

Angel House Assisted Living

10810 NW 20 St

Pembroke Pines Fl 33026

954-476-5085 Tel 954-476-5079 Fax

Angelhouse2@live.com

www.Angelhouseseniors.com

Welcome to Angel House Assisted Living Facility. Our home and place to enjoy of the wonderful care of our caregivers provide. At Angel House we emphasize on **nutrition, hydration, exercise, sunlight** and **meaningful engagement**. We want you to learn, grow as a person & as a professional, have fun while you work and to help our residents have a wonderful experience.

Caregivers are important people in our lives. They are responsible for looking after another person. They manage the health of people in all aspects: **emotionally, physically** and **spiritually**. Without them it will be very challenging to our loved ones.

Angel House's mission is to **focus on making the maximum positive effort for our community**. Our members and volunteers provide the momentum that helps us affect change. Using data driven models, we provide solutions that make a long-lasting difference.

As part of our team, together we can do more than we can do alone. Let's bring our abilities and passions together to affect real change!

Thank you for becoming part of **Angel House Assisted Living Team!**

Doreen Campbell

CAREGIVER APPLICATION

1. Employer Information

Employer: Angel House Assisted Living, Inc.

Address: 10810 NW 20 Street

City/State/Zip: Pembroke Pines, Florida 33026

Telephone: 954-476-5085 Ofc or (954) 483-7300 cell

It is the policy of Angel House Assisted Living, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Contract Applicant Information

Name: _____ Birthdate: _____

Address: _____

City/State/Zip: _____

Number of years at this address: _____

Daytime phone: _____ Evening phone: _____

Social Security Number: _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/Zip: _____

Daytime phone: _____ Evening phone: _____

4. Job Position Applied For: Caregiver / HHA / CNA

5. Who referred you to our company? _____

6. Have you applied to our company previously? _____ Yes _____ No

If yes, when? _____

7. Are you at least 18 years old? _____ Yes _____ No

8. How will you get to work? _____

9. Driver's License Number: _____ What State? _____

10. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No
If no, please state any limitations:

11. Are you legally eligible for employment in the United States? _____ Yes _____ No

12. Are you able to perform the essential functions of the job position with or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you require?

13. Have you ever been convicted of any crime, including traffic violations?
_____ Yes _____ No If yes, please describe:

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

14. Applicant's Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability – circle One Please.)

Ability or Skill	Years of Experience	Ability Rating
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

15. Applicant Employment History

List your current or most recent employment first.

Employer Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

16. Applicant's Education and Training

College Name and Address _____

Did you receive a degree? _____ Yes _____ No If yes, degree received: _____

Last Grade? _____ 9 _____ 10 _____ 11 _____ 12 Diploma? _____ Yes _____ No

_____ High School Name and Address

_____ Other Training (graduate, technical, vocational):

_____ Awards, Honors, Special Achievements:

17. References

List any two people who willing to provide a reference for you; Preferably past employers

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Relationship: _____

18. Please provide any other information that you believe relevant, including Current Certifications Held:

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if I begin to work, immediate termination.

I authorize Angel House Assisted Living, Inc. to obtain results from AHCA database for Level 2 Background Screening, and also to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, performance, skills and grades. I authorize those persons designated as references to fully and freely communicate information to Angel House regarding my previous employment and education.

If a contract employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, Angel House would have the same right, without obligation to severance pay, unemployment compensation, etc. Moreover, no agent, representative, or employee of Angel House Assisted Living, Inc., except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship. Florida is an "at will" employment state, and no union or other contracts are in place with any entity, party, agency, on either my side nor that of Angel House.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

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.

The exceptions do not apply to supplemental wages 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. If you have a large amount of 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: { <ul style="list-style-type: none"> • 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 (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	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. <ul style="list-style-type: none"> • 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 ▶		
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

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.

Elopement Policy for Assisted Living Facilities

Policy: It is the policy of this facility to conduct elopement drills twice a year.

Action: All staff will be trained within 6 months of their hire date then twice a year after.

Purpose: To comply with the policies and procedures of this facility, including the protection of the residents from elopement and participating in twice a year elopement drills.

Topics of the drill will consist of:

1. Ways to reduce the risk of resident elopement.
2. Identify residents that have potential to be elopement risks.
3. Actions to take when a resident elopement occurs.
 - A. Search the immediate area as soon as possible.
 - B. Call BSO (954) 765-4321.
 - C. Inform facility administrator or the person in charge.
 - D. Inform the family.
 - E. Inform health care providers.
 - F. Search a larger area.
 - G. Fill out an Adverse Incident Report and fax it to ACHA in Tallahassee.

Any resident diagnosed with Alzheimer's disease or Dementia, AND has the potential for elopement, will have a current picture in their file that the facility can give to the police.

The facility will provide the family with information on the Alzheimer's Association to purchase an ID bracelet for the resident. If the resident does not have a responsible party then the facility will contact the Alzheimer's Association and purchase the ID bracelet for the resident.

Any elopement will be documented in the resident's file along with a copy of the Adverse Incident Report.

I have read and understand the above information. Please sign below:

CONDITIONS OF EMPLOYMENT

ALL EMPLOYEES/STAFF/CONTRACT WORKERS OF ANGEL HOUSE ASSISTED LIVING WILL BE EXPECTED TO READ, SIGN AND ADHERE TO THE FOLLOWING CONDITIONS OF EMPLOYMENT & RULES OF CONDUCT.

Failure to adhere to the following rules will constitute cause for discharge without notice.

1. No gambling, drinking or drugs while in the facility or on the grounds will be tolerated, whether the staff member is on duty or not. All staff will be subject to random drug testing.
2. Violence, fighting, or abusive behavior or language toward any resident, other staff person or visitor will not be tolerated.
3. No violation of residents' rights (see Resident Bill of Rights) will be tolerated.
4. No staff member will manage, use or dispose of any property of any resident. No reading of residents' personal papers or expressing opinions as to residents' personal business or affairs will be tolerated. NO information, including contact phone numbers for Residents & family, will be removed from the facility for any reason; that information will not be saved in the personal cell phones of staff, nor written down, nor passed to any other person verbally; we will respect privacy of Residents and of Angel House, even after separation. Separated (discharged or resigned) staff will not call or visit without the written authorization of the Administrator, nor will their family or spouses; no information passes to them. Staff will not establish communication with residents, family members or visiting medical professionals, via their cell phones, and will communicate via ALF phone and in person only when on duty.
5. No staff member will dispose of or remove any facility property from the ALF, including furniture, smaller items, **or documents**, whether pertaining to themselves or any other person or subject, without prior written consent from the Administrator. We will provide copies of certifications awarded by us or through vendors or trainings sponsored by Angel House. You will be asked for copies of documents you obtain elsewhere, which **are to remain here even** in the event of your departure. No staff member will engage in conversation with any resident or family member, regarding residents' property, or ask for compensation or gifts of any kind. Further, if offered by any person, the discussion will be referred to the Administrator and not addressed by the staff member, who will politely decline any offer of compensation, aside from any bonus in a Holiday card, etc, which will be disclosed to the Administrator. Some families customarily give such end of year gifts; however, none are to be expected by staff members.
6. Staff members will not discuss their rate of pay, job satisfaction, or schedule with or in the Presence of Residents or family members for any reason. Those are staff and management's business alone, Not to be discussed with Anyone on the premises. If any staff member wishes to discuss any such issues, they will request an appointment, which will normally be granted within the next 48 hours, and will not interrupt normal duties to complain about schedules or to in any way tell management how to schedule, manage or vent at anyone. Staff will, at all times, treat residents, management, co-workers, and family members with all due respect, even if they disagree.

7. No staff member shall malign or speak ill of Angel House or its management, any of its residents or other associated personnel in any way, while at the facility or elsewhere, during employment or after separation. Once dismissed or having left the ALF, even permanently, responsibility to confidentiality and non-competition remains. Bearing false witness or making complaints without first attempting to resolve through the Administrator, and attempting unwelcome contact of any kind is completely unacceptable and violates Residents right to quiet enjoyment of their home. Ex-staff will not contact Angel House by phone, in person or through any other person. All contact by staff/former staff, will be made through the office only. Staff will not call the cell phone or personal line of any resident, at any time, during employment or afterward.
8. All staff are required to have yearly skin test or chest x-ray, physician's statement certifying that they are free of communicable diseases, including tuberculosis. Every two to five years, staff background checks must also be repeated; if there has been a break in employment, sooner.
9. No staff member will remain on duty that is found or suspected of having a communicable disease until it is determined that the risk/deficiency no longer exists.
10. All employees shall maintain personal cleanliness and hygiene, in addition to appropriate attire while on the job. Dress and grooming shall be maintained appropriate to the work performed. All staff are to wear safe, flat, rubber-soled shoes, such as 'sneakers', 'nurses' shoes, Crocs, etc. No heels or wedges, and no leather soles during the day. After active working hours, overnight caregivers may wear more casual clothes and shoes, including sleepwear and slippers while 'on-call/living in'.
11. All staff are expected to come to work on time, or to timely advise otherwise, attempting to get coverage from co-workers. Chronic lateness will not be tolerated. Schedule preference is a team goal; however, everyone may need to work some nights and some weekends, and/or some holidays. Staff will be flexible and understanding of the fact that some changes are unavoidable and not in the control of management and will endeavor at all times to work in a spirit of cooperation for the greater good of all concerned, particularly the Residents, who are our first priority.
12. Compensation, Schedule: "At Will Employment": Under Florida law, employment contracts which do not specify a definite term of employment are terminable "at will." In other words, an employee can quit or be fired at anytime for any reason, other than those proscribed by law (e.g., race, sex, handicap, age, etc.). This position is understood to have no definite term.

All contracted staff are paid per diem (shift pay-not hourly), receive no benefits or overtime pay, and pays and reports their own taxes via 1099. In cases where the staff member arrives late or is absent during a scheduled shift, payment may be prorated at management discretion. There is a two week pay period, paid the following week on Friday afternoon.

The applicant understands that the daily rate does not equate to a specific hourly rate, such as minimum wage; if a minimum wage applies, it would be the Federal one, with sleeping and break times deducted from the total time present. Thus, the 12 hour day is payment for about 9 to 10 active hours, minus meal times and other breaks, (some may leave on personal errands without specifically noting time sheet as to time absent) while the time sheet will record only time in and time out, with breaks scheduled as best fits the household activities and each

individual caregiver/family, etc. It is agreed and understood that breaks are taken and absences occur, without the need to record the specific times. Caregivers will take their breaks in a rotation, to allow for someone to constantly monitor and attend to needs of the Residents.

Caregiver compensation may vary. Applicant/caregiver will communicate only with manager about compensation and schedule, as your pay may vary depending on many factors. These may include training/orientation periods/days, tenure, experience, skills, number of staff present any given working day, (fewer duties for each person, more companionship than skilled work to do, more breaks and less work overall) but on average, equates to the typical pay rate of the industry for the SMALL ALF home care worker. The small ALF differs greatly from the large environment, due mainly to the much greater staff to Resident/Day client ratio difference. At the larger ALF, each caregiver may be responsible for the care of 10 to 20 elderly clients, versus our small ALF with more than even the required or typical caregiver to Resident ratio. Angel House ratio is typically 3 to 5 Caregivers to 5 to 8 Clients/Residents, thus 2 to 3 Clients per Caregiver; this is a much easier job, requiring far fewer hours actively working during any given day, than the large ALF environment. For that reason among many others, the Small ALF works on a 12 hour Caregiver on site day length, and looks, feels and functions as a home, rather than an institution, like large ALFs.

At the Small ALF/Home, Caregivers also live-in, spending 2 to 5 days continuously at the care home. Our staff does not stay awake at night, and does not perform skilled medical care, such as in a nursing home or even a larger ALF. This is a home-like environment, where caregivers spend time as companions, do household chores, including participation in activities on a group and voluntary basis, as well as in capacity of caregiver job description. This is not skilled medical work, and evening/night live-in period is "on call", in case Residents need us overnight, and to monitor conditions.

The overnight caregiver also sleeps and may choose to study, make phone calls, (unlimited use of house phone permitted at night – no international toll calls) read, play music, watch tv, or (no guests unless pre-approved) whatever the caregiver reasonably chooses to do, on the premises, with no specific scheduled duties during hours outside the Residents' active day. Therefore, night hours are deemed/agreed "off the clock" and part of the "live-in" aspect of the contracted live-in caregiver position. The rate of pay if properly calculated hourly, will not include those hours as active hours for compensation. The working day of the Live-In Caregiver is deemed to be 12 Net hours, after allowance for breaks, sleeping and leisure time during the 24 hours present. The Day Caregiver's is deemed and agreed as 10 Net hours, outside of breaks. As of 2012 to 2013, when converting Angel House' average or typical Caregiver Daily Rate to an Hourly rate, the resulting hourly rate meets or exceeds Federal Minimum Wage.

The courts have held and continue to view work contracts without a definite term of employment as terminable by either party at their discretion. Due to the nature of healthcare work at Angel House, with vulnerable residents, there may be times when we can give no notice to staff, of dismissal, especially if staff violates these terms of employment and other rules designed to keep resident safe and secure in the retirement home/ALF. Any staff member retaliating in any way verbally or physically, against a resident or family member, or against management/the ALF, will be subject not only to dismissal, but to any and all of the severest penalties of criminal or civil law, DCF reporting/investigation, especially for abandonment, etc.

13. Personal and/or business/other job related activities conducted while on duty will not be tolerated (during the active Resident day) OK after hours for live-in Caregiver.
14. No staff member shall report to work under the influence of alcohol, narcotics or hallucinogenic drugs, nor of illegal drugs of any kind.
15. Staff shall be expected to perform their work assignments as required in a timely fashion, with priority to be set by management and by Resident needs, and not staff convenience &/or preference. Teamwork is a must, to ensure a smooth-running household for Residents' comfort, safety and enjoyment; all staff will work at all times as a cooperative team toward this goal.
16. All staff are required to participate in periodic training as needed by the facility &/or required by the state. These will include First Aid, Hygiene, Resident care, Infection Control, Nutrition & Food Service, to mention several key trainings. Staff will pay attention and follow instructions, acknowledging that their own opinions are not to be relied upon when contradicting ALF rules and policy.
17. Meetings and trainings will generally be held when a majority of staff are scheduled onsite; however, conflicts may arise. All staff will be flexible and are expected to attend group trainings and meetings, even when they are not convenient to the individual.
18. Any problems with equipment, maintenance, Resident care or other issues will be promptly reported to the Administrator &/or to the service company. Staff In-Service training requires that any emergency, such as a Resident fall or sudden/serious illness, be reported immediately to management &/or to Rescue (911) Staff will follow instructions as to contacting family, or the Administrator will do that. Under no circumstances is staff to circumvent management by directly contacting family about any Resident related issues, without involving or being so instructed by management.
19. Any problems concerning neglect or mistreatment towards any resident by anyone including other employees, is to be **reported immediately to management** and to 1-800-96-ABUSE.
20. Any incoming phone call that does not show a name and number is to be screened for security. If it is suspected the call is not from a legitimate caller (harassment or solicitation, nuisance) staff will take the caller's name and number, including the nature of the call and any message, and refer the message to management, especially during times when alerted to the potential for such calls &/or when they're common/repeated. Anonymous or blocked caller ID calls are to be treated as suspect in any case. (Why don't they want us to see their number?)

This is an acknowledgement that these conditions of employment have been read and understood by the staff member, and that violation, especially repeated, will be grounds for dismissal.

Staff Signature

Date



PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

Employee/Contractor Name (Printed)

Employee/Contractor Signature

Date

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

US Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division



FBI PRIVACY ACT STATEMENT

Authority:

The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C.534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN).

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose:

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses:

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information:

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).