

Draco Services

# Host Home Application

## Application information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Date: |  |  |
|  |  | Last | First | M.I. |  |  |  |  |
| Address: |  |  |  | Phone: |  |  |
|  |  | Street address | Apt/Unit # |  |  |  |  |
|  |  |  |  | Email:  |  |  |
|  |  | City | State | Zip Code |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Divers License No: |  |  |  | S.S. no: |  |  |  | County you reside in: |  |  |
|  |  |  |
| How much experience do you have working with the IDD Population? |  |  |

|  |
| --- |
| Members in Household: |

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |
| --- |
| Name: |

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|  |
| --- |
| Relationship: |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? |  | Yes [ ]  | No [ ]  |  |  |
|  |  |  |
| If no, are you authorized to work in the U.S.? |  | Yes [ ]  | No [ ]  |  |  |
|  |  |  |
| Have you ever worked for this company? |  | Yes [ ]  | No [ ]  |  | If yes, when? |  |

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| --- |
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|  |  |  |
| Have you ever been convicted of a felony? |  | Yes [ ]  | No [ ]  |  | If yes, explain? |  |

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|  |

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| Do you have reliable transportation? |  | Yes [ ]  | No [ ]  |  | If no, explain? |  |

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|  |

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## Education

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| High school: |  |  |  | Address: |  |  |
|  |  |  |
| From: |  |  |  | To:  |  |  |  | Did you graduate? | Yes [ ]  | No [ ]  |  | Diploma: |  |  |
|  |  |  |
| College: |  |  |  | Address: |  |  |
|  |  |  |
| From: |  |  |  | To:  |  |  |  | Did you graduate? | Yes [ ]  | No [ ]  |  | Degree: |  |  |
|  |  |  |
| Other: |  |  |  | Address: |  |  |
|  |  |  |
| From: |  |  |  | To:  |  |  |  | Did you graduate? | Yes [ ]  | No [ ]  |  | Degree: |  |  |

## References

Please list three professional references.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Relationship: |  |  |
|  |  |  |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Email: |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Relationship: |  |  |
|  |  |  |
| Company: |  |  |  | Phone: |  |  |
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| Address: |  |  |  | Email: |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Relationship: |  |  |
|  |  |  |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Email: |  |  |

## Previous Employment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Supervisor: |  |  |
|  |  |  |
| Job title: |  |  |  | From: |  |  |  | To: |  |  |
|  |  |  |
| Responsibilities: |  |  |
|  |  |  |
| May we contact your previous supervisor for a reference? |  |  | Yes [ ]  |  | No [ ]  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Supervisor: |  |  |
|  |  |  |
| Job title: |  |  |  | From: |  |  |  | To: |  |  |
|  |  |  |
| Responsibilities: |  |  |
|  |  |  |
| May we contact your previous supervisor for a reference? |  |  | Yes [ ]  |  | No [ ]  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Supervisor: |  |  |
|  |  |  |
| Job title: |  |  |  | From: |  |  |  | To: |  |  |
|  |  |  |
| Responsibilities: |  |  |
|  |  |  |
| May we contact your previous supervisor for a reference? |  |  | Yes [ ]  |  | No [ ]  |

## Disclaimer and signature

I hereby affirm that my answers to the questions herein are true and correct. I recognize that a routine investigation may be made for verification of all statements contained in this application. In addition, an investigative inquiry may be pursued to provide information on my character, credit, general reputation, and personal characteristics; and should such inquiry be made, more information about the nature and scope of said inquiry will be furnished by me upon written request. I further understand that misrepresentation or omission of facts called for on this application is cause for rejection of this application or subsequent termination.

If employed, I agree to comply with the rules, regulations and policies of this employer.

I fully understand that this is an application for employment and that no employment contract is being offered; and I understand that if employed such employment is for an indefinite period and is subject to change in conditions, policies, wages and benefits. I understand if hired, my employment will be “AT WILL” and can be terminated by me or Draco at any time without notice and without cause. I understand that my “AT WILL” status will remain in effect throughout my employment with this organization.

I expressly understand that this “AT WILL” relationship cannot be modified or altered by any oral or implied agreement. If employed, I also agree to submit to a physical examination and or drug testing at any time at the request of Draco and agree that the examining physician may disclose their findings to an authorized agent of this organization.

If required by position, I understand that I will be asked to provide or consent to a motor vehicle driving record that assures insurability and safe driving of company vehicles.

I acknowledge and give consent for Draco Services Inc. to perform the following background checks: Criminal History, Nurse Aide registry, Employee Misconduct Registry, Medication Registry, LEIE Registry and Motor Vehicle Driving record if required by position.

My Signature below is my consent and acknowledgement to all items on this application for employment with Draco Services.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  | Date: |  |  |

## Registry Checks: Draco Services Inc.

1. Employee Misconduct Registry/ Nurse Aid Registry Check:

Draco Services Inc. completes Employee Misconduct Registry/Nurse Aid Registry checks prior to hiring and annually thereafter, to determine if a person is listed on either registry due to a finding of abuse, neglect, mistreatment of a consumer, or misappropriation of a consumer’s property. The purpose of the registries is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and consumers are denied employment in DADS- regulated facilities and agencies, which include Draco Services Inc. You may find regulatory support for this requirement in the rules at 40TAC Ch. 93 and in the law at Texas Health and Safety Code Ch. 250 and 253.

2. List of Excluded Individuals/Entities Registries:

Draco Services Inc. Completes Medicaid Fraud Registry checks, using the Texas HHSC database and United States HHS database, prior to hiring and monthly thereafter, to determine if a person is listed on either registry due to engaging in certain activities or having been convicted of certain crimes, thus making them employable. If a person is listed on either registry, Draco Services Inc. is obligated to report the findings to HHSC-OIG. You may find support for this requirement in the Social Security Act, various sections, including 1128, 1128A and 1156, 1903 (i) (2), code of federal regulations title 42, section 1001.1901(b) as well as DADS information letter 11-102.

|  |  |  |
| --- | --- | --- |
| I, Print Name |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I have read and understand the above information about the employee misconduct registry/nurse aid/Medicaid fraud registries and verify that I understand I am unemployable should I be listed on any registry described above.

I acknowledge that Draco Services reserves the right to work with a third party to obtain this information.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  | Date: |  |  |

## Criminal History/Registry/List Checks

Chapter 49, Contracting for Community Cased Services, of the Texas administrative Code, Title 40, Social Services and Assistance, states contracted DAS entities must obtain a criminal history record, complete an Employee Misconduct/Nurse Aid registry check, complete a check, complete a check on the Debarred Vendors List maintained by Texas Comptrollers, complete a US LEIE check and complete a Texas LEIE check prior to hiring, contracting/subcontracting, or accepting a volunteer who is requesting to provide direct care. These checks are completed through a regulatory agency, private company or the Texas Department of Public Safety. (DPS)

Should you be eligible for employment, contracting, volunteering with Draco, Draco Services will complete monthly, annual, and/or, at regular intervals, re-Checks of the above listed items. If at any time a search indicates there is a change in status, making you in-eligible for employment, contracting, volunteering, Draco must terminate. Should you be eligible for employment for employment, contracting, volunteering with Draco Services, you are required to inform Draco Services immediately if there is a change in status of any of the above records/lists.

Convictions that are automatic bars to employment, contracting, volunteering are:

Section 250.006 Health and Safety Code Chapter 250 Convictions Barring Employment

And Offense under:

1. Chapter 19 Penal Code (Criminal homicide: includes Murder, Capital Murder, Manslaughter or Criminal Negligent homicide)

2. Chapter 20 Penal Code (Kidnapping and Unlawful Restraint)

3. Section 21.02 Penal Code (Continuous Sexual abuse of a young child or children)

4.Section 21.08 Penal Code (Indecent exposure)

5. Section 21.11 Penal Code (Indecency with a Child)

6. Section 21.12 Penal Code (Improper relationship between educator and a student)

7. Section 21.15 Penal Code (Improper Photography or Sexual recording)

8. Section 22.011 Penal Code (Sexual Assault)

9. Section 22.02 Penal Code (Aggravated Assault)

10. Section 22.021 Penal Code (Aggravated Sexual Assault)

11. Section 22.04 Penal Code (Injury to a child, elderly individual or disabled individual)

12. Section 22.041 Penal Code (Abandoning or endangering a child)

13. Section 22.05 Penal Code (Deadly conduct)

14. Section 22.07 Penal Code (Terroristic Threat)

15. Section 22.08 Penal Code (Aiding in suicide)

16. Section 25.031 Penal Code (Agreement to abduct from custody)

17. Section 25.08 Penal Code (Sale or purchase of a child)

18. Section 28.02 Penal Code (Arson)

19. Section 29.02 Penal Code (Robbery)

20. Section 29.03 Penal Code (Aggravated Robbery)

21. Section 32.53 Penal Code (Exploitation of a child, elderly individual or disabled individual)

22.Section 33.021 Penal Code (Online solicitation of a minor)

23. Section34.02 Penal Code (Money laundering)

24. Section 35A.02 Penal Code (Medicaid Fraud)

25. Section 36.06 Penal Code (Obstruction or retaliation)

26. Section 42.09 Penal Code (Cruelty to livestock animals)

27.Section42.092 Penal Code (Cruelty to non-livestock animals)

28. A conviction under the laws of another state, federal law, or the uniform code of Military Justice for an offense containing elements that are similar to the elements of an offense listed under items 1-13 above.

In addition, a person may not be employed, contracted or volunteer before the fifth (5) year anniversary of the date the person was 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 32.02 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

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 42.01 (a) (7), (8) or (9), Penal Code (Disorderly conduct associated with the discharge or display of a firearm in a public place)

Sharing information with others regarding criminal records is not allowed.

**Receipt of History/ Registry/Lists Check Policy**

|  |  |  |
| --- | --- | --- |
| I, Print Name |  |  |

certify that I have read and understand the information provided to me. I further attest to the fact that I have not been convicted of any of the previously mentioned offenses, nor do I have charges pending at this time and that I am not listed on any of the above registries/lists. I authorize Draco Services Inc. to complete all required checks prior to hire/contract/volunteer and if employed/volunteered, at the noted intervals thereafter.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Print Name |  |  |  | Date: |  |  |

|  |  |  |
| --- | --- | --- |
| Signature  |  |  |

##  Abuse and Neglect/Policy and Procedures

Draco Services Inc. policy is to prohibit abuse and/or neglect of all consumers enrolled in the HCS program. Examples of abuse include, but are not limited to:

1. Physical Abuse results in scratches, cuts, bruises, burns, broken bones, bedsores, confinement, rape or sexual misconduct.

2. Verbal Abuse results when there is yelling with intent to threaten or control an individual, and/or psychological abuse which can result in emotional stress caused by intimidation or intentional conduct that results in extreme emotional distress.

3. Neglect results in starvation, dehydration, over-or under-medication, unsanitary living conditions, and lack of heat, running water, electricity, medical care, and personal hygiene.

4. Exploitation is missing the resources of an elderly or disabled person for personal or monetary benefit. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.

The law requires any person who believes that a child, or person 65 years or older, or an adult with disabilities is being abused, neglected, or exploited to report the circumstances to DFPS. A person making a report is immune from civil or criminal liability provided they make the report in good faith, and the name of the person making the report is kept confidential. Any person suspecting abuse and not reporting it can be held liable for a misdemeanor or state jail felony. Time frames for investigating reports are based on severity of allegations.

REPORT ANY SUSPECTED ABUSE/NEGLECT TO THE HOTLINE within ONE HOUR os suspicion or being notified of the event

1-800-647-7418

Procedure for reporting and the actions required by company employees/contractors during and after the course of an investigation:

1. Any suspected act of abuse/neglect MUST be reported to the 1-800 hotline immediately, but no later than one hour of having knowledge or suspicion, that a consumer has been or is abused, neglected or exploited. Making False allegations to is a criminal offense. When allegations are made TDFS notifies the company of the allegation, and the administration makes necessary notifications.

2. When the company suspects or has been notified of an allegation, and the Administration makes the necessary notifications.

 a. Obtaining immediate medical or psychological services for the alleged victim as necessary.

 b. An employee named as an alleged perpetrator will be removed from contact with the alleged victim or other consumers. Additional appropriate action may be taken pending the outcome of the investigation.

 c. Notifying as soon as possible but no later than 24 hours the alleged victim, alleged victims LAR and the service coordinator of the allegation report and actions that have been or will be taken.

 d. All company personnel are to cooperate fully with the TDFPS investigation by providing complete access to company property, consumers, personal, and records relevant to the investigation and preserving and protecting and evidence related to the investigation.

During the investigation discussion of the investigation among employees involved is prohibited. Any attempts to interfere with an investigation or to give false information to an investigator, another employee or to management will result in disciplinary action up to and including termination.

3. The company must report the company’s’ response to the findings of all TDFPS investigation of abuse, neglect, exploitation to DADs within 14 calendar days of the company’s receipt of the findings.

4. The company must promptly, but no later than 5 calendar days from the company receiving the findings notify the victim and the victims LAR of the TDFPS findings, the corrective actions taken if TDFPS confirms abuse or makes recommendations or lists concern, and all other information required by the HCS principles.

5. The company will provide information to the reporter, LAR, victim or advocacy inc. regarding the process of appeal, requesting a copy of the report and/or any other consumers involved.

6. If abuse, neglect or exploitation are confirmed by the TDFPS investigation the company will take necessary action to prevent the reoccurrence of the offense including, when warranted, disciplinary action against to termination of the employment of the personnel confirmed by the TDFPS investigation.

7. If the TDFPS’ findings are inconclusive or unfounded, Draco reserves the right to impose disciplinary action including termination based on circumstances and/or violations of Draco Policies and Procedures.

I have received read and understand the above policy and procedures.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Print Name |  |  |  | Date: |  |  |

|  |  |  |
| --- | --- | --- |
| Signature  |  |  |

## Confidentiality Agreement

This Agreement between Draco Services Inc. and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an employee, to ensure that all information contained in consumer files, or any other consumer information remain confidential during the time of employment and after termination.

I ,\_\_\_\_\_\_\_\_\_\_\_, and employee for Draco Services Inc. Do hereby agree to keep all consumer information confidential during my employment and after termination of employment or contract termination. I further agree that I will not mention the name of any consumer; any information which will identify a consumer, or any information contained in any consumers record to any person not employed or contracting with Draco Services Inc. or any regulating agencies.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employee Signature  |  |  |  | Date: |  |  |

|  |  |  |
| --- | --- | --- |
| Company Representative  |  |  |