

EUROPEAN SERVICE AT HOME, INC.
(3.00) Hours of ___ Qtr. 2024 In-Service Training

Employee Name: _____
Address: _____
City: _____ State: _____ Zip-Code: _____
Email: _____

Topics	Hours

Date: _____

Availability form (Employee must complete ONLY AVAILABLE TIME)

MONDAY	from		until	
TUESDAY	from		until	
WEDNESDAY	from		until	
THURSDAY	from		until	
FRIDAY	from		until	
SATURDAY	from		until	
SUNDAY	from		until	

If you have received influenza vaccine by January 31 of this calendar year? Yes No

If no, explain the reason a declining of vaccination. Health limitation allergy other _____

Do you have any complaints or problems that may affect your working ability? Yes No If so, _____

I am currently serving: _____

Are you interested in more hours, yes or no? _____

I UNDERSTAND THAT MY WORK SCHEDULE WILL BE BASED ON THE DAYS AND TIMES THAT I HAVE INDICATED I AM AVAILABLE TO WORK. I HAVE READ, UNDERSTAND AND AGREE TO FOLLOW THE AVAILABILITY POLICIES.

Employee Signature _____

Supervisor Signature _____

QUARTERLY CONFERENCE (EMPLOYEE MUST COMPLETE)

Please read and initial next to each statement indicating that you have read the following, understand its contents, been given the opportunity to ask questions, and agree to the terms as stated below.

Job responsibilities:

- _____ 1. The Participant must be present in his/her home in order to receive service(s);
- _____ HCA **CAN NOT** provide services for Participant(s) if he/she was admitted to Emergency Room, Hospital, Rehab, etc.
 - _____ Home Care Aid (HCA) MUST report to the Supervisor immediately about any admission to Hospital/Rehab, Emergency Room visit or/and changes in Participants health.
 - _____ For any emergency situations the **HCA MUST call 911 first** and after to the direct Supervisor within 24hrs.
 - _____ The Plan of Care must be followed without any variations;
 - _____ Any temporary changes or deviations from the Plan of Care (POC) must be reported to the Supervisors;
 - _____ HCA are not allowed to perform any type of Medical-related tasks;
 - _____ Receiving money, donations, gifts or any other form of financial help from the Participant is not allowed.
 - _____ HCA **must report** to the Supervisor any absence or late arrival as soon as possible, but no **later than two (2) hours before the regularly scheduled time.**

Electronic Visit Verification (EVV) Rules:

- _____ 2. When you arrive and leave the Participant's home, dial **847-744-9055** or utilize **Verveware Mobile App**. You will be prompted to enter **your ID** number, follow **the prompt: to Clock in - press One (1); to Clock out - press two (2) and press one (1)** again to verify that action. HCA must use the Participant's cellular/land line phone to place calls, as the system recognizes the Participants phone number only.

Verveware Mobile App is web-based and GPS based. This App can be used instead of EVV (i.e., you can clock in and out using the App instead of using EVV) or it can be used in conjunction with EVV, i.e., you can clock-in using the App and then use your Participant's s phone to clock-out or vice- versa.

If you arrive or leave the Participant home earlier or later for more than 5 (five) minutes, your call will not be merged with the schedule. If it doesn't match, it appears as the employee did not work, in which case the employee would not get paid. You **must** inform your Supervisor on **the same day (ASAP)**, on any changes in your schedule to get paid according to the payroll schedule. If **you forget to Clock in or Out**, or for any reason, you were not able to use EVV, you **must** notify the supervisor **immediately**. In addition to notifying, you **MUST** submit the completed time-sheet with the Participant's and your signature within 24hr as proof of provided service, in order to get paid.

- _____ 3. **In case of Injury, Death or life-threatening emergency CALL 911.**
- _____ 4. **HCA who decided to quit the job** must give at least two weeks' (14 calendar days before departure) written notice..
- _____ 5. **The undersigned HCA shall not solicit, accept, undertake or perform any service(s) while working with EUROPEAN SERVICE AT HOME, INC** for two (2) years from the date on which employment with the company ended.
- _____ 6. The Employee acknowledges that if he/she is not currently working on an assignment for the Company, he/she **MUST** call his/her supervisor **each week** with his/her availability for future assignments, and let the Supervisor know that he/she available for work and willing to take the job offer. The Employee **MUST** return all phone calls from the Company about job offers as soon as possible. The Employee understands that **if he/she will not call** with availability each week, the Employee **will be considered voluntarily unavailable for assignments** effective the day following her/his last assignment. It is up to the employee to be in constant contact with the Agency when not currently working on an assignment and letting the Supervisor know that he/she is available and willing to take a new assignment.
- _____ 7. **Update Contact information.** To better communicate with HCA the Supervisor needs to have correct cell phone number as well as the current email address.
- _____ 8. **Update Insurance Forms.** If you qualify, (20+ hours weekly) you must fill out new insurance forms or fill out a new waiver form.
- _____ 9. **New HCA Employee Referral Program.** It's Easy to Refer a New HCA for hiring! If the referred HCA stays with the Agency for 90 days or longer, YOU will receive \$150, and referred new HCA will receive \$50!
- _____ 10. **I'm not Power of Attorney** for the Participant's that I'm serving.
- _____ 11. **THE EMPLOYEE (HCA) IS NOT ALLOWED TO PROVIDE ANY TYPE OF TRANSPORTATION SERVICES TO THE PARTICIPANT** (ANY TYPE OF RIDES IN YOUR OWN OR IN CLIENT'S VECHICLE) when it is not indicated in the Plan of Care. By initialing here, I hereby acknowledge that I have **completely read, fully understood and agreed** that I shall not serve as a driver and that if I choose to provide transportation service, **I will take full responsibility for my actions.**
- _____ 12. **All Employees MUST DOWNLOAD ADP and VELVEWARE MOBILE APP.**
- _____ 13. **All employees are responsible** for completing and submitting W-4 form.
- _____ 14. **Please note that, in the near future ESAH will be implementing a new EVV system . More information regarding this, will be distributed and your cooperation will be required.**
- _____ 15. **To request PTO you will need to:**

- Log into your ADP Profile.
- On your home screen under "Recommended" you can scroll to find the "Time off" box. (if you don't see it under Recommended, on the bottom of the screen you can find "More" tab).
- When you open you time off page it will show you you time off balances and requests.
- To make a request for time off - press o a blue box that says "Request time off".
- Choose the type of request, date, time and how many hours of time off you need.

I have received, read, and understood the above Quarterly Conference and can perform the essential functions of the job with or without reasonable accommodation. In the event, I need a reasonable future accommodation(s) it is my responsibility to submit that request in writing to management for review.

Employee Signature: _____ Employee Name: _____

Supervisor Signature: _____ Date: _____