, and I understand that my employment may be terminated with or without cause and with or without notice at Lifeline's or my option. I declare that the answers to the questions on this Personnel Record are true and complete, and I authorize Lifeline to check my references.

Signature

Date

Additional Information

Original	Upgrade Skill	Rehire
Service Code		
Pay Rate		
Date		
Reason		
Avx Start		
Length Avx		

e Excess oils

9. Observations to report when caring for a patient's hair include:

- a. Scalp sores
- b. Flaking
- c. Itching
- d. Presence of lice
- e. All of the above

10. Which definition is wrong?

- a. Dysuria: painful or difficult urination.
- b. Hematuria: mucous in the urine.
- c. Nocturia: Frequent urination at night.
- d. Oliguria: Scant amount of urine.
- e. Polyuria: Abnormally large amounts of urine.

11. When cleansing a women's perineal area it is very important to avoid infection by cleansing from:

- a. Front to back.
- b. Back to front.
- c. Side to side.

12. A person has a urine catheter. Which action is correct?

- a. Keep the drainage bag above the level of the bladder.
- b. Keep the drainage bag below the level of the bladder.
- c. Never use tape on the person's skin.
- d. Only empty the drainage bag when it is about to overflow.

13. How often must you turn a patient to prevent pressure ulcers?

- a. Every 1 hour
- b. Every 2 hours
- c. Every 30 minutes
- d. Every 45 minutes

14. When speaking with a hearing impaired person do all of the following except:

- a. Speak slowly and clearly.
- b. Shout to be heard.
- c. Face the person.
- d. Speak in a normal tone of voice.

15. You do not trim a person's toenails if (an RN or podiatrist has to-do it):

- a. They have diabetes.
- b. They have poor circulation to the legs and feet
- c. They are on drugs that affect the blood clotting time
- d. They like them long.
- e. A, B, and C

1. Methods to reduce the risk of falls include all of the following except:
 - a. Room and hallways have good lighting.
 - b. Non-skid foot wear is worn.
 - c. Scatter and throw rugs are used by the bedside.
 - d. Tubs and showers have non-slip surfaces.

2. Which is true when using restraints on a patient:
 - a. Informed consent is not required.
 - b. Necessary restraint is false imprisonment.
 - c. A written Doctor's order is not required.
 - d. Restraints are only used after other measures fail to protect the patient.

3. The most effective way to prevent spreading of infection is:
 - a. Wearing gloves
 - b. Wearing a face mask
 - c. Washing hands
 - d. Avoiding pathogens

4. All of the following are true about washing hands except:
 - a. Stand away from the sink.
 - b. Keep your hands and forearms higher than elbows.
 - c. Rub your palms together to work up a good lather.
 - d. Use a nail file or orange stick to clean under your fingernails.

5. If you are transferring a person from a chair to a bed and they have a weak side of their body do you transfer the strong side first or the weak side?
 - a. Weak side.
 - b. Strong side.

6. When transferring a patient from a wheelchair to a toilet or a bed you should do all of the following except:
 - a. Lock the wheel chair wheels.
 - b. Use a gait or transfer belt.
 - c. If you don't have a transfer belt you can put your arms around the person and grasp their shoulder blades to help lift them.
 - d. If you don't have a transfer belt you can have the person put their arms around your neck to help support them.

7. When cleaning someone's dentures do all of the following except:
 - a. Hold them over a basin of water lined with a towel.
 - b. When not in the person's mouth, store dentures in a container with cool water.
 - c. Use hot water when cleaning dentures.
 - d. Grasp the upper denture in the patient's mouth with your thumb and index finger- move it up and down slightly to break the seal-gently remove the denture.

8. It is important to thoroughly bath patients in order to remove all of the following except:
 - a. Microorganisms



LIFELINE HOME CARE, INC.

"Where Dignity is Preserved"

Please answer these questions

General

- Q. Tell me about your recent work experience(s).
- A.
- Q. Why did you leave your previous place of employment?
- A.
- Q. What strengths and weaknesses would you bring to this position?
- A.
- Q. What types of job responsibilities do you find to be most rewarding? Why?
- A.
- Q. What types of job responsibilities do you find to be most frustrating? Why?
- A.

- Behavior Questions

- Q. Tell me about a time when you were late or absent to work. How did you communicate that to your supervisor?
- A.
- Q. How do you deal with difficult or demanding managers/co-workers/customers? Examples?
- A.
- Q. If your client has Alzheimer's disease, and he/she is disoriented and confused how would you handle it?
- A.
- Q. If your client asks you to work longer hours or more days what would you do?
- A.
- Q. If your client falls while you are with her him or her, what would you do?
- A.
- Q. How would you describe your personality?
- A.