

A.N.D. HOME HEALTHCARE, LLC.
3765 S Alameda , STE. 404
Corpus Christi, TEXAS 78411
361-853-7600 – OFFICE
361-993-0301 - FAX

Professional Service Agreement
Between
Business Associate and A.N.D. Home Healthcare, LLC.

This Agreement is entered into this ____ day of _____, 20__ by A.N.D. Home Healthcare, LLC, and _____ referred to in this Agreement as “Business Associate.”

A.N.D. Home Healthcare, LLC, offers home health services to clients within its geographic service area who are covered by the Medicaid programs, who receive home care benefits. The following agreement is based on services to be provided to A.N.D. Home Healthcare, LLC, consumers and is based on a case-by-case bases with the understanding that services are provided individually.

“BUSINESS ASSOCIATE” referred to in this Agreement as “Practitioners”, who are duly qualified and licensed to provide such services in the state of Texas and willing to furnish these services to A.N.D.s clients: Dental Services

1. Responsibility of A.N.D. Home Healthcare, LLC.

01. **Responsibility for client care:** A.N.D. Home Healthcare, LLC, is responsible for coordinating with dental agency the necessary information needed for consumer services, including any information requested in addition to that obtained by the consumer.
02. **Payment:** A.N.D. is responsible for payment of dental services performed within fourteen (14) calendar days upon completion of services.
03. **Pre-payment:** A.N.D. Home Healthcare will be responsible for pre-payment agreed upon between the agency and practitioner that are necessary prior to the start of services.

2. Responsibilities of BUSINESS ASSOCIATE

01. **Personnel:** BUSINESS ASSOCIATE will make available to A.N.D. Home Healthcare, LLC, the name of the person qualified and experienced in providing dental services in accordance to the State Licensure Board of the State of Texas upon request, if performed the services on consumer.

- 02. **Revisions:** BUSINESS ASSOCIATE will inform A.N.D. Home Healthcare, LLC, of changes to consumer’s plan of care and/or revisions prior to performing services to ensure proper funding availability.
- 03. **Documentation:** BUSINESS ASSOCIATE will documentation of any necessary information pertaining to the consumer is available upon request. This may include initial plans for services, documentation of work to be performed, revisions of plans of services, and completion of services for the agency’s records.
- 04. **Invoices:** BUSINESS ASSOCIATE will provide to A.N.D. Home Healthcare, LLC., invoices which indicates services provided during that period of time, their costs, and other permitted expenses.
- 05. **Complaints:** BUSINESS ASSOCIATE will work with A.N.D. Home Healthcare, LLC. to resolve any complaints regarding services to A.N.D. Home Healthcare, LLC’s consumers.

3. Miscellaneous Terms

- 01. **Compliance with Applicable Laws:** Nothings in this Agreement is intended to conflict with Federal, state, or local laws or regulations. Should such conflicts exist; the parties agree to follow applicable laws and regulations.

BUSINESS ASSOCIATE and A.N.D. Home Healthcare, LLC., have acknowledged their understanding of an Agreement to the mutual promises written above by executing this agreement.

BUSINESS ASSOCIATE

A.N.D. Home Healthcare, LLC.

By: _____

by: _____

Title: _____

Title: _____

Date: _____

Date: _____

PROFESSIONAL SERVICES

RATES AS OF _____

SCHEDULES "A"

	Name:	Hourly Rate:
RN:	_____	_____
LVN:	_____	_____
PT:	_____	_____
PTA:	_____	_____
OT:	_____	_____
OTA:	_____	_____
ST:	_____	_____
MSW:	_____	_____
HHHS:	_____	_____
OTHER – DESCRIBE:	_____	_____

CONTRACTOR'S ACKNOWLEDGEMENT

Confidentiality:

Agency maintains confidentiality of operations, activities, and business affairs of the Agency and the clients according to 1996, Health Information Portability and Accountability (HIPAA). Due to the nature of our work, each contractor will gain directly or indirectly, sensitive and confidential information on clients and staff members. The health care professional safeguards the client's right to privacy by judiciously protecting information of a confidential nature including medical treatment information, diagnosis, medical records, personal client information, etc. This information should be shared only with those persons who due to their position have a need to know. Sensitive or confidential information must never be used as a basis for social conversation or gossip. If a contractor is in doubt as to whether or not certain information may be shared, she/he should consult with his/her supervisor.

Drug Testing Policy:

Agency conducts "for cause" testing on its contractors. Agency maintains a drug free workplace policy with regard to the possession, use, distribution and sale of drugs or alcohol. All contractors are prohibited from the unlawful or unauthorized manufacture, distribution, dispensing, or possession of a controlled substance or any alcoholic beverages, while in the workplace.

Harassment Policy:

This Agency is committed to providing a work environment that is free from all forms of discrimination and unlawful harassment including sexual harassment. This policy applies to all contractors including management personnel. Sexual harassment is any unwelcome sexual advances either explicit or implicit as a term or condition of employment. Improper behavior may be verbal, visual, or physical in nature and/or the creation of a hostile environment. Management will investigate complaints of sexual harassment promptly, impartially and without fear of retaliation to the contractor. A contractor should report the alleged incident immediately and confidentially to the appropriate manager or Human Resources.

Non-solicitation/Illegal Remuneration:

Agency does not reimburse or provide incentives to physicians, durable equipment providers, families or other referral entities for client referrals for home health services. Contractors may not solicit clients for the agency. Contractors found in violation of this non-solicitation policy will be subject to discipline action up to and including termination of employment.

Non-discrimination:

Agency does not discriminate against clients or contractors based on race, color, religion, age, sex, national origin, material status, or disability.

Abuse, Neglect, and Exploitation:

Agency contractors will report suspected abuse, neglect, and/or exploitation to their immediate Supervisor. The Supervisor will in turn report the allegations to the State Department of both the Texas Department of Family and Protective Services and the Department of Aging and Disability Services. Agency contractors suspected of abuse, neglect, and/or exploitation will be subject to immediate suspension and an investigation will be conducted. If the investigation validates the claim, the contractor will be terminated.

Criminal Background Check, Employee Misconduct Registry, Employee Eligibility Registry, Nursing Registry:

In accordance with the Department of Aging and Disabilities Services (DADS), the agency will conduct a criminal background check, employee misconduct and employee eligibility check against the Department of Aging and Disabilities Services and Texas Department of Public Safety (TxDPS) for violations and employability. Any potential contractor listed in violation of DADS' guidelines against employment cannot be hired.

HELPING HANDS HOME SERVICES

CONTRACTOR ACKNOWLEDGMENT

I have received a copy of the Helping Hands Home Services Contractor Acknowledgment.

I have Read the Orientation thoroughly.

I understand the orientation and agree to abide by the rules.

I also understand that if I do not abide by these rules I will be subject to Disciplinary action including immediate termination.

CONTRACTOR SIGNATURE

DATE

WITNESS

ABUSE, NEGLECT AND EXPLOITATION (ANE)

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PURPOSE

To identify suspected or alleged victims of abuse, neglect and exploitation and establish appropriate procedures for reporting and/or referring abuse, neglect and/or exploitation of a service recipient . To protect and promote a service recipient 's rights, which include the right to be free from abuse, neglect and exploitation from an agency employee, contractor or volunteer.

DEFINITIONS (Human Resources Code, §48.401 and §48.002) (Texas Family Code, §261.401)

1. "Agency" means an entity licensed under Chapter 142, Health and Safety Code.
2. "Employee" means an individual who:
 - Is directly employed by the Agency, a contractor, or a volunteer;
 - Provides personal care services, active treatment, or any other personal services to an individual receiving agency services; and
 - Is not licensed by the state to perform the services the person performs for the agency.
3. "Employee misconduct registry" means the employee misconduct registry established under Chapter 253, Health and Safety Code.
4. "Executive director" means the executive director of the Department¹ of Family and Protective Services.
5. "Reportable conduct" includes:
 - Abuse or neglect that causes or may cause death or harm to an individual receiving agency services;
 - Sexual abuse of an individual receiving agency services;
 - Financial exploitation of an individual receiving agency services in an amount of \$25 or more; and
 - Emotional, verbal, or psychological abuse that causes harm to an individual receiving agency services.

ABUSE, NEGLECT AND EXPLOITATION (ANE)

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6. "Adult Abuse" means:
- The negligent or willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical or emotional harm or pain to an elderly or disabled person by the person's caretaker, family member, or other individual who has an ongoing relationship with the person; or
 - Sexual abuse of an elderly or disabled person, including any involuntary or nonconsensual sexual conduct that would constitute an offense under Section 21.08, Penal Code (indecent exposure) or Chapter 22, Penal Code (assaultive offenses), committed by the person's caretaker, family member, or other individual who has an ongoing relationship with the person.
7. "Adult Exploitation" means the illegal or improper act or process of a caretaker, family member, or other individual who has an ongoing relationship with the elderly or disabled person using the resources of an elderly or disabled person for monetary or personal benefit, profit, or gain without the informed consent of the elderly or disabled person.
8. "Adult Neglect" means the failure to provide for one's self the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain or the failure of a caretaker to provide such goods or services.
9. "Child Abuse" means an intentional, knowing, or reckless act or omission by an employee, volunteer, or other individual working under the auspices of a facility or program that causes or may cause emotional harm or physical injury to, or the death of, a child served by the facility or program as further described by rule or policy. This includes the following acts or omissions by a person:
- Mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning;
 - Causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning;
 - Physical injury that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child, including an injury that is at variance with the history or explanation given and excluding an accident or reasonable discipline by a parent, guardian, or managing or possessory conservator that does not expose the child to a substantial risk of harm;

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- Failure to make a reasonable effort to prevent an action by another person that results in substantial harm to the child;
 - Sexual conduct harmful to the child's mental, emotional, or physical welfare; including conduct that constitutes the offense of continuous sexual abuse of a young child or children under Section 21.02, Penal code; indecency with a child under Section 21.11, Penal Code; sexual assault under Section 22.011, Penal code; or aggravated sexual assault under Section 22.021, Penal code;
 - Failure to make a reasonable effort to prevent sexual conduct harmful to a child;
 - Compelling or encouraging the child to engage in sexual conduct as defined by Section 43.01, Penal Code;
 - Causing, permitting, encouraging, engaging in, or allowing the photographing, filming, or depicting of the child if the person knew or should have known that the resulting photograph, film, or depiction of the child is obscene as defined by, Section 43.21, Penal Code, or pornographic;
 - The current use by a person of a controlled substance as defined by Chapter 481, Health and Safety Code, in a manner or to the extent that the use results in physical, mental, or emotional injury to a child;
 - Causing, expressly permitting, or encouraging a child to use a controlled substance as defined by Chapter 481, Health and Safety Code; or,
 - Causing, permitting, encouraging, engaging in, or allowing a sexual performance by a child as defined by Section 43.25, Penal code.
10. "Child Neglect" means a negligent act or omission by an employee, volunteer, or other individual working under the auspices of a facility or program, including failure to comply with an individual treatment plan, plan of care, or individualized service plan that causes or may cause substantial emotional harm or physical injury to, or the death of, a child served by the facility or program as further described by rule or policy. This includes the following acts or omissions by a person:
- Leaving a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child, and the demonstration of an intent not to return by a parent, guardian, or managing or possessory conservator of the child;

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- Placing a child in or failing to remove a child from a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that results in bodily injury or a substantial risk of immediate harm to the child;
 - Failing to seek, obtain, or follow through with medical care for a child, with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the child;
 - The failure to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services had been offered and refused;
 - Placing a child in or failing to remove the child from a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child;
 - Placing a child in or failing to remove the child from a situation in which the child would be exposed to acts or omissions that constitute abuse under subdivision (1),(E), (F), (G) or (K) of Family Code, Chapter 261 committed against another child.
 - The failure by the person responsible for a child's care, custody, or welfare to permit the child to return to the child's home without arranging for the necessary care for the child after the child has been absent from the home for any reason, including having been in residential placement or having run away.
11. "Cause to believe" means that an individual knows, suspects or receives an allegation regarding abuse, neglect, or exploitation.
 12. "Child Exploitation" means the illegal or improper use of a child or of the resources of a child for monetary or personal benefit, profit, or gain by an employee, volunteer, or other individual working under the auspices of the agency or program as further.

POLICY

Agency employees/contractors will be aware of signs and symptoms indicating possible abuse, neglect and/or exploitation and will sign (upon hire) an acknowledgment affirming compliance with agency policy. They are legally obligated to report suspected abuse, neglect and/or exploitation, as defined in definition section as reportable conduct, to the Texas Department of Family and Protective

ABUSE, NEGLECT AND EXPLOITATION (ANE)

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Services {DFPS} (1-800-252-5400) and Department of Aging and Disability Services {DADS} (1-800-458-9858) and Agency management.

If there is "cause to believe" abuse, neglect or exploitation of the service recipient has occurred by an Agency employee, representative, volunteer or contractor, the incident(s) will be reported to TDFPS and DADS within 24 hrs. of witnessing the act or upon receipt of the allegation.

Agency or staff members will not implement retaliatory action against any individual who in good faith reports suspected service recipient abuse, neglect and/or exploitation as specified per Family Code, chapter 261.110, (b).

Service recipient s will be informed of this policy, verbally and in writing, during the admission process.

REPORTABLE CONDUCT

A. Agency staff/contractor/representative will:

1. Immediately report assessment of service recipient 's condition which might indicate abuse/neglect to Agency supervisor, symptoms that may indicate a need for further investigation may include the following:
 - Injuries to the trunk of the body that indicate intentional rather than accidental
 - Injury with a patterned appearance to it i.e., marks from a belt or a ring
 - Bruised skin from a grasp
 - Service recipient that reports an abusive incident
 - When appropriate, acquire input from other disciplines providing service recipient care regarding concerns.
2. Agency Management will initiate an investigation immediately for any known or alleged acts of abuse, neglect and/or exploitation by agency employees, including volunteers, or contractors, immediately upon witnessing the act or upon receipt of the allegation. Agency will contact:

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Texas Department of Human Services at 1-800-458-9858 to make an oral report of abuse, neglect and /or exploitation and, Department of Family and Protective Services at 1-800-252-5400 or other appropriate state agency as required by Human Resources Code, §48.051.

INVESTIGATION

1. The agency will initiate an investigation of known and alleged acts of ANE by agency staff's procedures for investigating complaints and reports of abuse, neglect and exploitation. The policy must meet the requirement of this section.
2. A written report of the investigation will be sent to DADS no later than 10 days after reporting the act or receipt of the allegation to DADS and DFPS. A complete written report will be completed on 3613, Provider Investigation Report and include the following:
 - incident date;
 - alleged victim;
 - alleged perpetrator;
 - any witnesses;
 - allegation;
 - any injury or adverse affect;
 - any assessments made;
 - any treatment required;
 - investigation summary; and
 - any action taken.

Web site for obtaining reporting form 3613 is: www.dads.state.tx.us/forms/3613/

3. Agency will not retaliate against any person or terminate an employee for filing a complaint, presenting a grievance, or providing in good faith, information relating to home health services provided by the agency.

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4. Agency employees, representative, volunteer or contractor suspected of abuse, neglect or exploitation, will be suspended immediately and an investigation will be conducted by the Agency.
5. Report findings and intentions to report the suspected abuse to the service recipient 's attending physician. Medical Social Services may be ordered by the physician, as appropriate.
6. Report findings to an appropriate agency according to state law/regulations.
7. Copies of reports filed with the state or local law enforcement will be tracked and kept by the Agency.
8. Incidents of Family Violence shall be reported to a local law enforcement agency.
9. Reports of child abuse, neglect or exploitation or the discovery of suspicion will be filed immediately with DFPS, local law or state law enforcement agency, the state agency that operates, licenses, certifies, or registers the Agency in which alleged abuse occurs or other state agency as appropriate.
10. The Child Abuse report will identify the following, if known:
 1. Name and address of child;
 2. The name and address of person responsible for the care, custody, or welfare of the child;
 3. Any other pertinent information concerning the alleged suspected abuse or neglect;
12. The agency will investigate complaints made by a service recipient , a service recipient 's family or guardian, or a service recipient 's health care provider, in accordance with 97.250 (1) regarding:
 - A. treatment or care that was furnished by the agency;
 - B. treatment or care that the agency failed to furnish; or
 - C. a lack of respect for the service recipient 's property by anyone furnishing services on behalf of the agency.

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13. The agency will:
 - A. document the receipt of the complaint and initiate a complaint investigation within 10 days after the agency's receipt of the complaint;
 - B. document all components of the investigation; and
 - C. complete the investigation and documentation within 30 days after the agency receives the complaint, unless the agency has and documents reasonable cause for a delay.
14. If any Agency employee or contractor is suspected of abuse, neglect or exploitation, the employee will be suspended immediately and an investigation will be conducted by the Agency/State agency. If the investigation validated the claim, the employee or contractor will be terminated and the incident(s) reported to appropriate state department, state licensing board or law enforcement official.
15. The agency may not retaliate against a person filing a complaint presenting a grievance, or providing in good faith information relating to home health or personal assistance services provided by the agency. The agency is not prohibited from terminating an employee for a reason other than retaliation.

HELPING HANDS HOME SERVICES

ABUSE, NEGLECT, AND EXPLOITATION

I have received a copy of the Helping Hands Home Services Client's Abuse, Neglect, and Exploitation

I have Read it thoroughly.

Contractor's Signature

Date

Witness

A.N.D. Home Healthcare, LLC.
3765 S Alameda Ste 404
Corpus Christi, TX 78411
361-853-7600 – Office
361-993-0301-Fax
helpingcorpus@yahoo.com

FRAUD

What is fraud?

Fraud is a deliberate deception or misrepresentation made by a person with knowledge that the deception could result in the gain of some unauthorized benefit to one's self or another person, and includes any act that constitutes fraud under applicable federal or state laws.

Examples of fraud may include:

- Giving someone a generic drug and billing for the name brand version of the medication;
- Billing a person for services already paid by a third party;
- Misusing a individual's personal funds;
- Falsifying documentation that authorizes services or increases the reimbursement rate paid for a service;
- Signing the name of another person, creating identities, or otherwise using false names to provide and bill for services;
- Using billing procedures that result in claim submissions for services that are not provided nor supported by documentation.

Who can report fraud?

Anyone can report fraud, waste, or abuse. The Department of Aging and Disability Services (DAS) is required by law to refer suspected providers of fraud to the Health and Human Services Commission Office of the Inspector General (OIG).

How Can I Report Suspected fraud within a Texas Health and Human Services Agency?

Call **1-800-436-6184** to speak with the Health and Human Service Commission OIG. The OIG investigates and works to reduce waste, abuse, and fraud within Texas Health and Human Services Agencies.

How can I report misuse or illegal acts involving state resources?

The **Texas State Auditor's Office (SAO)** investigates allegations of misuse or illegal acts involving state resources, this includes funds provided by the State of Texas.

To report fraud, waste, abuse occurring at a Texas state agency, college, or university, call the SAO Hotline at 1-800-TX-AUDIT (892-8348). A form to report fraud, waste, or abuse is also available on the SAO's Fraud Reporting page at <https://sao.fraud.state.tx.us/Hotline.aspx>. Report fraud, waste, and abuse may also be mailed to "

State Auditor's Office

Attn: SIU

P. O. Box 12067

Austin, Texas 78711-2067

Contractor Acknowledgement

Date



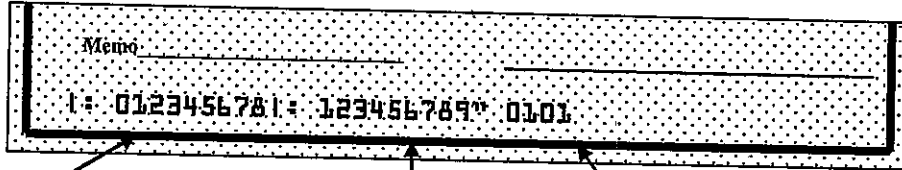
Employee Direct Deposit Enrollment Form

Payroll Manager – Please complete this section and send a copy to ADP for enrollment. (Please print.)

Company Code: _____ Company Name: _____ Employee File Number: _____
Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Routing/Transit #
(A 9-digit number always between these two marks)

Checking Account #

Check #
(this number matches the number in the upper right corner of the check - not needed for sign-up)

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my account. In the event that ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

- Bank Name/City/State: _____
Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount
- Bank Name/City/State: _____
Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount
- Bank Name/City/State: _____
Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see Instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Employer identification number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

A.N.D. Home Healthcare, LLC.
5252 S. Staples Street, Ste. 300
Corpus Christi, Texas 78411
361-288-8198 - Bus.
361-993-0301 - Fax
helpingcorpus@yahoo.com

Statement of Employability

By execution of this document, I acknowledge that I have been informed by the Agency and agree that the Agency may conduct a State of Texas criminal history check and search the Nurse Aide Registry and the Employee Misconduct Registry to determine if I have a criminal conviction or have committed certain conduct that will bar me from employment with this Agency.

SB: No. 199

AN ACT

Relating to certain convictions barring employment at certain facilities serving the elderly or persons with disabilities. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 250.006, Health and Safety Code, is amended by amending Subsections (a) and (b) and adding Subsection (d) to read as follows:

(a) A person for whom the facility is entitled to obtain criminal history record information may not be employed in a facility if the person has been convicted of an offense listed in this subsection:

- (1) an offense under Chapter 19, Penal Code (criminal homicide);
- (2) an offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
- (3) an offense under Section 21.11, Penal Code (indecency with a child);
- (4) an offense under Section 22.011, Penal Code (sexual assault);
- (5) an offense under Section 22.02, Penal Code (aggravated assault);
- (6) an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- (7) an offense under Section 22.041, Penal Code (abandoning or endangering child);
- (8) an offense under Section 22.06, Penal Code (aiding suicide);
- (9) an offense under Section 25.031, Penal Code (agreement to abduct from custody);
- (10) an offense under Section 25.08, Penal Code (sale or purchase of a child);
- (11) an offense under Section 28.02, Penal Code (arson);
- (12) an offense under Section 29.02, Penal Code (robbery);
- (13) an offense under Section 29.03, Penal Code (aggravated robbery); [or]
- (14) an offense under Section 21.08, Penal Code (indecent exposure);
- (15) an offense under Section 21.12, Penal Code (improper relationship between educator and student);
- (16) an offense under Section 21.15, Penal Code (improper photography or visual recording);
- (17) an offense under Section 22.05, Penal Code (deadly conduct);
- (18) an offense under Section 22.021, Penal Code (aggravated sexual assault);
- (19) an offense under Section 22.07, Penal Code (terroristic threat);
- (20) an offense under Section 33.021, Penal Code (online solicitation of a minor);
- (21) an offense under Section 34.02, Penal Code (money laundering);
- (22) an offense under Section 35A.02, Penal Code (Medicaid fraud);
- (23) an offense under Section 42.09, Penal Code (cruelty to animals); or

A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed by this subsection [under Subdivisions (1)-(13)].

(b) A person may not be employed in a position the duties of which involve direct contact with a consumer in a facility before the fifth anniversary of the date the person is convicted of:

- (1) an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
- (2) an offense under Section 30.02, Penal Code (burglary);
- (3) an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;
- (4) an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony; or
- (5) an offense under Section 32.46, Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony;
- (6) an offense under Section 37.12, Penal Code (false identification as peace officer); or
- (7) an offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct).

(d) For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Section 5(c), Article 42.12, Code of Criminal Procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision.

Section 1 of Senate Bill 199 amended Section 250.006(a) of the Health and Safety Code, adding the following offenses:

- Section 21.08, Penal Code (indecent exposure);
- Section 21.12, Penal Code (improper relationship between educator and student);
- Section 21.15, Penal Code (improper photography or visual recording);
- Section 22.05, Penal Code (deadly conduct);
- Section 22.021, Penal Code (aggravated sexual assault);
- Section 22.07, Penal Code (terroristic threat);
- Section 33.021, Penal Code (online solicitation of a minor);
- Section 34.02, Penal Code (money laundering);
- Section 35A.02, Penal Code (Medicaid fraud), and
- Section 42.09, Penal Code (cruelty to animals).

I have read the following and agree that they do not apply to my employment. In the future if any of the offense applies to my employment I understand I may be terminated immediately.

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

Employment Signature

Date

Employment Name (print)

Date

For Agency Use Only: Employee Misconduct Registry (EMR) and Nurse Aide Registry (NAR) Check

- EMR checked by telephone (800-452-3934)
- Applicant employable

- NAR checked by telephone (800-452-3934)
- Applicant NOT employable

Verified By

Date