



Minnesota Department of **Human Services**

Consent/Authorization for Release of Information
From Federal Bureau of Investigation, National Crime Information Databases
To Private Child Placing Agency

To be completed by the person giving consent/authorization (please print):

This information is being requested solely to verify the identity of the person giving consent/authorization.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY, STATE, ZIP _____

SOCIAL SECURITY NUMBER: _____ (optional)

Authorization/Consent: I authorize the Minnesota Department of Human Services to release any information obtained as a result of a search of the Federal Bureau of Investigation's national crime information databases.

This information is being requested as part of a background study initiated by a private child placing agency to determine eligibility for child foster care licensure and/or adoptive placement.

The information will be released to:

NAME: BrightStar Community Support PRIVATE AGENCY: BrightStar Community Support

AGENCY ADDRESS: 888 County Road D W St Paul, MN 55112 PHONE #: 651-200-3373

Consequences: I know that state and federal privacy laws protect my records. I know:

- ☐ Why I am being asked to release this information;
- ☐ That, generally, I must give my written consent for DHS to give out the information;
- ☐ If I do not consent, the information will not be released unless the law otherwise allows it;
- ☐ I do not have to consent to the release of this information, however if I do not consent, the required background study process will not be completed;
- ☐ I may stop this consent with a written notice at any time, but this written notice will not affect information the agency has already released;
- ☐ This consent will end one year from the date I sign it.

Signature of individual giving consent

Date



Minnesota Department of **Human Services**

INSTRUCTIONS: Consent/Authorization for Release of Information From Federal Bureau of Investigation, National Crime Information Databases To Private Child Placing Agency

As required in Minnesota Statutes, section 245C.05, every adult subject of an Adam Walsh background study related to private agency adoptions or child foster care licensed through a private agency must provide DHS with a signed consent for the release of any information received from the FBI national crime information databases to the private agency that initiated the background study.

Submit the signed consent form along with fingerprint cards, receipt for obtaining fingerprints, and the Initial Adam Walsh ID form to:

Department of Human Services – Division of Licensing
Attn: Background Studies
PO Box 64242
St. Paul, MN 55164-0242



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****20XX**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works	<p>Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.</p> <p>Do only one of the following.</p> <p>(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or</p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or</p> <p>(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/></p>
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Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 \$ _____</p> <p>Multiply the number of other dependents by \$500 \$ _____</p> <p>Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here</p>	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

Employee notice

1. Employee:		Address:	
Phone number:		Email address:	
Date employment began:			
2. Legal name of employer:		Main office/principal place of business address:	
Phone number:		Email address:	
Operating name of employer (if different):			
Mailing address (if different):			
3. Employment status (exempt or non-exempt):			
<input type="checkbox"/> Employee is exempt from: <input type="checkbox"/> minimum wage <input type="checkbox"/> overtime <input type="checkbox"/> other provisions of Minnesota Statutes 177			
Legal basis for exemption:			
<input type="checkbox"/> Employee is non-exempt (entitled to overtime, minimum wage, other protections under Minn. Stat. 177)			
4. Rate or rates of pay			
Paid by: Hour <input type="checkbox"/> Shift <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Salary <input type="checkbox"/> Piece <input type="checkbox"/> Commission <input type="checkbox"/> Other method <input type="checkbox"/>			
Overtime is owed after: _____ hours			
Allowances claimed:			
\$ _____ per meal for meal allowance (max = 60% of one hour of adult minimum wage per meal)			
\$ _____ per day for lodging allowance (max = 75% of one hour of adult minimum wage per day) (or fair market value)			
5. Leave benefits available:			
<input type="checkbox"/> Sick leave <input type="checkbox"/> Paid vacation <input type="checkbox"/> Other paid time off			
How benefits are accrued: Number of hours _____ or days _____			
per <input type="checkbox"/> year <input type="checkbox"/> month <input type="checkbox"/> per pay period <input type="checkbox"/> per hours worked			
Terms of use:			
6. Deductions that may be made from employee's pay and amounts:			
7. Number of days in the pay period:		Regularly scheduled payday:	
Date employee will receive first payment of wages earned:			
8. Other information relevant to this position:			
I, the employee, have received a copy of this notice: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer signature	Date	Employee signature	Date

BrightStar Community Support

APPLICATION FOR EMPLOYMENT

BrightStar Community Support does not discriminate in hiring or employment based on race, color, religion, national origin, age, sex, disability, sexual orientation, Vietnam era military service, or any other basis on which discrimination is prohibited by federal, state, or local laws. No question, this application is intended to secure information to be used for such discrimination.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT QUESTIONS

POSITION DESIRED	DATE AVAILABLE TO WORK	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
REFERRED BY: Temporary Agency <input type="checkbox"/> Advertisement <input type="checkbox"/> Other <input type="checkbox"/> Employee (name) _____		

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			
OTHER			

LIST ANY LICENSES, AWARDS, CERTIFICATIONS, OR REGISTRATIONS PERTINENT TO YOUR APPLICATION.

EMPLOYMENT HISTORY (Attach a resume or separate sheet to list additional employment.)

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE (MONTH/YEAR)	NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	POSITION	SUPERVISOR'S NAME	SALARY	REASON FOR LEAVING
FROM					

BrightStar Community Support

TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

REFERENCES (PLEASE SIGN REFERENCE CHECKING FORM FOR EACH REFERENCE.)

NAME	RELATIONSHIP AND TITLE	BRIGHTSTAR COMMUNITY SUPPORT AND ADDRESS	TELEPHONE NUMBER
1.			
2.			
3.			

ADDITIONAL INFORMATION

Please list any other job-related information you think would be helpful to us in considering you for the position, such as any additional work experience, volunteer activities, hobbies, social activities, clubs or professional organizations (list offices held), publications, accomplishments, etc. (Exclude information indicative of race, color, religion, sex, age, marital status, national origin, disability, or veteran status.)

SIGNATURE AND AUTHORIZATION

Acceptance of this application affords no assurance of eventual employment. If employed, you will be required to verify your ability to legally accept employment in the United States. For certain jobs, background investigations, to include contacting former employers, may be required. This application does not constitute a contract of employment. Employment and compensation can be terminated with or without notice, and with or without cause, at any time.

I have read the foregoing instructions and questions, and to the best of my knowledge, my answers are true and correct. I have not knowingly misrepresented or withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that misrepresentation of any of the above may be cause for termination.

Signature of Applicant

Date

BrightStar Community Support

Job Description

Job Title: Community Based Staff

Reports to: Administrative

FLSA Status: ☐ Nonexempt; part-time

Job Summary:

Under supervision, Independent Living Skills (ILS) provide services to adults with Developmental Disabilities, Mental Illness, and/or Chemical Dependency in the residents' home, ensuring that programs are implemented properly to increase clients' independence. The incumbent will carry out duties and responsibilities in accordance with the organization's policies and procedures, applicable to federal, state, local standards, guidelines, and regulations as directed by the Independent Living Skills Lead.

Essential Duties:

Advocacy –

- Advocate for affordable and accessible housing, employment opportunities, and adequate and accessible transportation.
- Monitor activities in the community for potential discrimination or harm.
- Assist consumers in filing complaints.
- Understand various benefit systems, such as Vocational Rehabilitation, Medicare, or Social Security and be able to assist consumers in navigating these systems.
- Help clients participate in activities of their choice; respects client's personal beliefs, choices, and interests.

Daily Living Skills -

- Provide one-on-one or group training in daily living skills, including cooking, bathing, medication administration, budgeting, and other skills.
- Provide information to residents about adaptive technology.
- Provide transportation to consumers who have limited access to public transportation.
- Assist clients in peer support and socialization activities.
- Offer information, resources, and referral services to clients to assist in the attainment of client generated goals.
- Suggest community activities and education courses to client.
- Participate in work groups or community activities with client.
- Educate client regarding disability rights, disability issues, and disability etiquette.
- Provide crisis intervention counseling as needed.
- Provide options and choices to consumers so that they can make informed decisions.
- Train client with work-related skills and job preparedness.
- Develop awareness of community resources throughout the service area.

Behavior Development -

- Serve as role model and mentor, demonstrate the desired behaviors, and coach the clients using approved techniques and strategies.
- Provide clients with positive reinforcement and feedback.

Operational Support -

- Complete required training.
- Ensure that consumer documentation is accurate, thorough, and completed in a timely manner.

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Professional Behavior -

- Act in a professional manner and communicate effectively with others.
- Understand and comply with professional boundaries.
- Remain flexible when faced with schedule changes, interruptions, or emergency situations.
- Keep all information confidential.

Education and Experience:

- Bachelor's degree in human services, social work, or psychology.
- 2 years' experience in counseling, training, or other human services field.
- Qualified status under Minnesota Rule 11 must be maintained (Criminal background studies of individual affiliated with programs licensed by DHS).
- Prior experience working with clients with mental health and developmental disabilities.
- Ability to manage under stressful or crisis situations.
- Ability to travel to various agencies, businesses, and meet with clients in their homes, if needed.
- Must be computer literate including intermediate skills in the use of Word, Excel and Outlook.
- Effective communication skills (written and oral).

Licenses/Certifications:

- Valid MN Drivers' License (this is a condition of employment) and insurable driving record.
- Must meet and maintain all required training, certifications etc. as needed.

Language Skills:

- Ability to read, write, and comprehend English effectively.

Mathematical Skills:

- Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.

Reasoning Ability:

- Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists.
- Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

Physical Requirements:

These physical demands are representative of the physical requirements necessary for an employee to successfully perform the essential functions of the Independent Living Skills job. Reasonable accommodation can be made to enable people with disabilities to perform the described essential functions of the Independent Living Skills job.

While performing the responsibilities of the Individual Living Skills job, the incumbent is required to talk and hear. The incumbent is often required to sit and use his or her hands and fingers, to handle or feel. The incumbent is occasionally required to stand, walk, reach with arms and hands, climb or balance, and to stoop, kneel, crouch or crawl. Vision abilities required by this job include close vision.

Work Environment:

The noise level in the work environment is usually quiet to moderate.

The incumbent may be subject to hostile and emotionally upset residents, employees, family members and the general public; may be subject to physically aggressive residents.

The incumbent is subject to flexible hours including split shifts and varied days and times including mornings, afternoons, evenings, and weekends depending on program needs.

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This job description is intended to convey information essential to understanding the scope of the Independent Living Skills position and is not intended to be an exhaustive list of experience, skills, efforts, duties, responsibilities or working conditions associated with the position.

I have read and understand my job responsibilities as outlined in this job description and will abide by and follow these duties.

Employee's Name (Printed)

Employee's Signature

Date

BrightStar Community Support

Confidentiality Agreement

As a condition of employment with Company Name I understand and agree to the following:

1. All information that I receive in connection with my job is the property of either my employer or customers of my employer. I expressly agree that all such information will be held in strict confidence.
2. I further understand and agree that if I release any confidential information referred to in Paragraph #1, other than to other employees of Company Name or as directed by my employer or its customers, my employment may be immediately terminated.
3. I also understand that this Confidentiality Agreement neither expressly nor implicitly creates a contract for employment. My employment may be terminated either by me or by my employer, for any reason, at any time, with or without notice.

Employee's Name: _____

(Please Print)

Employee's Signature: _____

Date: _____

BrightStar Community Support

POLICY ON DRUG AND ALCOHOL ABUSE

Statement of Need

BrightStar Community Support has a strong commitment to the health, safety, and welfare of its employees, their families, and its customers. Widely available statistics and information establish that the incidence of drug and alcohol abuse is increasing and that the effect is devastating to lives, businesses, and the community at large. **BrightStar Community Support** is concerned because of the potential for abuse among some of our employees. The safety of our employees and the general public could be endangered. Our commitment to maintaining a safe and secure workplace requires a clear policy and supportive programs relating to the detection, treatment, and prevention of substance abuse by employees.

Goal

It is the goal of **BrightStar Community Support** to provide a safe workplace by eliminating the hazards to health and job safety created by alcohol and other drug abuse. We believe this goal to be in the best interest of our employees and our stockholders.

Scope

This policy applies to all employees of the company while on the job and to situations where an employee's off-the-job or off-premises conduct impairs work performance or undermines public confidence in or harms the reputation of **BrightStar Community Support**. It is also intended to apply to employees of firms doing business with the company while on our premises.

Although **BrightStar Community Support** has no intention of intruding into the private lives of its employees, we recognize that involvement with alcohol or other drugs off the job eventually takes its toll on job performance. Our concern is to ensure that employees report to work in a condition to perform their duties safely and efficiently in the interest of their fellow workers and customers as well as themselves.

Policy Statement

- **BrightStar Community Support** will not tolerate or condone substance abuse. It is our policy to maintain a workplace free from alcohol and other drug abuse and its effects.
- It is the policy of **BrightStar Community Support** that employees who engage in the sale, use, possession or transfer of illegal drugs or controlled substances, or who offer to buy or sell such substances; the use of alcohol during working hours; or the abuse of prescribed drugs will be subject to disciplinary action up to and including termination.
- It is the policy of **BrightStar Community Support** to commit the resources necessary to achieve and maintain a drug-free and alcohol-free environment.
- **BrightStar Community Support** expects the full support of this policy from all employees and all persons doing business with the company.

Procedure

To provide a safe drug-free and alcohol-free working environment, **BrightStar Community Support** will:

- Establish definitive rules and regulations.
- Provide increased awareness through training, education, and communication on the subject of alcohol and other drug abuse.

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- Recognize that there may be employees who have an alcohol or other drug problem and stand willing to assist in the resolution of that problem by encouraging employees to seek help through employee assistance programs.

In addition, **BrightStar Community Support** may take any or all of the following actions:

- Conduct alcohol and other drug screen tests both prospective to and during employment.
- Inspect persons and their property in our employ or doing business with **BrightStar Community Support**
- Cooperate with outside law enforcement agencies.
- Take any other actions deemed necessary and appropriate by **BrightStar Community Support**.

Company Responsibility

As a responsible employer and member of the community **BrightStar Community Support** will:

- Create awareness in employees and their families of the impact of substance abuse.
- Administer programs that consider employee rights, are positive in their intent, and are within legal boundaries.
- Support the establishment of programs to assist employees with alcohol and other drug abuse or dependency problems.
- Utilize all channels and resources available to it to educate and increase the awareness of employees and the general public.
- Support local and national efforts to combat alcohol and other drug abuse and its effects.

Employee Responsibility

BrightStar Community Support believes that each employee has the responsibility to:

- Always report to work free of alcohol or other drugs and their effects.
- Participate in and support company-sponsored drug and alcohol education programs.
- Seek and accept assistance for alcohol and other drug-abuse-related problems before job performance is affected.
- Support company efforts to eliminate alcohol and other drug abuse among employees where it exists.

I understand that I am responsible for knowing and understanding this policy as well as the policy and procedures for clients with respect to Drug and Alcohol Abuse.

Employee Name _____

Signature _____ Date _____

BrightStar Community Support

ATTENDANCE, SHIFT CHANGE AND TIME-OFF POLICIES

ATTENDANCE AND PUNCTUALITY:

Regular attendance and punctuality are very important at **BrightStar Community Support**. Employees are expected to begin and end work as scheduled. An employee must be ready to begin work at the beginning of his or her scheduled work shift and is considered to be tardy if he or she arrives more than five (5) minutes late.

BrightStar Community Support recognizes that circumstances beyond an employee's control may cause him/her to be absent from or late to work. If you are going to be late or absent, you must call your supervisor to notify him/her of the reason for your tardiness or absence. Excessive absenteeism or tardiness in connection with scheduled work times, breaks, and meal periods will result in disciplinary action up to and including discharge.

Because safety is our priority you must never leave your shift and leave a consumer unattended. In addition, you are expected to stay onsite even after your shift has ended if your replacement has not arrived. If and when you need to call in to notify us that you will not be able to work, you must follow **BrightStar Community Support** phone protocol. Under no circumstances are voice or text messages acceptable forms of communication for reporting tardiness and or absences.

Should an employee be unable to report to work due to illness or a personal or weather emergency, the employee must notify his/her supervisor within two hours of the employee's starting time each day of the absence. Failure to properly notify the **BrightStar Community Support** will result in an unexcused absence.

This call must come from the employee unless he or she can provide medical documentation that he or she was incapacitated and unable to place the call.

If an employee is absent due to illness for more than two (2) consecutive workdays, a statement from a physician may be required before the employee is permitted to return to work.

If an employee does not call in or report to their shift, they will be considered a "no call, no show". Employees who have two (2) no-call no-shows during their employment with **BrightStar Community Support** will be considered to have abandoned their job or voluntarily resigned their employment.

SHIFT CHANGE REQUESTS:

If an employee cannot work one of their scheduled shifts, it is their responsibility to find a replacement by switching their shift with another employee. **BrightStar Community Support** requires the following criteria must be met before a Shift Change can take place:

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- Both employees must be of equal position.
- The shift change must be in the same pay period

Both employees must complete a Request for Shift Change Form and submit it to the Supervisor for approval one week before the requested shift change date. If an employee needs to call in for their shift due to personal reasons, they must still find a replacement for their shift. Once a replacement has been found, they are required to contact their supervisor to request his/her approval of the replacement. If an employee cannot find a replacement, they must report for their shift, or it will be considered a no-call no-show.

The Supervisor reserves the right to grant or deny the request based on:

- If by granting the request one of the employees will go into overtime.
- If the employee requested to cover the shift has been trained with the individual(s).
- Or any other factors applicable when reviewing the request.

Requests for Time-Off

Employees must complete a: **Request for Time off Form (see attached)**. This form must be completed ten (10) business days in advance.

This form needs to be given directly to the employee's direct Supervisor. All requests are subject to approval and considered unapproved until the employee has been notified by their supervisor.

All questions regarding time off approvals should be addressed by the direct supervisor.

By signing below, I attest that I have read and understand the Attendance, Shift Change, and Requests for Time-Off policies. I also understand that **BrightStar Community Support** reserves the right to override, update and revise this policy at the discretion of Management.

Employee Name _____

Signature _____ Date _____

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ANTI-HARASSMENT POLICY AND COMPLIANT PROCEDURE

Objective

BrightStar Community Support strives to create and maintain a work environment in which people are treated with dignity, decency, and respect. The company's environment should be characterized by mutual trust and the absence of intimidation, oppression, and exploitation. **BrightStar Community Support** will not tolerate unlawful discrimination or harassment of any kind. Through enforcement of this policy and by education of employees, **BrightStar Community Support** will seek to prevent, correct and discipline behavior that violates this policy.

All employees, regardless of their positions, are covered by and are expected to comply with this policy and to take appropriate measures to ensure that prohibited conduct does not occur. Appropriate disciplinary action will be taken against any employee who violates this policy. Based on the seriousness of the offense, disciplinary action may include verbal or written reprimand, suspension, or termination of employment.

Managers and supervisors who knowingly allow or tolerate discrimination, harassment, or retaliation, including the failure to immediately report such misconduct to human resources (management/HR), are in violation of this policy and subject to discipline.

Prohibited Conduct Under This Policy

BrightStar Community Support, in compliance with all applicable federal, state, and local anti-discrimination and harassment laws and regulations, enforces this policy in accordance with the following definitions and guidelines:

Discrimination

It is a violation of **BrightStar Community Support** policy to discriminate in the provision of employment opportunities, benefits, or privileges; to create discriminatory work conditions; or to use discriminatory evaluative standards in employment if the basis of that discriminatory treatment is, in whole or in part, the person's race, color, national origin, age, religion, disability status, gender, sexual orientation, gender identity, genetic information or marital status.

Discrimination of this kind may also be strictly prohibited by a variety of federal, state, and local laws, including Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1967, and the Americans with Disabilities Act of 1990. This policy is intended to comply with the prohibitions stated in these anti-discrimination laws.

Discrimination violating this policy will be subject to disciplinary measures up to and including termination.

Harassment

BrightStar Community Support prohibits harassment of any kind, including sexual harassment, and will take appropriate and immediate action in response to complaints or knowledge of violations of this policy. For this policy's purposes, harassment is any verbal or physical conduct designed to threaten, intimidate or coerce an employee, co-worker, or anyone working for or on behalf of BrightStar Community Support.

BrightStar Community Support

The following examples of harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

- Verbal harassment includes comments that are offensive or unwelcome regarding a person's national origin, race, color, religion, gender, sexual orientation, age, body, disability, or appearance, including epithets, slurs, and negative stereotyping.
- Nonverbal harassment includes distribution, display, or discussion of any written or graphic material that ridicules, denigrates, insults belittle, or shows hostility, aversion, or disrespect toward an individual or group because of national origin, race, color, religion, age, gender, sexual orientation, pregnancy, appearance, disability, sexual identity, marital status or other protected status.

Sexual harassment

Sexual harassment is a form of unlawful employment discrimination under Title VII of the Civil Rights Act of 1964 and is prohibited under Multicultural Care Center's anti-harassment policy. According to the Equal Employment Opportunity Commission (EEOC), sexual harassment is defined as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature ... when ... submission to or rejection of such conduct is used as the basis for employment decisions ... or such conduct has the purpose or effect of ... creating an intimidating, hostile or offensive working environment."

Sexual harassment occurs when unsolicited and unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature:

- Is made explicitly or implicitly a term or condition of employment.
- Is used as a basis for an employment decision.
- Unreasonably interferes with an employee's work performance or creates an intimidating, hostile or otherwise offensive environment.

Sexual harassment may take different forms. The following examples of sexual harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

- Verbal sexual harassment includes innuendoes, suggestive comments, jokes of a sexual nature, sexual propositions, lewd remarks and threats; requests for any type of sexual favor (this includes repeated, unwelcome requests for dates); and verbal abuse or "kidding" that is oriented toward a prohibitive form of harassment, including that which is sexual in nature and unwelcome.
- Nonverbal sexual harassment includes the distribution, display or discussion of any written or graphic material, including calendars, posters and cartoons that are sexually suggestive or show hostility toward an individual or group because of sex; suggestive or insulting sounds; leering; staring; whistling; obscene gestures; content in letters, notes, facsimiles, e-mails, photos, text messages, tweets and Internet postings; or other forms of communication that are sexual in nature and offensive.
- Physical sexual harassment includes unwelcome, unwanted physical contact, including touching, tickling, pinching, patting, brushing up against, hugging, cornering, kissing, fondling, and forced sexual intercourse or assault.

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Courteous, mutually respectful, pleasant, noncoercive interactions between employees that are appropriate in the workplace and acceptable to and welcomed by both parties are not considered to be harassment, including sexual harassment.

Retaliation

No hardship, loss, benefit or penalty may be imposed on an employee in response to:

- Filing or responding to a bona fide complaint of discrimination or harassment.
- Appearing as a witness in the investigation of a complaint.
- Serving as an investigator of a complaint.

Lodging a bona fide complaint will not be used against the employee or adversely impact the individual's employment status. However, filing groundless or malicious complaints is an abuse of this policy and will be treated as a violation.

Any person who is found to have violated this aspect of the policy will be subject to discipline up to and including termination of employment.

Confidentiality

All complaints and investigations are treated confidentially to the extent possible, and information is disclosed strictly on a need-to-know basis. The identity of the complainant is usually revealed to the parties involved during the investigation, and the HR director will take adequate steps to ensure that the complainant is protected from retaliation during and after the investigation. All information pertaining to a complaint or investigation under this policy will be maintained in secure files within the main office.

Complaint procedure

BrightStar Community Support has established the following procedure for lodging a complaint of harassment, discrimination or retaliation. The company will treat all aspects of the procedure confidentially to the extent reasonably possible.

1. Complaints should be submitted as soon as possible after an incident has occurred, preferably in writing. The HR director may assist the complainant in completing a written statement or, in the event an employee refuses to provide information in writing, the HR director will dictate the verbal complaint.
2. Upon receiving a complaint or being advised by a supervisor or manager that a violation of this policy may be occurring, the HR director will notify senior management and review the complaint with the company's legal counsel.
3. The HR director will initiate an investigation to determine whether there is a reasonable basis for believing that the alleged violation of this policy occurred.
4. If necessary, the complainant and the respondent will be separated during the investigation, either through internal transfer or administrative leave.
5. During the investigation, the HR director, together with legal counsel or other management employees, will interview the complainant, the respondent, and any witnesses to determine whether the alleged conduct occurred.

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6. Upon the investigation's conclusion, the HR director or other person conducting it will submit a written report of his or her findings to the company. If it is determined that a violation of this policy has occurred, the HR director will recommend appropriate disciplinary action. The appropriate action will depend on the following factors:
 - a) the severity, frequency, and pervasiveness of the conduct;
 - b) prior complaints made by the complainant;
 - c) prior complaints made against the respondent; and
 - d) the quality of the evidence (e.g., firsthand knowledge, credible corroboration).

If the investigation is inconclusive or if it is determined that there has been no violation of policy, but potentially problematic conduct may have occurred, the HR director may recommend appropriate preventive action.

7. Senior management will review the investigative report, and any statements submitted by the complainant or respondent, discuss the results of the investigation with the HR director and other management staff as appropriate, and decide what action, if any, will be taken.
8. Once a final decision is made by senior management, the HR director will meet with the complainant and the respondent separately and notify them of the findings of the investigation. If disciplinary action is taken, the respondent will be informed of the discipline and how it will be executed.

Alternative legal remedies

Nothing in this policy may prevent the complainant or the respondent from pursuing formal legal remedies or resolution through local, state or federal agencies or the courts.

I attest that I have read and understand the following policy.

Employee Name_____

Signature_____ Date_____

BrightStar Community Support

Behavior Intervention Report Form (BIRF) Internal Reporting Procedure

I. PROCEDURE

All staff at **BrightStar Community Support**, will review the Minnesota Department of Human Services “Instructions and Definitions for Behavior Intervention Report Form (BIRF).”

BIRF Defining Emergencies-the following occurrences must be reported immediately-

1. Planned, temporary transitional use of all imposed forms of restraint, time-out procedures, seclusion and punitive penalty consequences;
2. Emergency, temporary transitional use of all imposed forms of restraint, time-out procedures, seclusion and punitive penalty consequences;
3. Emergency use of manual restraint;
4. PRN psychotropic medication(s) administration in order to avert displayed behavior(s) or in response to displayed behavior(s) as identified on the BIRF reporting form;
5. Law enforcement and/or other first responder calls and involvement in response to displayed behavior(s) as identified on the BIRF reporting form;
6. •Emergency psychiatric hospitalization in response to displayed behavior(s) as identified on the BIRF reporting form.

If any of the above occurrences take place, staff will immediately-

1. Make any emergency calls as necessary
2. Notify the Supervisor and the Designated Coordinator
3. Document what occurred on the Incident Report form & Daily Log Notes

II. BIRF REPORTING

From there, the Owner will notify the Designated Manager, who will then review the occurrence and submit the Behavior Intervention Report Form if needed and communicate this occurrence. The Designated Manager will conduct an internal review of any behavioral interventions that took place.

By signing below, I acknowledge and understand the above Behavior Intervention Reporting Policy and Procedure.

Printed Name

Signature

Date

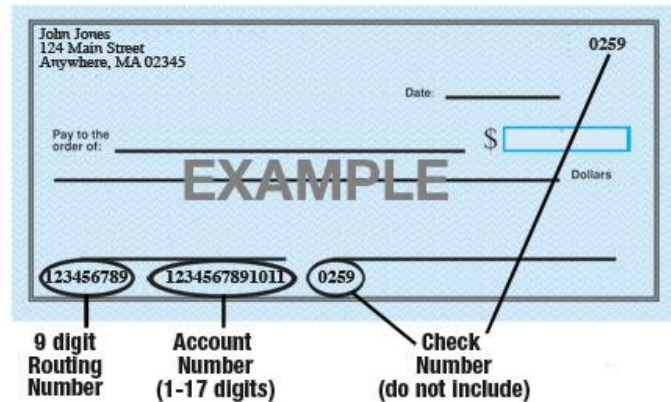
DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: Entire Paycheck

Type of Account: ☐ Checking ☐ Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)

BrightStar Community Support is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____

Date: _____