New Hire Orientation

and

Employee Manual

2026

New Hire Orientation Instructions

During the orientation session the entire manual will be reviewed, and you will be required to sign and date each section to acknowledge you're understanding and acceptance.

____On-Hire Orientation Basic Training Checklist

____Orientation Instructions Page Sign Off for All Employees

____ We ask that you completely review the New Hire Employee Manual prior to attending your orientation session in Appendix D.

____As you go through the packet, each document will be reviewed. Have the document being reviewed in front of you and read through it as we proceed. As we finish each document you will sign and date each document and put it aside in the order reviewed. Your signed application will be attached to this manual in Appendix A.

____Please make sure that you have provided the names and complete contact information for your references are included as part of your completed application so that we may contact them directly. Your two written references will be attached to this manual in Appendix B.

____The section called "Orientation for All Employees" and the document called "Orientation for Direct Care Employees" are in a table format. As we complete each section, you will put today's date and your initials in the right-hand column indicating that you had that section reviewed with you.

____Please inform us right away if you suspect that something negative will come back on your Criminal Background Check. Not all convictions will eliminate you from working in homecare, but you must understand that we are responsible for assuring the safety of vulnerable clients (elderly and children). Speak to the Administrator privately if you suspect a problem will be identified.

____Many homecare employees work for more than one company at the same time. It is essential that you let us know if you are working for another agency. Remember that any client you service for us are OUR clients. Should you ever decide to leave us for any reason, clients you are servicing for us MAY NEVER be encouraged to transfer to another company where you might be working. This is clearly a conflict of interest and will not be tolerated. Our legal department will be notified immediately should this occur.

____Please have the following documents ready to be copied before Orientation begins Driver's License, Car registration, Social Security Card, Legal Immigration documents (if applicable), Current Professional license, training certificates, TB test results. A Copy of each will be included attached in Appendix C.

It is important for you to note that this orientation session is not meant to replace, nor abrogate your responsibility to review, understand and comply with all contents of the Employee Manual.

Employee Signature: _____ Date: _____

Orientation Performed by: _____ Date: _____

Orientation Basic Training Checklist for All Staff

I, _____ hereby acknowledge that I have received and understand the following training. I agree to comply with all policies and procedures applicable to my position as an employee of New Hampshire Home Care Providers, LLC.

1. **Review of job/role for position hired.**
2. **General Orientation: Mission/Services Provided/Communication**
3. **Organizational Chart – reporting structure.**
4. **EEO Policy**
5. **Complaint procedure**
6. **HIPAA/confidentiality/Ethics/Conflict of Interest**
7. **Employee Safety issues: OSHA/Hazardous materials. Fire safety drills. Incident reporting . Home safety: environmental/emergency response.**
8. **Infection Control Program: Management of hazardous/infectious/materials/infection reporting (if applies). Universal Precaution Policy. Hand washing policy.**
9. **Abuse: Recognition of mandatory Reporting.**
10. **Client Rights and Responsibilities**
11. **Quality Improvement Program**
12. **Review Policies/Procedures & Guidelines. Review job description/sign. Review pay periods/paydays/time sheets/sick calls/leave requests. Disciplinary action/Performance evaluations, Supervision, Employee Manual, and Responsibility/Accountability/Recordkeeping.**
13. **Emergency/Disaster Policies: fire/evacuation/Emergency Plan responsibilities.**
14. **Emergency Plan in home; medical and non-medical**
15. **Body mechanics training and communication with clients.**
16. **Understanding client needs, Verbal prompting clients, and fall prevention.**

17. **Nutrition Related: Mechanics of eating/Hydration/Preparing meals/Serving Meals Providing Encouragement to eat and drink**

18. **Use of assistive devices**

19. **Medication reminder training.**

Employee Signature: _____ Date: _____

Orientation Performed by: _____ Date: _____

THIS FORMMUST BE COMPLETED AND SIGNED AT THE TIME OF THE TRAINING BY THE EMPLOYEE.

Orientation Basic Training Checklist for Personal Care Provider

I, _____ hereby acknowledge that I have received and understand the following training. I agree to comply with all policies and procedures applicable to my position as a personal care service provider (PCSP).

1. **Caregivers' role for safety in home.**
2. **Health Insurance Portability and Accountability Act (HIPPA).**
3. **Protect Health Information (PHI).**
4. **Client's Bill of Right.**
5. **Cultural Diversity.**
6. **Quality Care.**
7. **Abuse, Neglect, and Exploitation.**
8. **Assisting Clients with Bath and Personal Hygiene.**
9. **Infection Contril**
10. **Bloodborne Pathogens.**
11. **Fire and Emergency Preparedness.**
12. **Person Centered Care.**
13. **Body mechanics.**
14. **Mental Health.**
15. **Communication.**
16. **Empathy.**

Employee Signature: _____ DATE: _____

THIS FORMMUST BE COMPLETED AND SIGNED AT THE TIME OF THE TRAINING BY THE EMPLOYEE.

NEW HAMPSHIRE
HOME CARE PROVIDERS

TABLE OF CONTENTS

Personnel File Management Checklist

____On-Hire Orientation Basic Training Checklist

____Orientation Instructions Page Sign Off for All Employees

____We ask that you have the complete hiring packet and job description prior to starting.

____As you go through the packet, each document will be reviewed. Have the document being reviewed in front of you and read through it as we proceed. As we finish each document you will sign and date each document and put it aside in the order reviewed.

____Use care on the document marked "Reference Request". We require you to provide 2 written references in your file. Fill in the name of the company or person and their address that you would like us to send the reference request to (at the top of the document). If you don't know the addresses during orientation, please find it out as soon as you leave today and call us before the day is over.

____The section called "Orientation for All Employees" and the document called "Orientation for Direct Care Employees" are in a table format. As we complete each section, you will put today's date and your initials in the right-hand column indicating that you had that section reviewed with you.

____Please inform us right away if you suspect that something negative will come back on your Criminal Background Check. Not all convictions will eliminate you from working in homecare, but you must understand that we are responsible for assuring the safety of vulnerable clients (elderly and children). Speak to the Administrator privately if you suspect a problem will be identified.

____Many homecare employees work for more than one company at the same time. It is essential that you let us know if you are working for another agency. Remember that any client you service for us are OUR clients. Should you ever decide to leave us for any reason, clients you are servicing for us MAY NEVER be encouraged to transfer to another company where you might be working. This is clearly a conflict of interest and will not be tolerated. Our legal department will be notified immediately should this occur.

____Please have your documents ready for copy before Orientation begins: Driver's License, Car registration, Social Security Card, Legal Immigration documents (if applicable), Current Professional license, training certificates, TB test results.

Employee Signature: _____ Date: _____

Orientation Performed by: _____ Date: _____

Home Care in New Hampshire

New Hampshire provides state-paid home care primarily through **Medicaid**. The main programs include:

A. Choices for Independence (CFI) Waiver

- For adults **65+**, or **18–64 with a qualifying disability**
- Must be **medically eligible for nursing-home-level care** but prefer to remain at home
- Must meet **Medicaid income and asset limits**

B. Other Home- and Community-Based Care (HCBC) Waivers

These include:

- Developmental Disability (DD) Waiver
- Acquired Brain Disorder (ABD) Waiver
- In-Home Support (IHS) Waiver for children

Each requires:

- **Medicaid financial eligibility**
- **Documented functional/medical need**

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2. Financial Eligibility Criteria

New Hampshire Medicaid considers **two areas**:

- **Income (monthly money coming in)**
- **Assets (what the person owns)**

A. Income Limits (Approx. 2025)

For long-term care Medicaid and CFI:

- **Single applicant:** Up to **~$2,901/month**
- **Married couple, both applying:** About **$5,802/month combined**

- **Married, only one applying:** Only the applicant's income counts toward the limit (the spouse's income is usually protected)

B. Asset / Resource Limits

Countable Asset Limits:

- **Single applicant:** Up to **~$2,500**
- **Married couple, both applying: ~$5,000 total**
- **Married, only one applying:**
    - Applicant: **~$2,500**
    - Non-applicant spouse (Community Spouse): may keep up to **~$157,920**

C. What Counts as an Asset?

Countable:

- Cash
- Checking/savings accounts
- Investments (stocks, mutual funds)
- Extra real estate

Not Countable / Protected:

- Primary home (up to equity limits, if spouse or applicant lives there)
- One vehicle
- Personal belongings, clothing, household goods

D. Medicaid 5-Year Look-Back

Medicaid reviews any **gifts or transfers** made within the **5 years** before applying.

- Giving away money or property may cause a **penalty period** where Medicaid will *not* pay for care.

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3. Health and Functional Criteria

To qualify for Medicaid-paid home care, the person must require a **nursing-home level of care**, even if services are provided at home.

This is determined through a **clinical assessment** by the state.

A. Activities of Daily Living (ADLs)

Eligibility usually requires **hands-on help** with one or more of the following:

- Bathing
- Dressing
- Toileting
- Transferring (bed/chair mobility)
- Eating
- Walking or mobility

B. Cognitive / Behavioral Limitations

Examples include:

- Dementia or Alzheimer's
- Confusion, wandering, inability to manage daily safety
- Need for constant supervision

C. Ongoing Medical Needs

Such as:

- Skilled nursing care (wound care, injections, IVs)
- Complex medication management
- Frequent monitoring for chronic conditions

A person must show that **without regular assistance**, they would likely require a **nursing home**.

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4. Summary of What Is Needed to Qualify

To receive Medicaid-funded home care in NH, a person generally must:

1. **Live in New Hampshire** and meet citizenship rules
2. Be **65+** or have a **qualifying disability**
3. Have income at or below **~$2,901/month** (for the applicant)
4. Have countable assets at or below **~$2,500**
5. Require **nursing-home level of care**
6. Have **no disqualifying transfers** during the 5-year look-back

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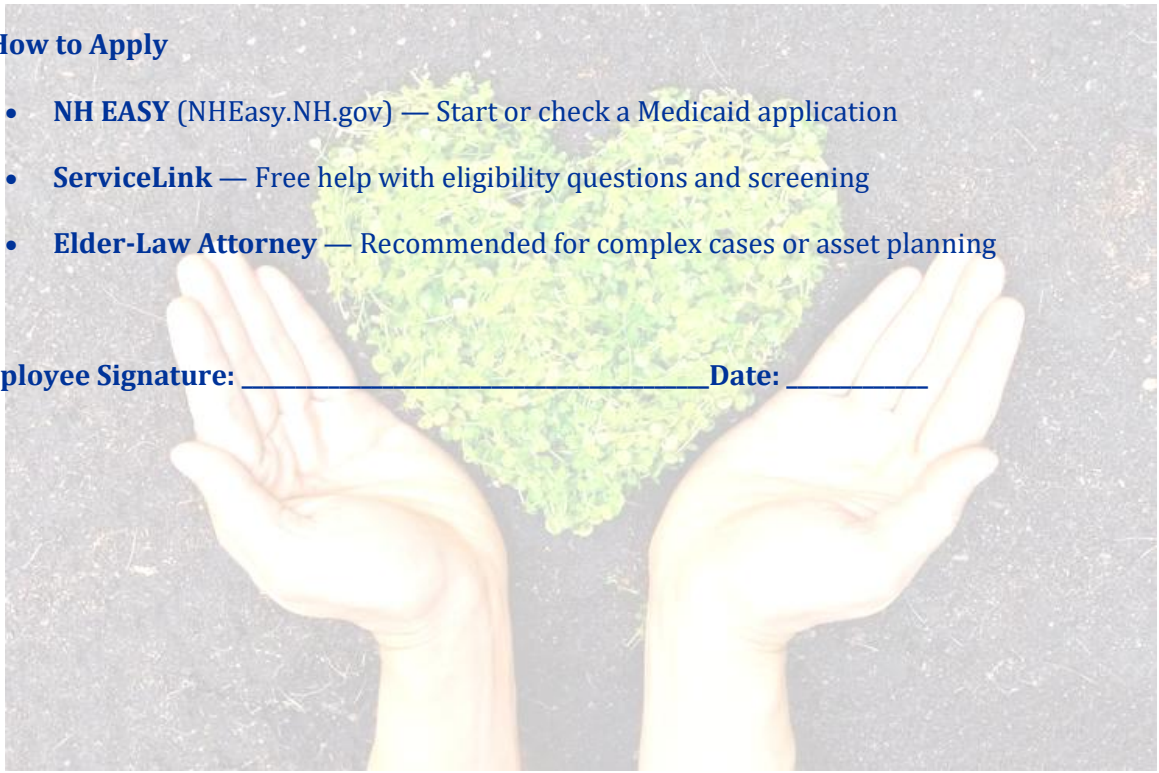
5. How to Apply



- **NH EASY** (NHEasy.NH.gov) — Start or check a Medicaid application
- **ServiceLink** — Free help with eligibility questions and screening
- **Elder-Law Attorney** — Recommended for complex cases or asset planning

Employee Signature: _____Date: _____

Personal Care Service Provider (PCSP)

Job Summary:

Personal Care Service Provider assists with daily living activities like bathing, dressing, eating, and light housekeeping, without administering medication or performing any medical procedures; primary focus is on companionship, providing emotional support, and helping clients maintain independence in their own homes, and completing tasks such as meal preparation, transportation arrangements, and managing appointments.

Risk of occupational exposure to blood borne pathogens: Limited exposure.

Qualifications:

Prefer a high school diploma or equivalent.

At least 18 years old.

Prefer a minimum of one year (1) experience.

Criminal background and BAAS check.

Completion of training for a personal care service provider.

Speaks, reads, writes and effectively communicates in English.

Key Responsibilities of a Personal Care Provider:

Personal care: Assisting with bathing, dressing, undressing, grooming, dental care, toileting, skincare (excluding wound care). Assistance with mobility, the use of cane, walker, crutches or wheelchair. Transferring (in and out of bed and similar)

Meal preparation: Cooking meals according to dietary restrictions, setting up mealtimes, and assisting with eating. Grocery shopping for meal preparation.

Light housekeeping: Cleaning, laundry (such as bed linens and personal clothing), dishes, and organizing living spaces.

Companionship: Engaging in conversation, playing games, and providing emotional support.

Transportation assistance: Arranging transportation to medical appointments, errands, or social activities.

Medication reminders: Prompting clients to take medications as prescribed but not administering them.

Safety monitoring: Reporting any changes in client's condition or safety concerns to the supervising agency.

Essential skills of a Personal Care Provider:

Excellent communication skills: Ability to effectively communicate with clients, family members, and healthcare professionals.

Patience and empathy: Understanding and responding to client's needs with compassion and respect.

Physical ability: Ability to perform tasks requiring lifting, transferring, and assisting with mobility. Be able to transfer clients weighing 150+ lbs. Able to carry items 10+ lbs. Be able to bend and lift.

Basic household management skills: Cooking, cleaning, laundry, and organizing.

Reliable and punctual: Commitment to maintaining a consistent schedule. Must be able to travel to prospective client's place of residence.

Requirements of the agency:

Perform tasks assigned by the coordinator.

Discuss the client's progress with the coordinator.

Promptly report any changes observed in the client's condition. As well as reporting any incident that may occur.

Use agency forms/Electronic Visit verification application to record daily activities.

Perform ONLY tasks specified for each client on the service plan.

Follow emergency procedures in the event of any medical or non-medical situations.

Follow universal precautions/proper infection control when providing client service.

Maintain client confidentiality per HIPAA and agency policy guidelines. Always follow client rights.

Attend scheduled meetings & in-service education annually per agency policy.

Follow agency policies and procedures.

Other duties as assigned.

Employee Signature: _____Date: _____

Job Offer For:

I am pleased to offer you a position as _____

with New Hampshire Home Care Providers, LLC.

You will begin your full-time part-time per diem salary position on _____

You will report directly to the Administrator of your office for all administrative and operational purposes.

Your salary offer for this position is $_____per hour per visit per year

We also offer a benefits package if you are working 40 hours which include health, dental, vision and STD/LTD/LIFE/AD&D insurance (you can sign up within 90 days from the date of hire), 401k after 1 year of service, holiday pay is available for Memorial Day, Independence Day, Thanksgiving Day, Christmas Day and New Year's Day. Beginning 01/01/2022 after one year of service a 40-hour employee will earn one week of paid vacation.

Sincerely.

Administrator's Date

Offer accepted by: _____

Employee Signature Date

Availability List

Employee Name: _____

Phone: _____ Date of Hire: _____

Statement of Driving Status

I am currently licensed to drive a motor vehicle in the state of New Hampshire, I carry auto insurance on my vehicle, and I have supplied New Hampshire Home Care Providers, LLC, a current copy of my license and auto insurance.

Employee Signature: _____Date: _____

Non-Driver's License

I, _____, declared that I do not have a driver's license in the state of New Hampshire and therefore will find other forms of transportation to get to my scheduled visits (i.e. public transportation)

Employee Signature: _____Date: _____

Acknowledgement Employee Manual/Do's & Don'ts Sign off

Listed are some pertinent references to employee policies from the Agency Employee Handbook. For more detailed information please refer to the Handbook. You may request to review any/all the personnel policies pertinent to your employment at our Agency at any time.

Do wear scrubs for all your visits. However, if you do not have scrubs, you may wear business casual clothing. NO JEANS, scanty tops, see through clothing etc. allowed.

Do wear your Agency Issued photo ID badge at all times when on business.

Do arrive on time for ALL assignments. Our Agency must be notified immediately if:

An emergency or situation arises which causes you to be late by five or more minutes. Or You will be absent from your assignment.

Without calling the office, these situations are called NO CALL NO SHOW and are subject to termination.

Once you have been given an assignment, no more than 2 cancellations will be tolerated.

Don't use the client's phone. Cell phones are off during all visits.

Under No circumstances should you ever take property, money or "borrow" anything that belongs to a client or ever enter into any type of legal or financial agreement.

Don't discuss your rate of pay with your clients or any other employee of the Agency.

Do complete visit notes correctly and completely and have signed by the client AT THE TIME OF THE VISIT.

Do call our coordinator to inquire as to cases to be covered if you are not scheduled for work.

Do call the office immediately if any problem arises with your assignment.

Do call the office immediately if the client does not answer the door for a scheduled visit. Failure to notify the office may be considered abandonment, especially if the client has had a medical emergency and needs medical assistance. DON'T assume they aren't home. CALL THE OFFICE.

Don't leave any assignment early without first calling the scheduling coordinator/office immediately.

Do report any incident/accident or unusual occurrence involving a New Hampshire Home Care Providers, LLC employee/client to our office immediately. If you are injured and unable to make the call have another person, call us right away.

Do always follow your schedule WITHOUT MAKING ANY CHANGES.

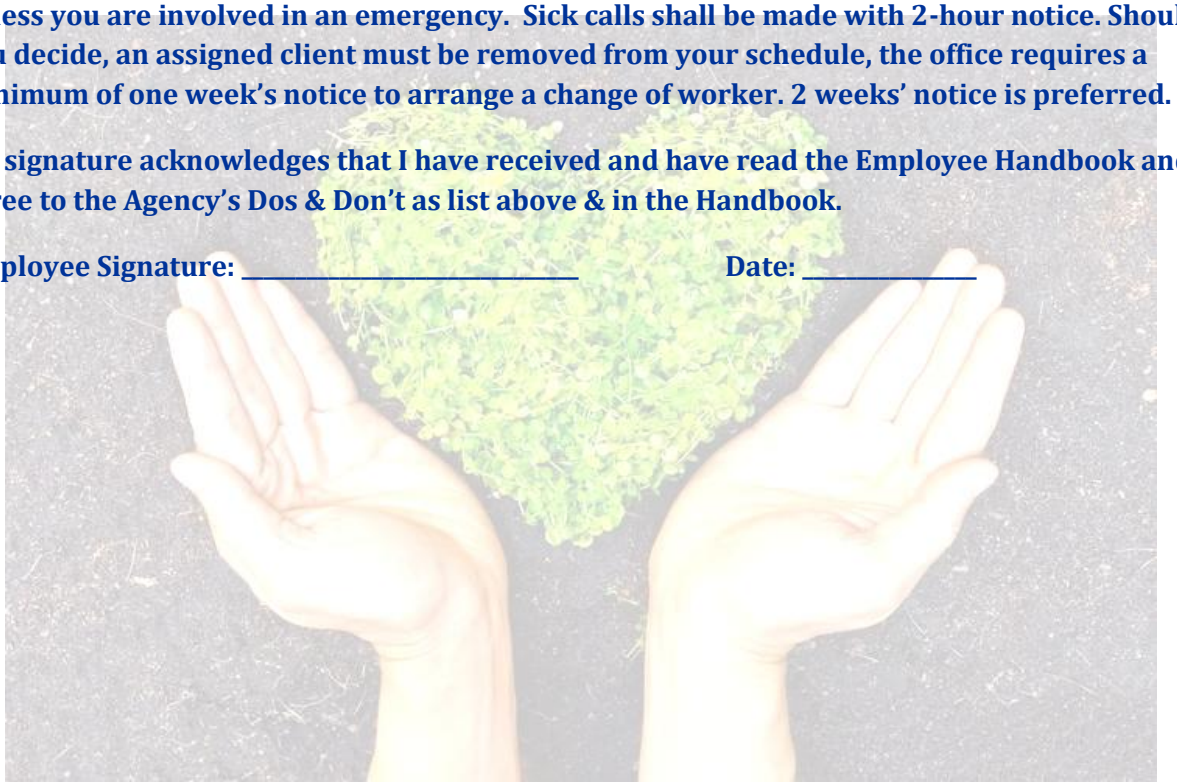
Don't transport a client in your car unless you have signed consent/authorization.

Please know, at the present time our agency does not perform drug testing of staff but may do so on our discretion.

Cancellation Policy: A minimum of eight (8) hours' cancellation notice must be always given, unless you are involved in an emergency. Sick calls shall be made with 2-hour notice. Should you decide, an assigned client must be removed from your schedule, the office requires a minimum of one week's notice to arrange a change of worker. 2 weeks' notice is preferred.

My signature acknowledges that I have received and have read the Employee Handbook and agree to the Agency's Dos & Don't as list above & in the Handbook.

Employee Signature: _____ Date: _____



Non-Discrimination/Lep Statement 6.2016

New Hampshire Home Care Providers, LLC complies with applicable Federal civil rights laws and does not discriminate in hiring or admissions, based on race, color, national origin, age, disability, or sex. Our Agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. New Hampshire Home Care Providers, LLC:

Provides free aids and services to patients with disabilities to communicate effectively with us, such as:

○ Qualified sign language interpreters.

○ Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language services to patients whose primary language is not English (LEP) such as:

○ Qualified interpreters.

○ Information written in other languages.

If you need these services, contact Dilu Chhetri Rai.

If you believe that New Hampshire Home Care Providers, LLC has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

Agency Name: New Hampshire Home Care Providers, LLC

Agency Civil Rights Coordinator: Dilu Chhetri Rai

Agency Address: 163 Loudon Road, Concord NH 03301

Agency Phone: (603) 848-6438/ (603) 715-1725 Fax (603) 715 5902

You can file a grievance in person or by mail or fax. If you need help filing a grievance, Dilu Chhetri Rai is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at , or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F HHH Building, 1-800-368-1019, 800-537-7697 (TDD)

Employee Signature: _____ Date: _____

Direct Deposit Authorization Form

I authorize _____to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford a reasonable opportunity to act on it.

Name on bank account: _____

Name of bank: _____

Bank account number: _____

Checking Savings

Bank routing number: _____

Amount: _____or Entire Paycheck

Balance of pay to: Paper check Account Below

Name on bank account: _____

Name of bank: _____

Bank account number: _____

Checking Savings

Bank routing number: _____

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor Signature: _____

Date: _____

Equal Employment Opportunity (EEO) Policy

New Hampshire Home Care Providers, LLC complies with nondiscrimination regulations under Title VII, Civil Rights Acts of 1964; Vietnam-Era Veterans Readjustment Assistance Act of 1974; Section 504 of the Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990; the Age Discrimination in Employment Act of 1967; Executive Order 11141, the Equal Pay Act, the NH Labor Code, and other applicable statutes, ordinances and regulations. Our Agency complies with affirmative action regulations under Executive Order 11246, the Vietnam-Era Veterans Readjustment Assistance Act, and the Federal Rehabilitation Act.

Our Agency will recruit, hire, train, and promote people in all job classifications without regard to race, color, religion, national origin, age, disability, or history of disability (except where physical or mental abilities are a bona fide occupational requirement and the individual is not able to perform the essential functions of the position even with reasonable accommodations), or sex (unless gender is a bona fide occupational qualification), status as a veteran or other protected characteristic.

Managers and supervisors of the company will base decisions on employment so as to further the principle of equal employment opportunity.

The company is pledged to develop and support an environment of affirmative action toward this policy including affirmative action recruitment of candidates for positions at all levels. This policy applies to all employees and applicants for employment.

All weekly employment opportunity bulletins (which specify job titles, salary/wage rates, and job duties and requirements) will continue to be sent to the NH Unemployment Commission for inclusion on its job availability listing. In addition, the bulletin is sent to the NH Rehabilitation Commission and other sources of minority, female, veteran, and applicants with a disability including organizations that specialize in the referral of minority applicants.

Recruitment literature, newspaper advertising, magazine advertising, and position announcements will contain clear statements of the Equal Employment Opportunity Policy. Each advertisement for a vacant position will continue to affirm the company's commitment to affirmative action by including a statement such as "Equal Employment Opportunity through Affirmative Action" or "An Affirmative Action/Equal Opportunity Employer Committed to Diversity" in clearly distinguishable type. It may also include a statement such as: "Women and Minorities Are Encouraged to Apply."

When employees are pictured in consumer or help-wanted advertising, both minorities and non-minority men and women are shown. The Administrator will continue to ensure that employment handbooks, brochures, and other printed materials include references to equal employment opportunity for minorities, women, individuals with a disability, and covered

veterans, and that artwork therein, as appropriate, includes representatives of groups covered in the company's affirmative action plan.

On first contact, all applicants (prospective employees) will be informed that the company is operating under an Affirmative Action Program (AAP) that provides equal opportunities to qualified employees and prospective employees without regard to race, color, religion, pregnancy, sex, sexual orientation, age, national origin, veteran status, or physical or mental disability or other protected characteristic. This information will be made known to applicants as they come into the employment office of the human resources department by making available to them the company's EEO/AA policy statement on the employment application, on posters displayed in the area where they complete their applications for employment, and on the company's Web page.

veterans, special disabled veterans, and individuals with disabilities who wish to avail themselves of the provisions of the company's Affirmative Action Program are invited to identify themselves to company administration for this purpose. Persons with disabilities, special disabled veterans, and veterans of the Vietnam Era choosing not to identify themselves for this purpose at the time of application or employment will not be discriminated against and will be able to identify themselves at any time.

Subcontractors, vendors, and suppliers are notified in writing of our EEO policy and are requested to practice the appropriate action on their part in their operations and in their relationship with our company.

Public groups are kept informed of EEO policy development where appropriate. The vice president of human resources will continue to communicate the company's affirmative action policy to community agencies and leaders, as well as to organizations representing minorities, women, individuals with a disability, and covered veterans on a periodic basis.

Managers and supervisors of the company will ensure that promotion decisions are in accord with principles of equal employment opportunity by imposing only job-related requirements for promotional opportunities.

The company will ensure that all personnel actions, including compensation, benefits, transfers, layoffs, return from layoff, company-sponsored training, education, tuition assistance, and social and recreation programs will be administered without regard to race, color, religion, national origin, age, disability, or history of disability (except where physical or mental abilities are a bona fide occupational requirement and the individual is not able to perform the essential functions of the position even with reasonable accommodations), veteran status, pregnancy, sex, (unless gender is a bona fide occupational qualification) or other protected characteristic. For example, employees with the same job title will receive pay within the salary range provided for that position with variances based upon education

and experience and without any salary differentiation based on pregnancy, sex, religion, national origin, age, ethnicity, veteran, disability status, or other protected characteristic.

The company will reasonably accommodate the religious observances and practices of an employee or prospective employee unless such accommodation creates an undue hardship on the conduct of the business. As part of this accommodation, the company will make reasonable accommodations to the religious observances and practices of an employee or prospective employee who regularly observes Friday evening and Saturday, or some other day of the week, as his or her Sabbath, and/or who observes certain religious holidays during the year, and who is conscientiously opposed to performing work or engaging in similar activity on such days, when such accommodations can be made without undue hardship on the conduct of the business. The following factors shall be considered: (a) business necessity, (b) financial costs and expenses, and (c) resulting personnel problems. Any employee who requires a religious accommodation should speak with a human resources representative.

Any employee with a disability who requires accommodation should speak with his or her human resources representative. Generally, disability refers to a physical or mental impairment that substantially limits one or more of the major life activities of an individual. The company will seek to reasonably accommodate qualified individuals with a disability. The employee has the responsibility to provide adequate information to the company as part of the accommodation process. A qualified person with a disability means an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the position. Such reasonable accommodation may take the form of making existing facilities readily accessible to or usable by individuals with a disability, restructuring jobs, modifying schedules, acquiring or modifying equipment, adjusting training materials, adjusting employment policies, and the like. Generally, such reasonable accommodation will be made unless it creates an undue hardship for the company.

Our Agency shall review its employment practices to determine whether any individuals with protected characteristics are receiving fair consideration for job opportunities. The company will annually review its personnel policies to ensure that all such policies apply equally to all employees and that care has been exercised to ensure that such policies comply with this policy.

Our Agency ensures that the physical and mental job qualification requirements are related to the specific job or jobs for which the person is being considered and are consistent with business necessity and safe performance of the job. The company regularly reviews its personnel procedures to ensure that careful and thorough consideration is given to the job qualifications of individuals with disabilities, disabled veterans, and Vietnam-era veteran applicants and employees.

Our Agency disapproves of sexual, racial, disability, national origin, age, veteran, religious, and all other forms of harassment of any employee, whether it is by a co-worker, a manager, a customer, or a vendor. Sexual advances; requests for sexual favors; sexual or racial jokes; racial, ethnic, national origin, or disability slurs; and other harassing language or conduct have no place in our business. In addition, physical conduct of a sexual nature will not be tolerated.

It is expected that employees will treat one another with mutual respect for their dignity. Harassment, of any type, by any employee, is grounds for immediate termination.

Employees or applicants are protected from coercion, intimidation, interference, or discrimination for filing a complaint or assisting in an investigation under the laws covering these individuals. Periodic reviews will ensure that personnel decisions are in full accord with the principles and spirit of equal employment opportunity law.

The Administrator has overall responsibility for this Equal Employment Opportunity Policy. Implementation of the policy in this establishment is the responsibility of the local Administrator/ branch manager.

This policy will be posted and disseminated as widely as possible. Such dissemination shall include periodic meetings with supervisory personnel, periodic meetings with all employees, inclusion in employee-orientation sessions, inclusion in management-training programs, inclusion in company publications, posting on company bulletin boards, the company Web page, and the like. An equal opportunity clause will be inserted in all purchase orders, leases, contracts, and the like as required by applicable law, including Executive Order 11246.

Requests to review a copy of the company's Affirmative Action Program should be directed to our Administrative Staff.

Any person who believes he or she may have been discriminated against in violation of these principles or who observes any discrimination in violation of these principles or who needs a reasonable accommodation should discuss the matter with a human resources representative or the Administrator. If for any reason you do not want to discuss the matter with these individuals, you may discuss the matter any member of the Senior management Team, the EEO-AAP coordinator, or any officer of the company.

Managers or supervisors who receive any complaint or concern involving discrimination or observe any discrimination must bring the matter to the attention of the EEO-AAP coordinator or the branch manager. That individual will initiate an appropriate investigation. Employees have a responsibility to cooperate in any investigation of unlawful discrimination. All employees are to cooperate fully with the investigation and resolution of all discrimination and affirmative action complaints.

The EEO-AAP coordinator will report quarterly to the Administrator and the vice president for human resources on all concerns or complaints concerning discrimination brought to her or his attention during the preceding quarter. The report will include recommendations for changes to company policies, practices, or procedures appropriate to the company's compliance with this EEO Policy.

If the appropriate human resources representative or the EEO-AAP coordinator is not able to resolve a concern or complaint of discrimination, the EEO-AAP coordinator will investigate the matter and recommend a solution to the branch manager or an officer of the company, who will decide how the concern or complaint will be resolved.

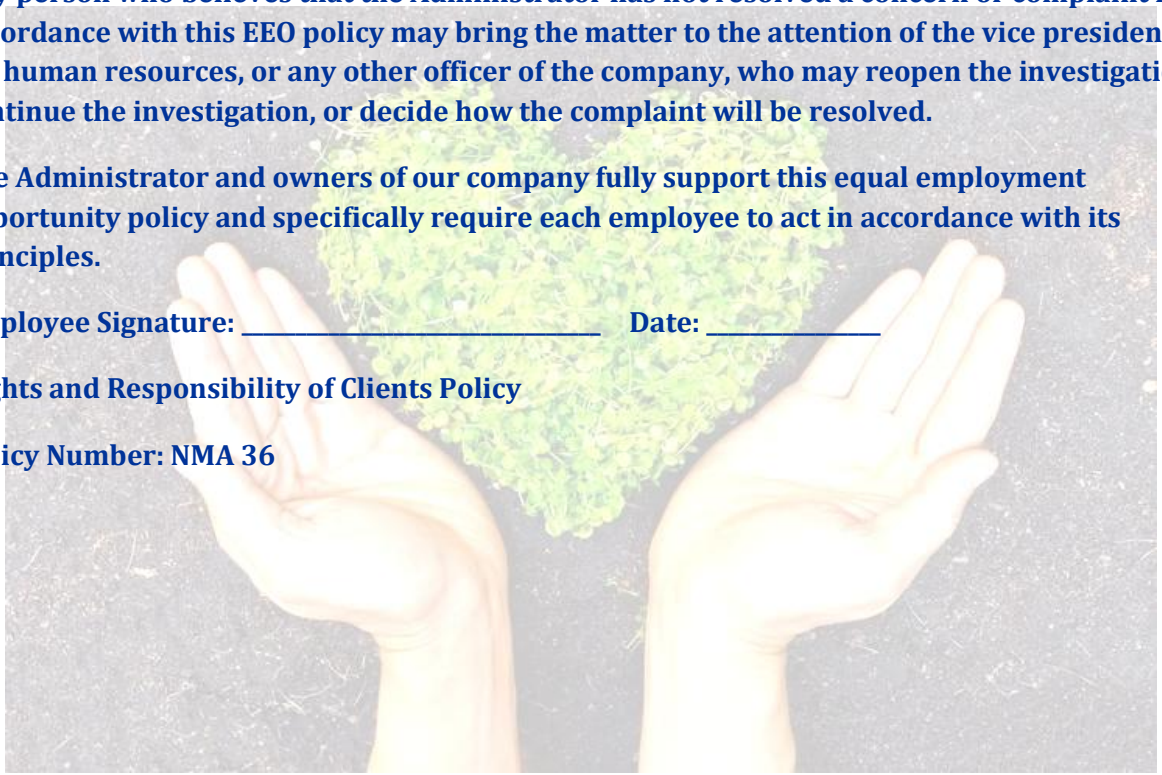
Any person who believes that the Administrator has not resolved a concern or complaint in accordance with this EEO policy may bring the matter to the attention of the vice president for human resources, or any other officer of the company, who may reopen the investigation, continue the investigation, or decide how the complaint will be resolved.

The Administrator and owners of our company fully support this equal employment opportunity policy and specifically require each employee to act in accordance with its principles.

Employee Signature: _____ Date: _____

Rights and Responsibility of Clients Policy

Policy Number: NMA 36



Program Policies

It is the policy of New Hampshire Home Care Providers, LLC to provide, verbally and in writing, each client upon admission to service, with a written Client Bill of Rights which is designed to recognize, protect, and promote the right of each client to be treated with dignity and respect.

Sexual Abuse Policy

Applies To: All employees, contractors, trainees, volunteers, and any individual acting on behalf of New Hampshire Home Care Providers, LLC ("NHHCP").

1. Purpose

New Hampshire Home Care Providers, LLC is committed to providing a safe, respectful, and professional environment for clients, employees, families, and community partners. Sexual abuse, sexual harassment, or any form of sexual misconduct is strictly prohibited and will not be tolerated in any aspect of employment or caregiving services.

The purpose of this policy is to define prohibited conduct, outline reporting requirements, establish investigation procedures, and ensure compliance with state and federal law, including RSA 354-A and all mandated reporting obligations.

2. Scope

This policy applies to all employees, contractors, volunteers, trainees, and individuals providing services on behalf of NHHCP in any setting.

3. Definitions

Sexual Abuse: Unwanted, forced, coerced, or exploitative sexual contact or behavior.

Sexual Harassment: Unwelcome sexual advances, requests for sexual favors, or other conduct of a sexual nature.

Sexual Misconduct: Any inappropriate behavior of a sexual nature that violates professional caregiving boundaries.

4. Zero-Tolerance Statement

NHHCP enforces a zero-tolerance policy for sexual abuse, harassment, misconduct, boundary violations, and failure to report suspected abuse.

5. Employee Responsibilities

Employees must maintain boundaries, report suspicions immediately, cooperate with investigations, avoid romantic or sexual relationships with clients, and protect vulnerable adults.

6. Prohibited Conduct

Includes sexual contact with clients, sexual jokes, inappropriate touching, creating or sharing explicit materials, and any behavior that undermines professional boundaries.

7. Reporting Requirements

Employees are mandatory reporters under NH law. Reports must be made to supervisors, the Administrator, APS, DCYF (for minors), or law enforcement. Retaliation is prohibited.

8. Investigation Process

NHHCP will initiate immediate review, gather evidence, contact authorities when required, maintain confidentiality, and determine appropriate action.

9. Disciplinary Action

May include removal from shifts, retraining, written warnings, termination, and reporting to law enforcement or licensing boards. Sexual abuse results in immediate termination.

10. Client Education & Safety

NHHCP informs clients of their rights, reporting methods, and ensures ongoing safety checks.

11. Training Requirements

Employees must complete annual training and sign acknowledgment forms.

12. Confidentiality

Reports and investigations will be kept confidential within legal limits.

Acknowledgement and Understanding of Zero Tolerance Sexual Abuse Policy

I acknowledge that I have received and read this sexual abuse policy and/or have had it explained to me. I understand that New Hampshire Home Care Providers, LLC will not tolerate any employee, volunteer, staff member or third party who commit or committed sexual abuse. Furthermore, I understand that it is my responsibility to abide by all the rules in this policy. I also understand how to report incidents of sextual abuse as set forth in the abuse policy, including retaliating against any employee/volunteer exercising his or her rights under the policy.

Employees must sign confirming understanding and agreement to comply.

Employee Signature: _____

Date: _____

Administrator Signature: _____

Procedure

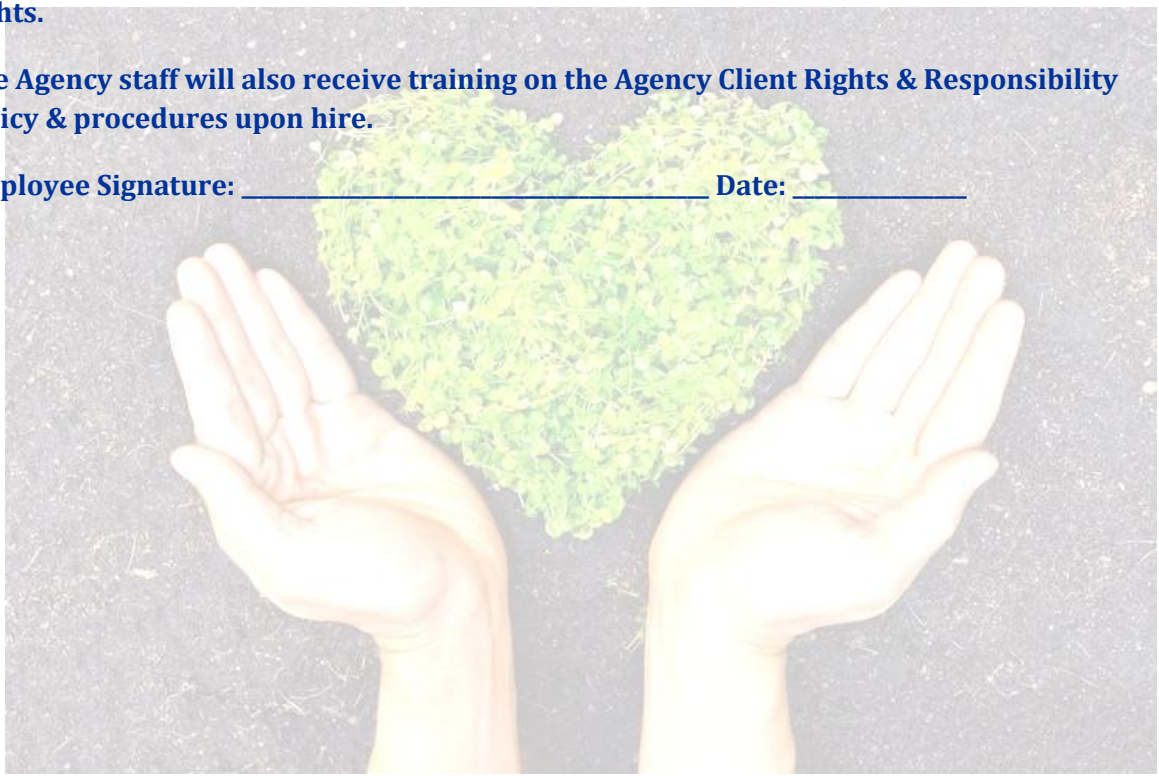
The Agency will provide their clients with a written copy of the rights and responsibilities in advance of or during the initial evaluation visit and before initiation of care/service.

These rights apply only to the services delivered by or on behalf of the home care provider. If a client cannot read the statement of rights, it must be read to the client in a language such client understands.

For a minor or a client needing assistance in understanding these rights, both the client and the parent or legal guardian or other person responsible must be fully informed of these rights.

The Agency staff will also receive training on the Agency Client Rights & Responsibility policy & procedures upon hire.

Employee Signature: _____ Date: _____



Clients' Rights And Responsibilities

These Client Rights and Responsibilities will be followed by all Agency employees that provided services to you. You receive a copy of these rights upon admission. You have the right to exercise these rights at any time without fear of reprisal or discrimination in services.

CLIENT RIGHTS:

Be treated with consideration, respect, and full recognition of the client's dignity and individuality, including privacy in treatment and personal care and respect for personal property and including being informed of the name, licensure status, and staff position and employer of all persons with whom the client/resident has contact.

Receive medical care without discrimination based on race, color, national origin, religion, sex, disability, or age, or sexual orientation.

Participate in the development and periodic revision of the plan of care, and to be informed in advance of any changes to the plan.

Be informed that care/service is evaluated through the provider's quality assurance program.

Refuse treatment and to be informed of the consequences of such action, and to be involved in experimental research only upon the client's voluntary written consent.

Voice grievances and suggest changes in service or staff without fear of restraint, discrimination, or reprisal.

Be free from emotional, psychological, sexual, and physical abuse and from exploitation by the home health care provider.

Be free from chemical and physical restraints except as authorized in writing by a physician.

Be assured of confidential treatment of all information contained in the client's personal and clinical record, including the requirement of the client's written consent to release such information to anyone not otherwise authorized by law to receive it. Medical information contained in the client's record shall be deemed to be the client's property and the client has the right to copy such records upon request and at a reasonable cost.

Be informed in advance of the charges for services, including payment for care expected from third parties and any charges the client will be expected to pay.

NEW HAMPSHIRE
HOME CARE PROVIDERS

CLIENT RESPONSIBILITIES

The client must provide the home care provider, New Hampshire Home Care Providers, LLC, accurate and complete health information.

Assisting in creating and maintaining a safe home environment in which care will be delivered.

Participate in developing and following the plan of care.

Request information about anything that is not understood, and express concerns regarding services provided.

Inform the provider when unable to keep an appointment for a home care visit.

Inform the provider of the existence of, and any changes made to, advance directives.

A reasonable attempt has been made and documented that the client and family understand these rights and responsibilities which have been reviewed with the client prior to or at the start of care visit and periodically thereafter.

Acknowledgement and Understanding of Agency Policies & Procedures & Training for Clients Rights & Responsibilities

My signature acknowledges that I have received and have read the Employee Handbook and agree to the Agency's Dos & Don't as list above & in the Handbook.

Employee Signature: _____ Date: _____

Complaints

The Complaint line and the reasons for calling, which include asking questions or voicing concerns/complaints about New Hampshire Home Care Providers, LLC.

The Complaint line is 603-271-9039, during normal business hours.

You can also write to:

NH Department of Health & Human Services
Health Facilities Licensing Unit
129 Pleasant Street
Concord, NH 03301
Telephone: (603) 271-9039

Be advised of the State Abuse hotlines:

State Elder Abuse Hotline 800-949-0470

State Child Abuse Hotline 800-894-5533

Employee Signature: _____ Date: _____

Acknowledgement and Understanding of Zero Tolerance Sexual Abuse Policy

I acknowledge that I have received and read the sexual abuse policy and/or have had it explained to me. I understand that the organization will not tolerate any employee, volunteer, board member or third party who commits sexual abuse. Disciplinary actions will be taken against those who are found to have committed sexual abuse.

I understand that it is my responsibility to abide by all the rules contained in the policy. I also understand how to report incidents of sexual abuse as set forth in the abuse policy, including retaliating against any employee/volunteer exercising his or her rights under the policy.

Employee Printed Name Signature Date

Acknowledgement and Understanding of Agency Policies & Procedures & Training for Client Rights & Responsibilities

By signature below, I am acknowledging the receipt of Agency policy setting forth the Client Rights & Responsibilities and acknowledging training and implementation of the policy.

Employee Printed Name Signature Date

HIPAA

I, _____, an employee of New Hampshire Home Care Providers, LLC have read and understand this policy on protecting Client Health Information (PHI) and security. I understand that should any situation arise where I breach client confidentiality I will be disciplined up to and including termination.

I hereby agree to maintain client confidentiality in the strictest manner possible, sharing or discussing client information only with those designated care providers or supervisors who have "a need to know" and are actively involved in the care of services provided to the client.

I further acknowledge that I have been trained in the provisions and laws related to HIPAA compliance during orientation and those clients must sign written permission to allow their health information (PHI) to be disclosed.

I further agree that I will protect PHI while driving in my vehicle servicing clients in their homes and will not allow any PHI to be visible inside my vehicle; I will not bring any PHI related to another client into the homes/facilities of clients I am servicing.

Signature: _____Date _____

Incident/Accidents

Incident/Accidents Reporting Acknowledgements

I, _____ (print name) have been thoroughly informed by New Hampshire Home Care Providers, LLC that I MUST report ALL incidents/accidents and any medical, physical, or mental changes in my clients immediately to the Supervisor and or Scheduling Coordinator.

I further understand that if I become injured, even if I have a minor injury, I am required to report that incident to my office as soon as possible after an injury.

Signature: _____Date _____

Our Agency Is Available By Phone 24 Hours A Day. The Answering Service Will Respond After 5:30 Pm Weekdays And On Weekends/Holidays

NEW HAMPSHIRE
HOME CARE PROVIDERS

Confidentiality Agreement

This Agreement is made between _____ (the "Employee") and New Hampshire Home Care Providers, LLC (the "Employer"), on the ___ day of _____, 20.

The Employee agrees to the following terms and conditions of this Agreement:

As a condition of employment, the Employer requires all employees to enter into this Confidentiality Agreement ("Agreement"). The Employee acknowledges that continued employment with the Employer constitutes sufficient and adequate consideration for this Agreement.

The Employee understands and acknowledges that, during the course of employment, the Employee has had, and will continue to have, access to and become acquainted with confidential, proprietary, and sensitive information belonging to the Employer. Such information includes, but is not limited to, trade secrets, client lists, client-related information, care plans, business strategies, operational procedures, billing practices, software, manuals, data, inventions, technology, financial information, marketing materials, and any other information designated as confidential or that reasonably should be understood to be confidential based on its nature ("Confidential Information"). Confidential Information may exist in written, electronic, verbal, or any tangible or intangible form.

The Employee expressly agrees that he or she will not, at any time during employment or after the termination of employment, directly or indirectly, disclose, use, copy, reproduce, or communicate any Confidential Information for the Employee's own benefit or for the benefit of any third party, except as required in the proper performance of job duties on behalf of the Employer.

Upon termination of employment for any reason, the Employee agrees to immediately return to the Employer all property and materials belonging to the Employer, including but not limited to: documents, reports, lists, notes, correspondence, manuals, computer files, electronic records, equipment, access credentials, and any copies or reproductions thereof in any format. The Employee shall not retain any copies, notes, summaries, or reproductions of Confidential Information. The Employee further agrees that he or she will not contact, solicit, or attempt to solicit any Employer clients, client families, or referral sources for personal gain or on behalf of another entity following separation of employment.

The Employee acknowledges that any violation of this Agreement will cause irreparable harm to the Employer for which monetary damages alone may be insufficient. The Employee agrees that, in the event of a breach or threatened breach of this Agreement, the Employer shall be entitled to seek injunctive relief, restraining orders, and any other equitable remedies available under law, in addition to all other legal remedies, including recovery of attorney's fees and associated costs.

The obligations set forth in this Agreement shall remain in full force and effect from the date Confidential Information is first disclosed to the Employee and shall survive the termination of employment indefinitely.

If any provision of this Agreement is found to be invalid, illegal, or unenforceable, such provision shall be enforced to the maximum extent permitted by law, and the remaining provisions shall continue in full force and effect.

This Agreement constitutes the entire understanding between the parties regarding the subject matter herein. No representations, statements, or agreements, whether verbal or written, other than those expressly contained in this instrument, have been relied upon. Any modification to this Agreement must be in writing and signed by both the Employee and the Employer.

This Agreement is executed under seal and shall be governed, interpreted, and enforced in accordance with the laws of the State of New Hampshire, without regard to its conflict-of-law principles.

The descriptive headings contained in this Agreement are for convenience only and shall not affect the interpretation or construction of the provisions herein.

IMPORTANT - You should be aware that such BREACH OF THIS AGREEMENT actions are illegal and not only violate your CONFIDENTIALITY AGREEMENT that you signed on 3/25/21, as well as a clear violation of NH common law (use of company information) and may also be a violation of NH RSA 350-B.

Employee Name: _____
Signature: _____ Date: _____

Employer Name: _____
Signature: _____ Date: _____

Conflict of Interest Policy

1. Purpose and Intent

New Hampshire Home Care Providers, LLC ("the Agency") is committed to maintaining the highest standards of integrity, ethical conduct, and legal compliance. This Conflict of Interest Policy is designed to ensure that all owners, managers, employees, contractors, volunteers, and any individuals acting on behalf of the Agency ("Associated Persons") conduct themselves in a manner that avoids actual, potential, or perceived conflicts of interest.

A conflict of interest exists whenever personal, professional, financial, or other private interests may interfere—or reasonably appear to interfere—with the best interests of the Agency or its clients.

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2. General Policy

No owner, employee, contractor, committee member, or other Associated Person shall derive any personal, financial, or other benefit, directly or indirectly, as a result of their association with the Agency without the prior knowledge and written approval of the owners of New Hampshire Home Care Providers, LLC.

At the discretion of the Agency's owners, all Associated Persons may be required to complete and sign an annual Conflict of Interest Disclosure Statement.

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3. Duty to Disclose

Any Associated Person who becomes aware of an actual, potential, or perceived conflict of interest must promptly and fully disclose the nature of the conflict in writing to the owners of New Hampshire Home Care Providers, LLC.

Failure to disclose a conflict of interest may result in disciplinary action, up to and including immediate termination of employment or contractual relationship, and may result in civil action to recover damages or legal fees.

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4. Agency Owners and Managers: Restrictions on Participation

When a conflict of interest involves an owner, manager, or committee member:

- The individual must clearly disclose the conflict.
- The individual may not participate in discussions, negotiations, decisions, or votes related to the matter, unless specifically requested by the owners solely to provide factual information.
- Any abstention and the reason for the abstention shall be formally recorded in the Agency's records or meeting minutes.

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5. Client Relationships and Prohibited Private Services

All clients of New Hampshire Home Care Providers, LLC are considered Agency clients, not personal clients of any field staff or employee.

Accordingly:

1. **Employees may not provide private services** to Agency clients outside the Agency's employment structure for **any form of compensation** or personal gain.
2. Employees are expressly prohibited from soliciting, encouraging, or otherwise attempting to transition an Agency client to receive care privately or through another agency for the benefit of the employee.
3. Upon separation of employment, former employees shall not attempt to recruit, solicit, or divert Agency clients away from New Hampshire Home Care Providers, LLC.

Violation of this section may result in termination and potential civil remedies including, but not limited to, claims for damages, injunctive relief, and recovery of legal costs.

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6. Secondary Employment Disclosure

Employees must disclose if they work for or provide services to another home care agency, whether as an employee, contractor, volunteer, or unpaid assistant. This disclosure is necessary to ensure no conflict exists with client assignments, scheduling, confidentiality, or Agency interests.

Employees shall not use Agency information, client lists, schedules, forms, or internal resources for the benefit of any other employer or organization.

7. Confidentiality

All conflict-related disclosures shall be treated as confidential personnel records except to the extent disclosure is necessary for legal compliance or to resolve the conflict appropriately.

8. Enforcement

Violations of this Conflict of Interest Policy may result in:

- disciplinary action, up to and including immediate termination;
- repayment of financial losses or damages;
- civil litigation for breach of duty or unauthorized diversion of clients;
- legal fees and administrative costs incurred by the Agency.

Conflict of Interest Disclosure Statement

I, _____, acknowledge and affirm the following:

1. I have carefully read and fully understand the New Hampshire Home Care Providers, LLC **Conflict of Interest Policy**.
2. I affirm that I am **not currently involved** in any activity, investment, relationship, or arrangement that constitutes a conflict of interest as defined in the Policy.
3. I agree to promptly disclose any actual, potential, or perceived conflict of interest that may arise during my employment or association with the Agency.
4. I understand that violation of this policy may result in **immediate termination** of employment or contractual relationship and may also result in criminal prosecution and/or **civil litigation**, which may include the potential requirement to reimburse the Agency for damages and legal expenses.
5. I agree that I will not participate in any action, decision, or vote where I may receive personal or financial benefit, directly or indirectly, and I will follow all abstention requirements outlined in the Policy.

NEW HAMPSHIRE
HOME CARE PROVIDERS

Secondary Employment Disclosure

Do you currently work for another home care agency?
Yes: _____ No: _____

If YES, list the name(s) of the agency/agencies:

Signature: _____
Date: _____

Drug and Alcohol Policy

Drug and alcohol abuse contributes to billions of dollars of lost productivity and thousands of workplace injuries every year. Our policy is to employ a work force free from alcohol abuse or any use of illegal drugs. This company takes drugs and alcohol abuse as a serious matter and will not tolerate it. Company prohibits the use of alcohol or non-prescribed drug at the workplace or while on the company premises. It also discourages non-workplace drug and alcohol abuse. The use, sale or possession of alcohol or drug while on the job or company property will result in disciplinary action up to and including termination and may have legal consequences. Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. It is our intent and obligation to provide a drug-free, healthful and safe working environment. New Hampshire Home Care Providers, LLC, reserves the right to demand a drug or alcohol test of any employee based upon reasonable suspicion. Reasonable suspicion includes, but is not limited to, physical evidence of use, involvement in an accident or a substantial drop in work performance. Failure to take the requested test may lead to discipline, including possible termination.

The company also cautions against use of prescribed or over-the-counter medication which can affect your workplace performance. You may be suspended or discharged if the company concludes that you cannot perform your job properly or safely because of using over-the-counter or prescribed medication. Please inform your supervisor prior to working under the influence of prescribed or over-the counter medication which may affect your performance.

Employee Agreement on Drug and Alcohol Policy

I have read, understand, and agree to comply with the foregoing policies, rules and conditions. I am aware that violation of this guideline may subject me to disciplinary action, including termination from employment, legal action and criminal liability. I further understand that I have responsibilities to maintain a positive representation of the company and govern myself accordingly. Furthermore, I understand that this policy can be amended at any time

Employee Name/Title_____

Employee Signature: _____ DATE: _____

Trainer Name and Title_____

Employee Signature: _____ DATE: _____

Fire:

If able to evacuate building/house- Meet at designated evacuation location, pull fire alarm, if possible, call 9-1-1. If unable to evacuate- Call 9-1-1, Shut off lights and close doors, use fire extinguisher, remain as low as possible if encountering smoke, use stairs and never elevators when encountering a fire emergency.

Severe Weather:

Snowstorms/Blizzards- All field/office staff are to call the main office number at 603-715-1725 and report immediately if they are impacted by a severe storm.

Hurricanes/Tornadoes- Follow individual directions and meet in designated shelter area, shut off lights and close doors, stay in shelter area; if there are no designated shelter areas, use interior hallway areas or restrooms away and free of windows, shelter in place until it is safe again.

Floods- If able, prepare an emergency bag containing important items such as medications, food, and important documents to leave before flooding starts. Before evacuating, be sure to disconnect electricity and gas. Do not walk or drive in flood water. Get to higher elevation and follow all evacuation orders. Do not return to disaster areas until areas are declared safe. Communicate to family, friends and employers that you are safe.

Urgent Situations: Call 9-1-1, state who, what, where, when, why and how the situation occurred.

Bomb Threat: Call 9-1-1, await directions from emergency contact, turn off all electronic devices.

Medical Emergency: Call 9-1-1, follow directions from emergency contact, if applicable and available locate nearest Automated External Defibrillator (AED) and follow those directions.

Violent Incident:

Avoid: Pay attention to your surroundings, create exit plans, quickly move away from the threat, put distance and barriers between you and the threat, warn others of the potential dangers.

Deny: Keep the distance between you and the threat. Create barriers to slow down potential threat, turn off the lights, hide quietly and silence your phone.

Defend: Be prepared to defend yourself, be aggressive and committed to your actions.

NEW HAMPSHIRE
HOME CARE PROVIDERS

Emergency Contact Information

Emergency: 9-1-1, Poison Control: 1-800-222-1222, and NH State Police (Non-Emergent): 603-271-1162

Employee Signature: _____ DATE: _____

Dementia Training Sheet For The Year

This Form Must Be Completed And Signed At The Time Of The Training By The Employee. A Copy of This Acknowledgement Must Be Placed In Each Employee's Personal File

Name of Employee _____

	Score	Completed Date
1. **Dementia Module 1 (Understanding Dementia)**	_____	_____
2. **Dementia Module 2 (Stage Theory & Behavior)**	_____	_____
3. **Dementia Module 3 (Fundamentals of Care)**	_____	_____
4. **Dementia Module 4 (Understanding Behavior)**	_____	_____
5. **Dementia Module 5 (Strategies to Manage)**	_____	_____
6. **Dementia Module 7 (High Functional Level)**	_____	_____
7. **Dementia Module 8 (Overview Alzheimer's)**	_____	_____
8. **Dementia Module 27 (Care Planning)**	_____	_____

Employee Signature: _____ DATE: _____

Activities for the Person with Dementia Based on Their Life Story

Quiz Module 20

Name: _____ Date: _____

Activities increase socialization and emotional well-being.

_____ True

_____ False

When planning activities, it is not important to know what abilities remain in the client.

_____ True

_____ False

The art of activities is not in what is done, it's in the doing.

_____ True

_____ False

Staging assists you to know what might be appropriate activities for your client

_____ True

_____ False

Routine is very important to decrease behavior.

_____ True

_____ False

How much time in the middle stages do people with dementia need to adequately respond to what we are asking them to do?

_____ 3 Minutes

_____ 60 – 90 Second

_____ 5 Minutes

_____ As Long as it Take

When planning activities we need to consider the following?

_____ What abilities remain

_____ What the person enjoys doing?

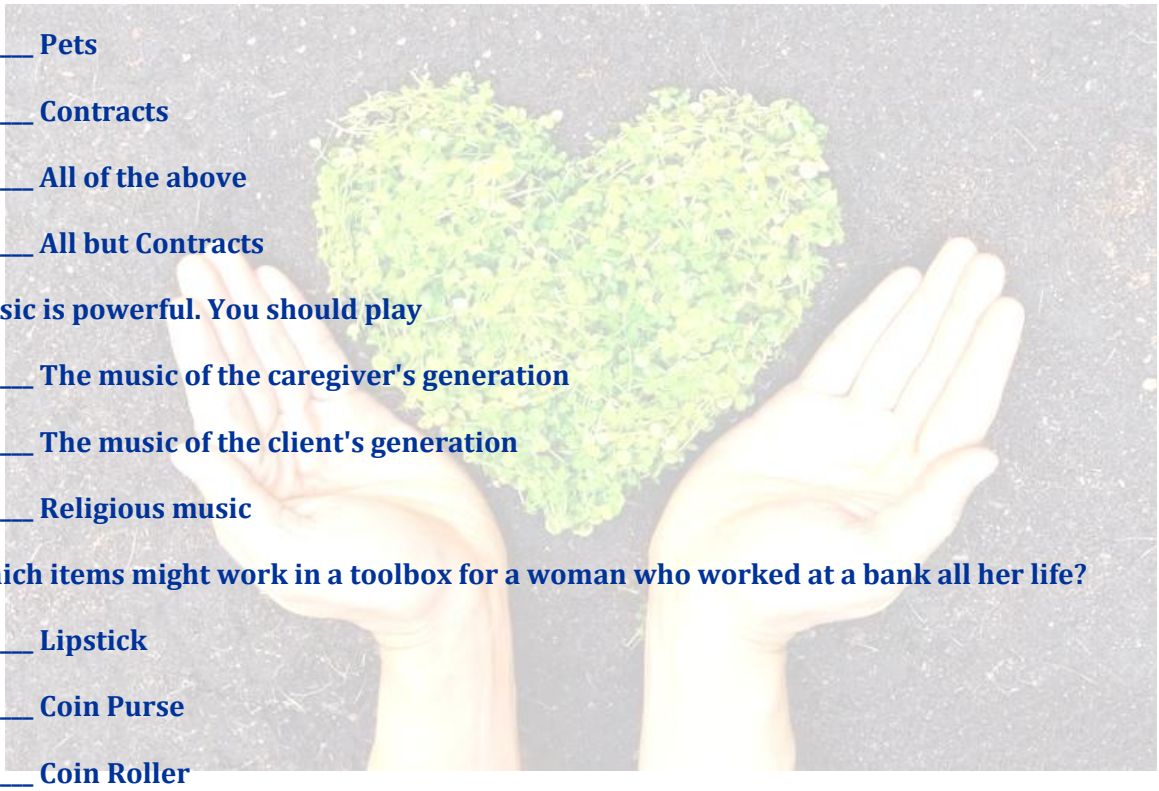
_____ What stage are they at?

_____ All of the above

Which of the following is a great conversation starter?

_____ Recipes

_____ Photo albums



_____ Pets

_____ Contracts

_____ All of the above

_____ All but Contracts

Music is powerful. You should play

_____ The music of the caregiver's generation

_____ The music of the client's generation

_____ Religious music

Which items might work in a toolbox for a woman who worked at a bank all her life?

_____ Lipstick

_____ Coin Purse

_____ Coin Roller

Employee Signature: _____ DATE: _____

Appendix A

Completed Application

Appendix B

Completed References

Appendix C

Driver's License, Car registration, Social Security Card, Legal Immigration documents (if applicable), Current Professional license, training certificates, TB test results

Appendix D

Employee Manual TABLE OF CONTENTS

Employee Manual

The policies and procedures in this manual are not contractual commitments by New Hampshire Home Care Providers LLC, and employees shall not construe them as such.

The policies and procedures are guides to management and are merely describing steps that would be followed. Our agency reserves the right to revoke, change or supplement guidelines at any time without notice. Such changes shall be effective immediately upon approval by management unless otherwise stated.

No policy is intended as a guarantee of continuity of benefits or rights. No permanent employment or employment for any term is intended or can be implied from any statements in this manual.

Welcome New Hampshire Home Care Providers, LLC Administrator

Dear New Employee,

Welcome to the New Hampshire Home Care Providers, LLC family. As the newest member of our agency's family, I want to personally thank you for choosing us. You are joining a team of experienced, motivated, and determined members who are committed to the highest standards of service. We do not view you as just another employee but an essential addition to our team. Like keys on a keyboard, each employee plays an indispensable role in our company.

At our agency, we are strongly committed to delivering the highest quality of service to our clients. We are also equally committed to giving our employees the best working environment possible. We believe happy employees make happy clients. As a member of our team, we want you to know that this is your company. We want you to feel free to make any contributions that you feel can improve our delivery of service and make your work more enjoyable.

Best Regards,

Dilu Chhetri Rai, Administrator

About Us!

New Hampshire Home Care Providers, LLC, opened its doors in 2019 for the purpose of providing excellent home services to clients of all age groups and disability levels. The agency's ownership analyzed the service shortage and growing elder community as the baby boomers retire. We formed this company dedicated to quality home services. The foundation of our work comes from employees with long-standing experience servicing the community. We are committed to operating our agency with the highest quality standards and service.

MISSION

To provide comprehensive, high quality home care services to clients by creating strong partnerships with their families, case managers, discharge partners and the community,

VISION

We believe in creating a team that will continue meeting the evolving needs of our diverse clients with high quality care, compassion, professionalism, integrity and clear communications.

VALUES

Professionalism, accountability, compassion, integrity, pride, care and reliability.

GOALS

Continuously increasing our client base through quality service and client satisfaction. Maintain a powerful reputation within our community,. Ensure compliance with all regulations. Utilize technology to improve and streamline administrative processes.

Employment

Equal Opportunity Employer

New Hampshire Home Care Providers, LLC, is an equal opportunity employer. All applicants are considered for employment, advancement, and development based upon their skills, performance, and potential. No current or prospective employee will be discriminated against because of race, color, religion, sex, national origin, age, disability, genetic information, or military status. This policy applies to all employment practices and personnel actions including advertising, recruitment, testing, screening, hiring, selection for training, upgrading, transfer, demotion, layoff, termination, rates of pay and other forms of compensation or overtime.

At-will Employment

Your employment with New Hampshire Home Care Providers LLC is on an "at-will" basis. This means your employment could be terminated at any time, with or without notice and with or without cause. Likewise, we respect your right to leave the company at any time, with or without notice and with or without cause. Nothing in this handbook or any other company document should be understood as creating a contract guaranteed or continued employment, a right to termination only "for cause," or any other guarantee of continued benefits or employment. Only the administrator has the authority to make promises or negotiate regarding guaranteed or continued employment, and any such promises are only effective if placed in writing and signed by the administrator. If a written contract between you and the company is inconsistent with this handbook, the written contract is controlling.

Code of Ethics

New Hampshire Home Care Providers LLC will conduct business honestly and ethically wherever operations are maintained. We strive to improve the quality of our services, products, and operations and will maintain a reputation for honesty, fairness, respect, responsibility, integrity, trust, and sound business judgment. Our managers and employees are expected to adhere to high standards of business and personal integrity as a representation of our business practices, consistent with their duty of loyalty to the company. We expect that officers, directors, and employees will not knowingly misrepresent the company and will not speak on behalf of the company unless specifically authorized. The confidentiality of trade secrets, proprietary information, and similar confidential commercially sensitive information (i.e. financial or sales records/reports, marketing or business strategies/plans, product development, customer lists, patents, trademarks, etc.) about the company or operations, or that of our customers or partners, is to be treated with discretion and only disseminated on a need-to-know basis. Violation of the Code of Ethics can result in discipline, up to and including termination of employment. The degree of discipline imposed may be influenced by the existence of voluntary disclosure of any ethical violation and whether the violator cooperated in any subsequent investigation.

Employee Selection and Development

Our agency provides equal opportunity to all applicants based on demonstrated ability, experience, training, and potential. Qualified individuals are selected without prejudice or discrimination as stated in the company's Equal Opportunity Policy.

The employment requisitions, initiated by the coordinator of client services/manager, will define the job-related tasks and qualifications necessary to assume the position. The defined tasks and stated qualifications will be the basis for screening applications. The coordinator of client services/manager will conduct structured initial interviews limited to job-related questions to assess each candidate's experience, demonstrated ability and training. The telephone may be used for these initial interviews.

Announcement of New Positions

The job requisition giving job title, department, job functions and qualifications will be posted on our website. The posting will be available to all employees.

An internal applicant must have at least six (6) months' experience in his or her current position before applying for another company position. All present employees are encouraged to review the requirements for each position and apply for those positions in which they are interested. All applications will be given the same consideration. Application for an open or upcoming position does not guarantee acceptance into the role but rather assures a qualified employee seeking the new position the right to interview without prejudice.

Recruitment

Our agency recruits to attract top-tier candidates to all levels of the organization. Company positions may be filled by either transfer or promotion of existing employees or by new employees who are recruited. Recruitment may be conducted through advertising, employment agencies, schools, career centers, employee referrals or technical and trade referrals or word of mouth networking. All recruitment shall be conducted in an ethical, professional and non-discriminatory manner.

A list of current openings will be posted to all employees on our website.

Interview Process

1) Telephone screening to determine if candidates meet the job description
2) Initial one-on-one interviews
3) Checking references and criminal backgrounds
4) Gaining the consensus of interviewers to hire or not to hire

Before extending an employment offer and upon the applicant's prior agreement, at least one applicant reference must be checked. Every attempt is made to obtain two references. Inquiries are to be made in a professional manner requesting only factually verifiable and job-related information. The reference data is used only as supplemental information for the hiring decision.

All staff will have criminal background checks completed on hire. Each return is reviewed on a case-by-case basis. It is the usual practice of our agency not to hire candidates who have convictions for: larceny, violent crimes, drug use/abuse, and elder abuse charges.

Professional licensed staff shall have printed evidence from the Registry Board website identifying the license is in good standing status.

Hiring Process

After candidate interviews, verification of employment history, checking criminal background and reference inquiries, the hiring manager is responsible for the employment offer. The criminal background check must be free of convictions related to violence, assault and/or battery, sexual offenses, larceny, and elder/child abuse. From time to time there may be charges on a background check, but the case was dismissed etc. in this case our agency may elect to hire the employee if there is full disclosure of extenuating circumstances where no conviction was merited.

In addition to the criminal background checks, the paraprofessional shall be submitted to registry checks for validation of "good standing" in the registry (if applies).

Professional staff shall have license check done online through the state professional licensure check site. A printout of "license is current and in good standing" shall be in the personnel file prior to the start of the first visit.

If the agency receives monies from any type of governmental programs, all employees will be checked through the OIG Fraud site for any fraudulent listing and the validation of "no information found" will be in the personnel file prior to the start of work.

After the verbal offer has been made and the candidate has agreed to the essential terms of the offer (typically the position, employee classification, salary or rate, and the starting date), a notice of start date will be given.

The candidate shall be deemed as having accepted the verbal offer by reporting to the assigned office on the start date for orientation. Signing and dating the hiring documents are evidence of the date of hire. The candidate shall be given a written employment offer letter. The offer letter does NOT contain severance arrangements. Hiring is probationary for up to 90 days. At any time during the probationary 90-day period our agency may determine continued employment to not be a good fit and in this case our agency may terminate based on employment at will status.

After the candidate has accepted the employment offer, she or he will be required to provide documentation of identity and employment eligibility in accordance with federal law. Form I–9, shall be used for this purpose.

Orientation

Orientation is designed to acquaint the new employee with the company and its policies. The coordinator of client services/managers will be responsible for ensuring the attendance of new employees at the company orientation sessions.

1) Completion of the personnel file
2) Introduction to our agency 's paperwork
3) Introduction to our agency 's mission, vision and values
4) Expectations of your position
5) Reporting structure (how and what to report and to whom)
6) Review of your job description
7) Explanation of "benefit eligible" and completion of paperwork related to benefits if applicable

First Week of Employment

Orientation on Day 1

Coordinator of client services/manager identifies specific roles and responsibilities of employee

Coordinator of client services/manager reviews company history, products, customers and competition within 1st week of employment

The HR Coordinator verifies that all necessary hiring documents are in place.

The HR Coordinator transfers the new employee to the Scheduling Department where work assignments are developed collaboratively with the employee.

Reminder:

You are new to our agency. Although we have interviewed you and believe that you meet the necessary qualifications and have demonstrated reliability and dependability, we truly don't know you yet. Therefore, in building your work schedule to whatever number of working hours you desire, we will start you slowly with only a few hours the first week. We do this intentionally to demonstrate after hiring that you will in fact be the reliable worker we expected. As you service these hours at the scheduled times and days and do not alter the client's plan of care, we will begin to increase your work hours.

It is essential that you understand that once you have received and accepted a client assignment YOU MAY NEVER CHANGE THE ASSIGNED TIME OR DAY WITHOUT NOTIFYING THE OFFICE. Our employees are reminded that ONLY the scheduling coordinator may call the client with schedule changes. This includes telling the client you are running late; the car broke down etc.

Further, you must understand that clients are NOT your family. You have a professional relationship with the client and therefore must NEVER bring your own personal problems to the client's visit. The professional relationship with the client also assures that you only visit our client when scheduled and never on your own even if have you "just wanted to help". If the client needs more services than what is being provided you are obliged to report that to the office and then let the legal procedures for increasing service, go forward. If an increase in service cannot be achieved, you must realize that you may still NOT serve the client in unscheduled hours.

Finally, you must understand that agency clients are only serviced by you for our company. The clients do NOT "belong" to you and therefore should you ever decide to leave the company for any reason, clients you service may NOT be transferred to another agency of your choice. Any effort on your part to do such would cause immediate referral to our legal department for action and potential monetary fines. Clients always have a choice of their agency, but clients may NOT be coerced or encouraged to leave our service solely for your gain.

Evaluations

Giving constructive feedback at various times during the employment relationship is the final stage of the employment development process. New and existing employees will be provided with feedback at various times during the year.

The coordinator of client Services will provide the following:

New employees will be provided with performance evaluation criteria before the end of the 90th day of employment

Annual Performance Reviews for all employees (on anniversary date of hire)

Other interim feedback sessions may occur if information comes to us indicating a need for such (i.e. client/family complaints or concerns)

Anecdotal notes may be kept by your coordinator of client services to document questionable behavior that could signify the beginning of a pattern. Although anecdotal notes are not part of a formal discipline process the collection of such could end up as the beginning of the disciplinary process.

All new employees automatically enter a 90 day "probationary" period where necessary skills, reliability, compliance and "good fit" are evaluated.

Employment Classifications

Regular full-time - An employee who works a minimum 40-hour workweek on a regularly scheduled basis.

Regular part-time -An employee who works less than a normal workweek on either a regularly scheduled basis or on an irregular basis.

Per Diem - An employee who works on an "as needed" visit by visit basis on either a regularly scheduled basis or on an irregular basis and is not benefit eligible.

Benefit Eligible Per Diem - An employee who works on an "as needed" visit by visit basis on a regularly scheduled basis and consistently works an average of 32 hours a week over a four-week period is considered "full benefit eligible". Eligibility begins when the employee reaches and sustains 32 hr. per week over a 4-week period.

Temporary — An employee hired for a position required for only a specific, known duration, usually less than six months, and who is not entitled to regular benefits. A temporary employee may be full-time or part-time. In addition to the use of this classification for secretarial or clerical positions, it applies to students working part-time and those who work during the summer.

All employees are classified as exempt and nonexempt according to these definitions:

Salaried Exempt — Positions of a managerial, administrative or professional nature, as prescribed by federal and state labor statutes, which are exempt from mandatory overtime payments.

Salaried Nonexempt (hourly) Positions defined by statute, which are covered by provisions for overtime payments.

Employee Safety

Our agency strives to provide its employees with a safe and healthy workplace environment. To accomplish this goal, both management and field employees must diligently undertake efforts to promote safety.

All job-related injuries or illnesses are to be reported to your coordinator of client services immediately (within 24 hours), regardless of severity. In case of serious injury, an employee's reporting obligation will be deferred until circumstances reasonably permit a report to be made. Failure to report an injury or illness timely may preclude or delay the payment of any benefits to the employee and could subject our agency to fines and penalties.

Return To Work After Serious Injury or Illness

As joint protection to the employee and the company, employees who have been absent from work because of serious illness or injury are required to obtain a doctor's release specifically stating that

the employee can perform his or her normal duties or assignments. A serious injury or illness is defined as one that results in the employee being absent from work for more than one (1) week (5 consecutive days) or one which may limit the employee's future performance of regular duties or assignments. An MD note is required to be submitted to HR prior to the anticipated return to work date. Agency management shall ensure that employees who return to work after a serious injury or illness are physically capable of performing their duties or assignments without risk of re-injury or relapse.

If the cause of the employee's illness or injury was job-related, the employee's coordinator of client services/manager will make every reasonable effort to assign the returning employee to assignments consistent with the instructions of the employee's doctor until the employee is fully recovered. A doctor's written release is required before recovery can be assumed.

Sexual Harassment

Our agency will not allow any form of sexual harassment within the work environment.

Sexual harassment interferes with work performance and creates an intimidating, hostile or offensive work environment. Sexual harassment affects the career, salary, working conditions, responsibilities, duties, or other aspects of career development of an employee or prospective employee. It will not be tolerated.

Sexual harassment, as defined in this policy, includes, but is not limited to, sexual advances, verbal or physical conduct of a sexual nature, visual forms of a sexual or offensive nature (e.g., signs and posters) or requests for sexual favors.

Any intentional sexual harassment is a major violation of company policy and will be dealt with accordingly by corrective counseling and/or suspension or termination, depending upon the severity of the violation.

Sexual Abuse/Harassment: Our agency prohibits and has a zero tolerance Policy for sexual abuse in the workplace or in any organizational related activity by anyone associated in any way with the Agency. The organization provides procedures for employees, volunteers, family members, board members, clients, victims of sexual abuse, or others to report sexual abuse and disciplinary penalties for those who commit such acts. No employee, volunteer, client or third party, no matter his or her title or position has the authority to commit or allow sexual abuse.

Reporting of Suspected Sexual Abuse: If you are aware of or suspect sexual abuse taking place, it must be immediately reported to the administrator, or another person designated as a human resource person. If the suspected abuse is to an adult, it shall be reported to the state Adult Protective Services Agency. If it is a child who is the victim it should be reported to the state Child Abuse Agency or you can call the Child Help's National Child Abuse Hotline, 1-800-422-4453 TDD 1-800-222-4453 The agency shall also report the alleged sexual abuse incident to their insurance agent.

Anti-retaliation:

New Hampshire Home Care Providers, LLC prohibits retaliation made against any employee, volunteer, board member or client who reports a good faith complaint of sexual abuse or who participates in any related investigation. Making false accusations of sexual abuse in bad faith can have grave consequences for those who are wrongly accused. Our agency prohibits making false and/or malicious sexual abuse allegations, as well as deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action, up to and including termination.

Investigation and Follow Up:

New Hampshire Home Care Providers, LLC will take all allegations of sexual abuse seriously and will promptly and thoroughly investigate whether sexual abuse has taken place. The organization will use an outside third party to investigate. We will cooperate fully with any investigation conducted by law enforcement or other regulatory agencies. It is the organization's objective to conduct a fair and impartial investigation. The agency provides notice that they have the option of placing the accused on leave of absence or on a reassignment to non-client contact.

The organization will make every reasonable effort to keep the matters involved in the allegation as confidential as possible while still allowing for a prompt and thorough investigation.

Illegal Drug Abuse/Alcohol Abuse

This policy is implemented because we believe that the impairment of any of our agency's employees, due to his or her use of illegal drugs or due to alcohol abuse, is likely to result in the risk of injury to clients, other employees, the impaired employee, or to third parties, such as customers or business guests. Moreover, illegal drug abuse adversely affects employee morale and productivity.

"Impairment" or "being impaired" means that an employee's normal physical or mental abilities or faculties while at work have been detrimentally affected by using illegal drugs or alcohol.

The employee who begins work while impaired or who becomes impaired while at work is guilty of a major violation of company rules and is subject to severe disciplinary action. Severe disciplinary action can include suspension without pay, dismissal or any other penalty appropriate under the circumstances. Likewise, the use, possession, transfer, or sale of any illegal drugs on company premises or in any agency storage area or job site is prohibited. Employees who violate this rule are subject to severe disciplinary action including termination. In all instances disciplinary action to be administered shall be at the sole discretion and determination of the company.

When an employee is involved in the use, possession, transfer or sale of illegal drugs in violation of this policy, the company may notify appropriate authorities. Such notice will be given only after such an incident has been investigated and reviewed by the employee's coordinator of client

services and the HR director. Our agency is aware that illegal drug abuse is a complex health problem that has both a physical impact and an emotional impact on the employee, his or her family, and social relationships. A drug abuser is a person who uses illegal drugs, as defined above, for non-medical reasons, and this use affects job performance detrimentally or interferes with normal social interaction at work.

The coordinator of client services/manager who suspects a drug or alcohol abuse case should discuss the situation immediately with his or her administrator. Because each case is different, the handling and referral of the case must be managed between the coordinator of client services and administrator.

Applicants who have a history of substance abuse (SA) and who have demonstrated an ability to abstain from the substance, or who can provide medical assurance of acceptable control, may be considered for employment if they are otherwise qualified for the position for which they are applying. The home care setting is more problematic for the past/present history of SA as elderly clients frequently have many medications in their home and home care workers are alone in the home with the client increasing the temptation factor. Due to this aspect of our industry, our agency must have more than the usual "medical assurance of control" over SA. Our agency will not schedule a worker with a history of SA for 6 months after "medical assurance of control" over SA is received by our office. In this case, the employee enters an unpaid leave of absence status until the 6-month benchmark is achieved. The assignment of cases at this point will occur once a second "continued medical assurance of control" over SA is received by the employee's private MD. Our agency does not pay for medical care to achieve the status of "medical assurance of control" over SA.

Management has chosen to adopt an alcoholic beverage policy in keeping with the concern for and the risks associated with alcohol use. Alcoholic beverages shall not be served or used on the agency's premises at any time. Alcoholic beverages shall not be used in conjunction with any company business meeting. Our agency enforces strict policy related to alcohol and its clients:

Employees may not purchase alcohol for any client of any age group

Employees may not engage socially with an agency client at a function where alcohol is served

Employee may never function in the capacity of "designated driver" for a client

Social activities held off-premises and paid for on a personal basis are not affected by this policy. If management considers it appropriate, light alcoholic beverages may be served at company-sponsored events held off-premises and for social reasons. The service must be managed in good taste and with good judgment.

The company is concerned with its employees' privacy, especially when matters regarding medical and personal information are involved. If the information is not needed for police or security purposes, the company shall maintain employee medical and personal information in confidence and release this information to authorized company personnel on a "need to know" basis. An

exception to this policy is when the employee signs a release for the transfer of such information on forms acceptable to the company to designated persons or agencies.

Nothing contained in this section shall eliminate or modify the company's right to terminate any employee at any time for any reason.

Smoking

No smoking will be allowed in the office area at any time. Smoking shall be allowed in outside designated areas only. This policy is for the health and safety of all employees. Employees who smoke are prohibited from smoking at or during any contact with company clients or on the client's property. Our public image is extremely important, and we depend on you to present our "best face" when out in the community. We therefore request that you refrain from smoking in overt public areas whenever possible. Before or after a scheduled visit, please smoke only in your vehicle, NEVER on the sidewalk outside the client's home.

Administrative staff are allowed two 15-minute breaks (morning and afternoon) where smoking is allowed in designated areas only. Frequent leaving of your work area is not allowed even though we understand that smoking a cigarette may only take 1-2 minutes. Managers are required to discipline the activity of "frequent breaks."

Performance Improvement

There are two types of Performance Improvement:

Individual Performance Improvement

One that is directly concerned with the individual performance of an employee and subsequent improvement should evaluation or disciplinary action warrant.

Company Performance Improvement

A system of evaluating processes, reviewed and monitored by specific committees and implementing specific improvement strategies designed to affect the improvement to overall areas of practice.

Individual Performance Improvement:

Performance improvement may be suggested whenever company management believes that an employee's performance is less than satisfactory and can be resolved through adequate counseling. Corrective counseling is completely at the discretion of company management. The company

desires to protect its investment of time and expense devoted to employee orientation and training whenever that goal is in the company's best interests. The company expressly reserves the right to discharge "at will." Even if corrective counseling is implemented, it may be terminated at any step, at the discretion of management. Management, in its sole discretion, may warn, reassign, suspend, or discharge any employee at will, whichever it chooses and at any time.

The goal of our agency related to disciplinary action is to change poor behaviors, work patterns or work ethics. Our agency never chooses termination over rehabilitation of poor choices.

The coordinator of client services/manager will determine the course of action best suited to the circumstances.

The steps in performance improvement are as follows:

Verbal Counseling

As the first step in correcting unacceptable performance or behavior, the coordinator of client services/manager should review pertinent job requirements with the employee to ensure his or her understanding of them. The coordinator of client services/manager should consider the severity of the problem, the employee's previous performance appraisals and all the circumstances surrounding the case. Stating that a written warning, probation, or termination could result if the problem is not resolved should indicate the seriousness of the performance or misconduct. The employee should be asked to review what has been discussed to ensure his or her understanding of the seriousness of the problem and the necessary corrective action. The coordinator of client services/manager should document the verbal counseling for future reference immediately following the review.

Written Counseling

If the unacceptable performance or behavior continues, the next step should be a written warning. Certain circumstances, such as violation of a widely known policy or safety requirement, may justify a written warning without first using verbal counseling. The written warning defines the problem and how it may be corrected. The seriousness of the problem is again emphasized, and the written warning shall indicate that probation or termination or both may result if improvement is not observed. Written counseling becomes part of the employee's personnel file, although the coordinator of client services/manager may direct that the written warning be removed after a period, under appropriate circumstances.

Probation

If the problem has not been resolved through written counseling or the circumstances warrant it, or both, the individual should be placed on probation. Probation is a serious action in which the employee is advised that termination will occur if improvement in performance or conduct is not achieved within the probationary period. The employee's coordinator of client services/manager,

after reviewing the employee's corrective counseling documentation, will determine the length of probation. Typically, the probation period should be at least two weeks and no longer than 30 days, depending on the circumstances. A written probationary notice to the employee is prepared by the coordinator of client services/manager. The letter should include a statement of the following:

The specific unsatisfactory situation

A review of oral and written warnings

The length of probation

The specific behavior modification or acceptable level of performance

Suggestions for improvement

A scheduled counseling session or sessions during the probationary period

A statement that further action, including termination, may result if defined improvement or behavior modification does not result during probation "Further action" may include, but is not limited to, reassignment, reduction in pay, grade, or demotion.

The coordinator of client services/manager should personally meet with the employee to discuss the probationary letter and answer any questions. The employee should acknowledge receipt by signing the letter. If the employee refuses to sign, the coordinator of client services/manager may sign by attesting that it was delivered to the employee and identifying the date of delivery. The probationary letter becomes part of the employee's personnel file.

On the defined probation counseling date or dates, the employee and coordinator of client services/manager will meet to review the employee's progress in correcting the problem which led to the probation. Brief written summaries of these meetings should be prepared with copies provided to the employee.

At the completion of the probationary period, the coordinator of client services/manager will determine whether the employee has achieved the required level of performance and consider removing the employee from probation, extending the period of probation or taking further action. The employee is to be advised in writing of the decision. Should probation be completed successfully, the employee should be commended, though cautioned that any future recurrence may result in further discipline.

Involuntary Termination

The involuntary termination notice is prepared by the coordinator of client services/manager with notification of the accounting department. The employee is notified of the termination by the coordinator of client services/manager and will be directed to report to the human resource

department for debriefing and completion of termination documentation. Involuntary termination is reserved for those cases that cannot be resolved by corrective counseling or in those cases where a major violation has occurred which cannot be tolerated.

The following definitions and classification of violations, for which corrective counseling, performance improvement or other disciplinary action may be taken, are merely illustrative and not limited to these examples. A particular violation may be major or minor, depending on the surrounding facts or circumstances.

Minor Violations

Less serious violations that have some effect on the continuity, efficiency of work, safety, and harmony within the company. They typically lead to corrective counseling unless repeated or when unrelated incidents occur in rapid succession. Here are some examples of minor violations:

Excessive tardiness

Unsatisfactory job performance

Defacing company property

Interfering with another employee's job performance

Excessive absenteeism

Failure to observe working hours, such as the schedule of starting time, quitting time, rest and meal periods

Performing unauthorized personal work on company time

Failure to notify the coordinator of client services/manager of intended absence either before or within one hour after the start of a shift

Unauthorized use of the company telephone or equipment for personal business

Failure to follow the written assignment for clients (schedule), specifically, changing the assigned time or day without notifying the office of the intended change

The coordinator of client services/manager should personally meet with the employee to discuss the probationary letter and answer any questions. The employee should acknowledge receipt by signing the letter. If the employee refuses to sign, the coordinator of client services/manager may sign by attesting that it was delivered to the employee and identifying the date of delivery. The probationary letter becomes part of the employee's personnel file.

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Major Violations

These more serious violations would include any deliberate or willful infraction of company rules and may preclude continued employment of an employee. Here are some examples of major violations:

No Call No Show (may be subject to immediate termination)

Failure to immediately notify the office should the employee arrive at the client assignment, and no one answers the door (Possible medical emergency in progress).

Fighting on company premises

Repeated occurrences of related or unrelated minor violations, depending upon the severity of the violation and the circumstances

Any act which might endanger the safety or lives of others

Departing company premises during working hours for personal reasons without the permission of the coordinator of client services/manager

Bringing firearms or weapons onto the company premises

Deliberately stealing, destroying, abusing, or damaging company property, tools, or equipment or the property of another employee or visitor

Disclosure of confidential company or client health information or trade secrets to unauthorized persons

Willfully disregarding company policies or procedures

Willfully falsifying any company records

Willfully deleting any files and company records.

Employee's conviction for or confession to fraud, misappropriation, embezzlement, theft, or the like against the company.

Employee's conviction of a felony or a crime involving moral turpitude.

If Employee performs any intentional act which, under the reasonable man standard, damages the reputation of the company

Employee's conviction for or confession to sexual harassment in any form towards employees of the company or anyone affiliated with the company

Employee's excessive absence from performing his duties for the company, as determined by the company, in the company's sole and absolute discretion

Termination

Terminations are to be treated in a confidential and professional manner by all concerned. The coordinator of client services/department manager must ensure thorough, consistent and evenhanded termination procedures. This policy and its administration will be implemented in accordance with the agency's equal opportunity statement. Terminated employees are entitled to receive all earned pay, including vacation pay. Accrued sick time is not paid out upon termination.

Employment with the agency is normally terminated through one of the following actions:

Resignation: Voluntary termination by the employee

Dismissal: Involuntary termination for substandard performance or misconduct

Layoff: Termination due to reduction of the workforce or elimination of a position

Resignation

An employee who wants to terminate employment, regardless of employee classification, is expected to give as much advance notice as possible. Two weeks or ten working days are generally considered to be sufficient notice time. If an employee resigns to join a competitor, if there is any other conflict of interest or if the employee refuses to reveal the circumstances or relationship of his or her resignation and the future employer, the manager may require the employee to leave the company immediately rather than work during the notice period. This is not to be construed as a reflection upon the employee's integrity but an action in the best interests of business practice.

Substandard Performance

An employee may be discharged if his or her performance is unacceptable. The coordinator of client services/manager shall have counseled the employee concerning performance deficiencies, provided direction for improvement, and warned the employee of possible termination if performance did not improve within a defined period. The coordinator of client services/manager is expected to be alert to any underlying reasons for performance deficiencies such as personal problems or illegal drug abuse. The management team must concur in advance of advising the employee of discharge action. The documentation to be prepared by the coordinator of client

services/manager shall include reason for separation, performance history, corrective efforts taken, alternatives explored and any additional pertinent information.

Misconduct

An employee found to be engaged in activities such as, but not limited to, theft of company property, insubordination, conflict of interest or any other activities showing willful disregard of company interests or policies will be terminated as soon as the coordinator of client services/manager and management team have concurred with the action.

Termination resulting from misconduct shall be entered into the employee's personnel file. The employee shall be provided with a written summary of the reason for termination. No salary continuance or severance pay will be allowed.

Layoff

When a reduction in force is necessary or if one or more positions are eliminated, employees will be identified for layoffs after evaluating the following factors:

1. Agency work requirements

2. Employee's abilities, experience, and skill

3. Employee's potential for reassignment within the organization

4. Length of service

The immediate coordinator of client services/manager will personally notify employees of a layoff. After explaining the layoff procedure, the employee will be given a letter describing the conditions of the layoff, such as the effect the layoff will have on his or her anniversary date at time of call-back, the procedure to be followed if time off to seek other employment is granted and the company's role in assisting employees to find other work.

Termination Processing Procedures

The coordinator of client services/manager must immediately notify the management team of the termination so that a termination checklist can be initiated. The management team will approve and direct the termination procedure.

On the final day of employment, the coordinator of client services/or personnel director must receive all keys, nursing or home health bags and company equipment, and company property from the employee. The coordinator of client services/manager shall conduct an exit interview with the employee. The employee will pick up his or her final payroll check at the time of the exit interview. The final check shall include all earned pay and any expenses due to the employee.

Grievance Procedure

Our agency recognizes the value of a grievance procedure that provides for the timely review of employee grievances in a fair yet workable manner. Grievance is any dispute between an employee and the company which impacts on an employee's ability to perform his or her job.

Although purely personal matters between employees would not ordinarily give rise to a grievance subject to this grievance procedure, any matter that adversely affects an employee's ability to perform his or her job could be the subject of a grievance. Use good individual judgment and common sense as your guide.

An employee may express a verbal grievance to his or her immediate coordinator of client services/manager. If the concern is not resolved to the employee's satisfaction within one week, the employee may put in writing the details of his or her grievance and submit the grievance to the immediate coordinator of client services/manager.

The administrator will decide the matter and will review the written statement. The employee and his or her coordinator of client services/manager will request a hearing with the administrator for a resolution of the problem. The problem will be discussed in the presence of the employee and coordinator of client services/manager. Final resolution of the grievance will be made by the administrator and discussed with the employee and coordinator of client services/manager.

The decision will be reduced to writing a copy given to the employee and coordinator of client services/manager, with the original kept by the personnel director. A copy will be filed in the employee's personnel file when appropriate. A copy will be forwarded to the HR Director for review.

Employment Disputes

Any dispute or claim that arises out of or that relates to employment with our agency (including any wage claim, any claim for wrongful termination or any claim based on any employment discrimination or civil rights statute, regulation or law), including tort or harassment claims (except a tort that is a "compensable injury" under workers' compensation law), shall be resolved by arbitration in accordance with the then effective commercial arbitration rules of the American Arbitration Association by filing a claim in accordance with the Association's filing rules, and judgment on the award rendered pursuant to such arbitration may be entered in any court having authority thereof. The process of Arbitration will be assigned to the company's legal counsel. All Arbitration matters shall be managed only by the designated legal counsel.

Compensation Package

Equal Pay:

Our agency will not pay wages to any employee at a rate less than the company pays employees of a different sex for work that is equivalent requiring comparable skills.

This policy is in accordance with applicable federal and state laws and regulations.

Job Descriptions

Job descriptions are available in the office location for all positions in the agency. The items included in each position description are the following:

1. Title of position

2.Position qualifications (essential qualifications including job experience, skills, and education)

3. Job summary or overview

4. Assigned duties and responsibilities

5. Person to whom the employee directly reports

Position descriptions are used to determine employee selection, job requirements, performance criteria, organizational structure, and the relative worth of jobs in relation to each other. Company management annually reviews all company positions to ensure equity and consistency in our Personnel system. Each new employee read and initialed their respective job description(s) during orientation.

Workday

Office hours at our Agency are: 8-5:30pm Monday through Friday. However, the nature of our business sometimes demands workday or work week hours differently than those set forth above. Variation to the schedule will be made or approved by department managers.

After-hours (after 5:30pm and all day/night on weekends and holidays) are covered by our answering service. Calls made after-hours will be triaged and given to the on-call coordinator of client services or manager depending on the nature of the call.

Payday

Our agency recognizes the workweek starting on Saturday and ending on Friday each week.

Paydays will take place on Friday on every other week's basis and will include pay for the previous two work weeks (through Sunday). Notification of the workforce shall be given in advance of any Friday holiday where office closure could be anticipated. In the event of an emergency office closure on a designated payday, all paychecks shall be mailed at the earliest convenience possible.

Should an employee desire that a family member or designated "other" person pick up their paycheck for them, a written authorization must be on file in the personnel record.

Direct Deposit

Employees can opt to have their paycheck sent directly to their bank account(s).

Pay Advances

It is our policy to decline all requests for early paychecks or pay advances for personal reasons.

Overtime Compensation

Nonexempt salaried (hourly) employees will be paid at the rate of one and one-half times their regular pay for all hours worked more than 40 hours in any one work week.

Overtime is never at the employee's discretion. It shall only be incurred and paid for at the request of the company through the employee's coordinator of client services/manager. The coordinator of client services/managers shall ensure that no unauthorized overtime hours are worked.

Break Periods

Nonexempt employees are permitted two paid rest periods. Rest periods are to be scheduled as near the middle of the morning and afternoon as possible. Per Diem field staff are encouraged to work a lunch period into their schedule by working with the scheduling coordinator. Regardless of scheduled clients, field staff are not allowed to eat or take their meals during the assigned client visit time.

Performance Review

Our agency has adopted management by objective approach to performance review. It is the coordinator of client service/manager's responsibility to develop and maintain a work environment in which employees can openly discuss performance and develop plans. The evaluation process will be written by the employee's coordinator of client services with feedback from meaningful and pertinent other parties who can contribute to the evaluation. Once the evaluation is complete, the employee will be notified, and an evaluation meeting will be scheduled where the coordinator of client services and the employee can review the findings and formulate upcoming goals for the next review period. The employee, as well as the coordinator of client services/manager, is to bring the following to the review meeting:

A summary statement of the progress made toward meeting his or her employment goals.

Examples of job-related areas demonstrating greatest strengths and identifying areas where additional training is needed.

An outline of job-related tasks in which the employee can participate to improve performance.

A recommendation of job responsibilities and goals to be established for the next review period.

A summary of overall employment performance.

The coordinator of client services/ manager is responsible for establishing a relaxed atmosphere at the performance review and encouraging two-way communication. The discussion should be conducted in a positive manner, in complete privacy and with no interruptions. The coordinator of client services/manager shall verify that the employee is familiar with his or her job duties, previous goals and the review criteria. At the conclusion of the performance review, the employee will be requested to sign the review verifying that he or she participated in the evaluation. The employee should be encouraged to submit comments about the review that will become part of the record. A date for the next review shall be agreed upon and noted on the review for. The employee must be given a signed copy of the review.

Our agency believes that pay increases should be related to an employee's performance. Following performance reviews, the coordinator of client services/manager will assess the employee's performance according to his or her relative level of contribution to the company. Factors will include how well the employee has met the objectives agreed upon in the last review and the

employee's level of contribution to the success of the department/division compared to other employees. The coordinator of client services/manager will rank all department/division employees in one of five groupings:

Unsatisfactory

Needs improvement

Meets Expectations

Exceeds expectations

Outstanding

Any employee receiving a rating of 1 or 2 must be put on warning with a corrective action plan to address the issues identified. No merit increase shall be given for these rankings.

Raises

It is our agency's policy to award annual merit increases of 0%-3% to employees for their dedication to the growth of the company based on their skills, improvement, and outstanding performance. Every employee is eligible for a merit increase. However, merit increases are not automatic. Following the employee's performance review, the manager will rank the employee's performance according to his or her relative level of contribution to the company. Factors will include, without limitation, how well the employee has met the objectives agreed upon in the last review and the employee's level of contribution to the success of the department relative to other employees. Employees will be ranked as:

1. Unsatisfactory
2. Needs improvement
3. Meets expectations
4. Exceeds expectations
5. Outstanding

The manager will forward a merit increase recommendation with the review to the administrator for final approval. Any merit increase will be retroactive to the date of the performance review.

A decision relating to the employee's merit increase in pay will be made by the coordinator of client services/manager after the review and ranking process has been completed. The coordinator of client services/manager will forward a merit increase recommendation with the appraisal to the next level of management. Merit increases in pay are neither automatic nor periodic. They are reserved for employees who show skills improvement and higher than average performance.

Information about rates of pay and merit increases in pay, if any, is deemed to be confidential matters between the company and each employee and are not to be discussed among employees.

Payroll

Payroll Deductions

The following mandatory deductions will be made from every employee's gross wage: federal income tax, social security, Medicare tax and applicable state taxes.

Every employee must fill out and sign a federal withholding allowance certificate, IRS Form W-4, on or before his or her first day on the job. This form must be completed in accordance with federal regulations. The employee may fill out a new W-4 at any time when his or her circumstances change. Employees who pay no federal income tax for the preceding year and who expect to pay no income tax for the current year may fill out an Exemption from Withholding Certificate, IRS Form W-4E. Employees are expected to comply with the instructions on Form W-4. Questions regarding the propriety of claimed deductions may be referred to in the IRS in certain circumstances.

Other optional deductions include the portion of group health insurance not paid by the company, which is deducted from each payroll check. Other voluntary contributions (if applicable), such as a pension (401k) plan, are also deducted for each pay period.

Every employee will receive an annual Wage and Tax Statement, IRS Form W-2, for the preceding year on or before January 31. Any employee who believes that his or her deductions are incorrect for any pay period, or on Form W-2, should check with the accounting department immediately.

Employee Benefits:

We offer a benefits package if you are working 40 hours which includes health, dental, vision and STD/LTD/LIFE/AD&D insurance (you can sign up within 90 days from the date of hire), 401k after 1 year of service, holiday pay is available for New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day and New Year's Day.

Changes to the employee's health insurance benefits can be made for reasons of life-event changes such as the birth of a child, divorce, loss of coverage through the spouse's employer, etc. All other changes can only take place during the open enrollment period, which is the month prior to the company's insurance anniversary date.

Our agency reserves the right to change insurance companies or to modify or terminate eligibility requirements, benefits, or coverage at any time.

Vacations

Beginning 01/01/2022 after one year of service a 40-hour employee will earn one week of paid vacation.

Holidays

Our Agency provides eight (6) paid holidays each year for full time (40 hrs./wks.) employees. The office is closed on these days:

January – New Year's Day
May – Memorial Day
July – Independence Day
September – Labor Day
November – Thanksgiving
December – Christmas Day

* If these holidays fall on Saturday, the proceeding Friday will be a holiday. If they fall on Sunday, the following Monday will be a holiday.

Only regular full-time (40hr) employees are eligible for full holiday pay. Per Diem employees are not eligible for holiday pay.

If a designated holiday falls within an employee's vacation period, the holiday is not considered a vacation day.

Sick Days

Paid benefits are not offered at this time. We will re-visit this policy in the future and establish benefits as soon as we are able to do so. A medical statement from the employee's doctor may be requested by the company when an employee is absent from work for more than five working days.

Leave of Absence and Military Leave

A leave of absence is time off in a non-pay status. Upon receipt of a formal written request for leave of absence from regular full-time employees, management will determine whether a leave of absence will be granted.

The employee is expected to request leave of absence with as much advance notice as possible. Leaves of absence will not be granted for periods of less than two weeks in duration. Vacation or sick leave should be used for such absences.

The reason for leave should fall into one of the following categories:

1. Military

2. Personal

The leave classifications are defined as follows:

Military:

To protect the employment rights of employees entering the armed forces of the United States and to ensure conformance with the applicable federal laws, a leave of absence must be granted to all employees, except temporary, who enter military service for active duty because of the following:

Initial enlistment in the armed services of the United States.

Initial training period in the National Guard.

Being ordered to active military service, as a member of the Reserves or National Guard for an indefinite period or for a periodic training period up to ten working days; and any service requirements under the Selective Service Act.

Personal Leaves

Except for those situations covered under the Medical/Family Leave policy, personal leaves may be granted to employees having special non-medical personal needs for an extended period of absence. Each case will be evaluated on its own merits, and the following will be taken into consideration:

1. The reason for the request.

2. The amount of time required; and

3. The employee's length of service and past record. Normally personal leaves are granted for periods of up to 90 days.

Return to Work:

You will be required to furnish our agency reports on your status of return every 30 days. Exceptions to this policy are for those employees who are granted military leave of absence. They are entitled to full re-employment rights subject to governing federal and state laws. Employees who do not return to work after any leave of absence will be terminated effectively on the last day of work or paid leave, whichever is later.

Benefits During Approved Leave of Absence:

Holidays-to be paid for a holiday, an employee must be in active pay status the day before and the day after the holiday. Employees are not eligible to receive pay for any holiday during the leave period.

Vacation

No vacation hours are earned during the leave period. Employees requesting a leave of absence for medical or military reasons may choose to use all earned vacation before beginning leave of absence. Employees requesting personal leave of absence must use all the earned vacation before beginning leave of absence.

Sick or Personal -No sick or personal hours are accumulated during the leave period.

Insurance -The agency will continue the employee's insurance benefits on leave of absence approved only under the Medical/Family Policy described below, provided that the employee continues to pay his or her portion of the premiums. In the case of military leaves, insurance benefits will be continued for up to ten working days per year starting with the day military leave begins.

Medical/Family Leave

Our agency understands that its employees on occasion will have the need to take an extended period away from work to care for their child after birth or adoption or foster care placement, to care for their spouse, child or parent with a serious health condition, or because of serious health condition of their own.

1. Eligibility Requirements. To qualify for leave under this policy, you must have been employed by our agency for at least 12 months, and you must have worked 1250 or more hours in the previous 12 months. Up to 12 weeks of unpaid medical and family leave each year.

2. Reasons for Leave. Leave under this policy may be taken:

To care for your child after birth or adoption or after the state placement of a child with you for foster care. To care for your spouse, child or parent who has a serious health condition; or for a serious health condition that makes you unable to perform the essential functions of your job.

Procedures

Notice. You must provide the Agency with thirty days' notice if the absence is foreseeable. If the leave of absence is not reasonably foreseeable you must notify our agency as soon as possible. Any failure to give timely notice may cause your leave to be delayed.

Request. To request family/medical leave, you should obtain, complete, and sign a Medical/Family Leave Request Form ("Request Form") and submit it to the HR staff.

Doctor's Certification. If the reason for the leave request involves a serious health condition (either yours or your family member's), you must also obtain and submit a completed and signed Certification of Health Care Provider ("Certification Form") within 15 days of submitting the Request Form.

Second Opinion. Should our agency disagree with the opinion given by your health care provider, the Agency reserves its right to request opinions from second or third health care providers at the company's expense.

Third Opinion. If the two doctors disagree about your condition, a third health care provider, agreed upon by you and the company, will make a binding decision.

Notice of Designation. After receiving the completed forms, HR staff will designate the leave as either Medical/Family Leave or non-Medical/Family Leave and provide you with a Notice of Medical/Family Leave Rights and Responsibilities ("Medical/Family Leave Notice") reflecting that designation.

Reporting During Leave. You will be required to furnish our Agency reports on your status, with the intent to return and recertification of serious health conditions every 30 days.

Substitution of Other Kinds of Leave. Our agency requires that you use all available paid leave time, such as sick leave, vacation or personal time before your twelve weeks on unpaid Medical/Family leave takes effect.

Benefits during Leave:

Group health plan benefits. Employers are required to continue group health insurance coverage for an employee on FMLA leave under the same terms and conditions as if the employee had not taken leave. For example, if family member coverage is provided to an employee, family member coverage must be maintained during the employee's FMLA leave.

Return from Leave

Failure to Return. When Medical/Family Leave expires, your failure to return to work will be grounds for immediate termination unless a written extension is obtained from your coordinator of client services.

Fitness for Duty Certificate. Where your leave was taken because of your own illness or injury, you must provide a fitness-for-duty certification from a health care provider before your return. A failure to do so may cause a delay or denial in your reinstatement.

Reinstatement. Upon your return, you will be entitled to reinstatement to your current position or to an equivalent position with the same pay and benefits, subject to the agency's business needs.

False Claims. An employee who fraudulently obtains Medical/Family Leave from our Agency is not protected by this policy's restoration or maintenance of health benefits provisions and will be subject to appropriate disciplinary action including discharge.

Bereavement Leave:

The company will provide unpaid time off in the event of death of the following immediate family members:

Spouse/Significant Other

Parent or stepparent

Child or Stepchild

Grandparent

Brother/ Sister

Grandchild

Father-in-law/ Mother-in-law

The employee and coordinator of client services/manager will determine the amount of time the employee will be absent from work. The maximum leave is three (3) days Leave for attendance at the funeral of a non-immediate family member or person with an especially close relationship may be granted without pay.

Jury Duty

Our agency will grant employees unpaid time off for mandatory jury duty or court appearances as a witness when the employee must serve or is required to appear because of a court order or subpoena. A copy of the court order or subpoena must be supplied to the employee's coordinator of client services/manager when requesting time off.

Voting

Our agency encourages all employees to vote. Employees are encouraged to use flextime hours for this purpose or to take advantage of polling hours prior to the beginning or following the end of your workday.

If this cannot be arranged, your coordinator of client services/manager will approve time off to vote either at the beginning or end of your workday, if you give at least one day's notice to your coordinator of client services/manager.

Employee-Incurred Expenses and Reimbursement

Our agency will pay all actual and reasonable business-related expenses incurred by the coordinator of client services/managers in the performance of their job responsibilities. All items

purchased or charged by the coordinator of client services/manager are to be itemized on the approved company expense report. His or her direct report must approve all such expenses incurred by a coordinator of client services/manager before the accounting department makes payment. Expense reports are to be submitted to the accounting department and supported by evidence of proof of purchase, e.g., receipts. Expense reports are due in the accounting department prior to the last working day of each month.

Travel Reimbursement

This policy establishes the general guidelines and procedures to be followed when pre-approved business travel is required:

1. Travel-related expenses are to be detailed on the company travel reimbursement form.

2. All parking expenses and highway tolls incurred because of business travel will not be reimbursed.

Conferences and Meetings

Employees may request time off or company financial support or both to attend conferences or meetings sponsored by institutions or professional organizations. The subject matter to be presented must relate directly to the employee's position or provide beneficial information to be shared in the employee's department.

The employee's coordinator of client services/manager and the administrator must approve the employee's participation in the conference or meeting.

The company will pay for the following expenses if attendance is approved: registration fees, travel costs, lodging and meal expenses not covered by registration.

Time off for attendance and travel during normal working hours will be paid at the normal rate of pay.

Relocation Of Current or New Employees

Our agency shall not provide reimbursement for moving expenses incurred by any new or current employee without prior written approval by the administrator.

All employee travel, mileage, purchase requisitions and other business-related expense reports must have a coordinator of client service's/manager's approval. Employees are required to request approval in advance of expenditure whenever possible to ensure no delay in company reimbursement. All expense reports are due in the accounting department prior to the final working day of each month. Prior to being honored by the accounting department, these reports must have the employees' signature and date and must be approved by the employee's coordinator

of client services/manager. Expense Reports are reimbursed in total for the previous month's activities.

Confidential Information and Conflict of Interest

It is the responsibility of all agency employees to safeguard sensitive company information. All employees sign nondisclosure agreements upon accepting employment with the company. In cases of conflict, these agreements supersede the policy manual guidelines that follow.

The nature of our business and the economic wellbeing of our company are dependent upon protecting and maintaining proprietary company information and client health information (HIPAA). Continued employment with the company is contingent upon compliance with this policy. Each company coordinator of client services/manager bears the responsibility for the orientation and training of his or her employees to ensure enforcement of company confidentiality. Sensitive company information is defined as trade secrets or confidential information relating to products, processes, know-how, customers, designs, drawings, formulas, test data, marketing data, accounting, pricing or salary information, business plans and strategies, negotiations and contracts, inventions and discoveries.

All such information shall be appropriately marked or verbally identified to each employee. When such information is transferred from one employee to another, the transferor must do all the following:

1. Determine that the transfer is necessary and in the interest of regular company business.

2. Determine whether the transferee has a need to know the information and has the necessary clearance.

3. Ensure that all cover sheets or markings which identify the information as proprietary, or classified, are conspicuous.

4. Give the information directly to the transferee and verbally identify the proprietary or classified information as such. Do not give it to a non-clear employee, such as a secretary or office colleague, and do not leave it on the transferee's desk unattended.

In consideration of their employment with our agency, employees will be exposed to information and materials which are confidential and proprietary and of vital importance to the economic well-being of the company. Employees will not at any time disclose or use, either during or after their employment, any information, knowledge or data, Client information which they receive or discover during their employment which is considered proprietary by our Agency, or which relates to the trade secrets of the company. Such information, knowledge or data includes the following which is by example only: processes, know-how, designs, drawings, diagrams, formulas, test data, accounting or financial data, pricing or salary data, marketing data, business plans and strategies,

negotiations and contracts, research, customer, employee, Client or vendor lists, inventions and discoveries.

Upon termination of their employment with our Agency employees must promptly return all documents containing the above information, knowledge or data, or anything relating thereto, to the company.

The company is very sensitive to the issue of the protection of trade secrets and other confidential and proprietary information of both the company and third parties ("Confidential Information"). Therefore, employees are expected to use good judgment and to adhere to the highest ethical standards when using or transmitting confidential Information on the company's technology resources.

Confidential information should not be accessed through the company's technological resources in the presence of unauthorized individuals. Similarly, confidential information should not be left visible or unattended. Moreover, any confidential information transmitted via technology resources should be marked with the following confidentiality legend:

"This message contains confidential information. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute this information. If you have received this message in error, please advise [employee's name] immediately at [employee's telephone number] or return it promptly by mail."

Violations

Any employee who abuses the privilege of their access to email or the internet in violation of this policy will be subject to corrective action, including possible termination of employment, legal action, and criminal liability.

Procedures

Procedures for accessing voicemail, email and internet systems, as well as the guidelines for how to properly send and retain information, may be obtained by contacting our administrator.

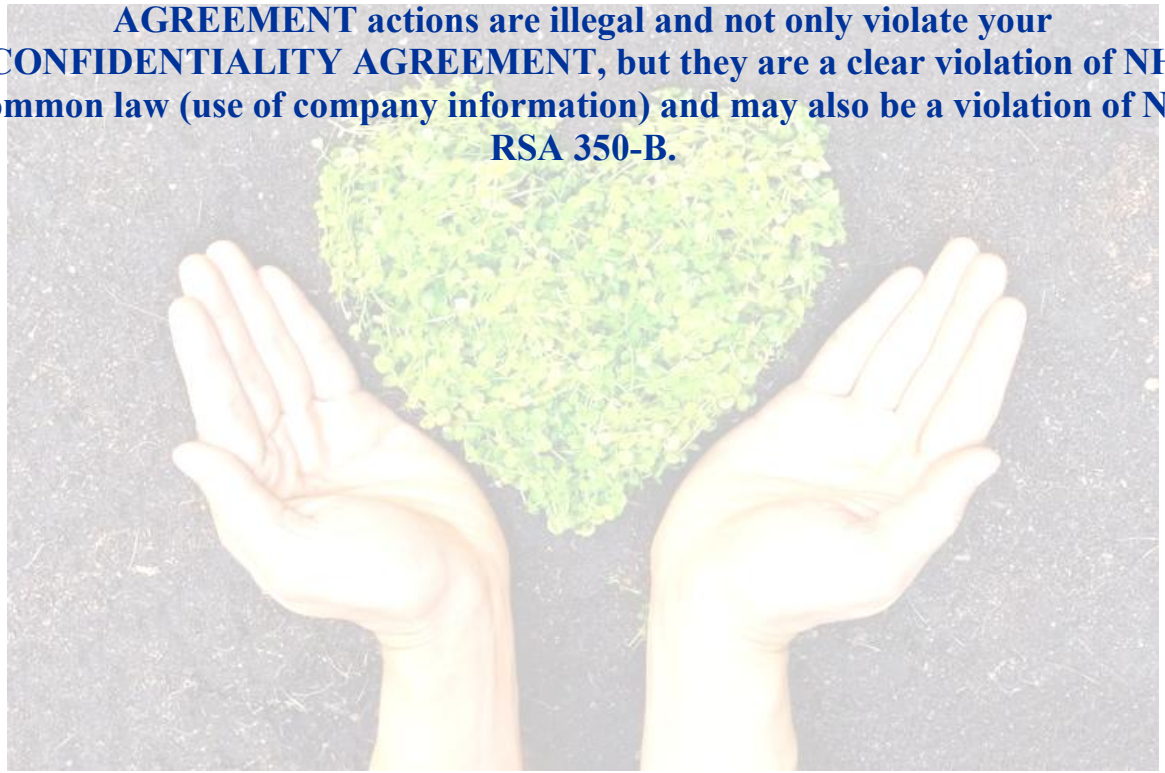
The Voicemail/Email/Internet policies and procedures should be reviewed by each employee on a semi-annual basis.

Questions concerning the use of the Voicemail/Email/Internet system should be directed to the systems Administrator. Questions concerning the improper use of the system should be directed to the employee’s immediate coordinator of client services, and if not satisfied with the response, to the systems administrator.

Conflict

No employee of our agency shall engage in the same or a similar line of business or research as that carried on by the company. An employee shall not have a financial interest in a company which is a competitor or supplier to the company. Financial interests held by an employee or by his or her immediate family members in such companies are to be disclosed immediately to the company so that a determination can be made as to whether a conflict exists. Members of the employee's immediate family include spouse, children, and any other relative sharing the same home as the employee. Violation of this policy will result in immediate dismissal.

IMPORTANT - You should be aware that such BREACH OF THIS AGREEMENT actions are illegal and not only violate your CONFIDENTIALITY AGREEMENT, but they are a clear violation of NH common law (use of company information) and may also be a violation of NH RSA 350-B.



Software Usage Policy

To remain competitive, better serve our customers and provide our employees with the best tools to do their jobs, our agency makes available to our workforce access to one or more forms of electronic media and services, including but not limited to: computers, software, printers, copiers, files, databases, cellular phone, pager, email, telephones, voicemail, fax machines, external electronic bulletin boards, wire services, online services, intranet, Internet and the World Wide Web.

Our agency encourages the use of these media and associated services because they can make communication more efficient and effective and because they are valuable sources of information about vendors, customers, technology, and new products and services. However, all employees and everyone connected with the organization should remember that electronic media and services provided by the company are company property and their purpose is to facilitate and support company business. All computer users have the responsibility to use these resources in a professional, ethical, and lawful manner.

To ensure that all employees are responsible, the following guidelines have been established for using email and the Internet. No policy can lay down rules to cover every possible situation. Instead, it is designed to express our Agency philosophy and set forth general principles when using electronic media and services.

Authorization

Access to the agency's technology resources is within the sole discretion of the company. Generally, employees are given access to the company's various technologies based on their job functions. Only employees whose job performance will benefit from the use of the company's technology will be given access to the necessary technology. Additionally, employees must successfully complete company-approved training before being given access to the agency's technology resources.

Prohibited Communications

Electronic media cannot be used for copying, transmitting, retrieving, or storing any communication that is:

Discriminatory or harassing.

Derogatory to any individual or group.

Obscene, sexually explicit, pornographic, defamatory, or threatening.

In violation of any license governing the use of software.

Engaged in for any purpose that is illegal or contrary to agency's policy or in a manner contrary to the best interests of the company, in any way that discloses confidential or proprietary information of the company or third parties, or for personal or pecuniary gain; or

Protected by copyrights laws unless the employee has the author's permission or is accessing a single copy only for the employee's reference.

Professional Considerations

It is important to maintain a proper spirit and tone to your communications over the system. The following guidelines are suggested:

Make your communications positive, constructive, complete, factual.

Don't write when angry and edit before sending.

Be careful with humor – they can't see you wink.

Always avoid sarcastic humor.

Never use all caps – that is perceived as "SHOUTING!"

Avoid belaboring disagreements in email – there is a time for face-to-face meetings.

Always guide your recipient in responding by stating what you need and by when.

Pay attention to grammar and spelling, both to protect your own reputation and intelligence, and to avoid irritating your recipients who are distracted by careless mistakes.

Personal Use

The computers, electronic media and services provided by our agency are primarily for business use to assist employees in the performance of their jobs. As long as personal use does not interfere with the employee's duties, is not done for pecuniary gain, does not conflict with the company's business, and does not violate any company policy, occasional, or incidental use of electronic media (sending or receiving) for personal, non-business purposes is understandable and acceptable, and all such use should be done in a manner that does not negatively affect the systems' use for their business purposes. However, employees are expected to demonstrate a sense of responsibility and not abuse this privilege.

The company assumes no liability for loss, damage, destruction, alteration, disclosure, or misuse of any personal data or communications transmitted over or stored on the company's technology resources. The company accepts no responsibility or liability for the loss or non-delivery of any personal electronic mail or voicemail communications or any personal data stored on any company

property. The company strongly discourages employees from storing any personal data on any of the company's technological resources.

Access to Employee Communications

Generally, electronic information created and/or communicated by an employee using email, word processing, utility programs, spreadsheets, voicemail, telephones, internet and bulletin board system access, and similar electronic media is not reviewed by the company. However, the following conditions should be noted:

Our agency does routinely gather logs for most electronic activities or monitor employee communications directly, be it:

Telephone Use and Voicemail: Records are kept of all calls made from and to a given telephone extension. Although voicemail is password protected, an authorized administrator can reset the password and listen to voicemail messages.

Electronic Mail: Electronic mail is backedup and archived. Although electronic mail is password protected, an authorized Administrator can reset the password and read electronic mail.

Desktop Facsimile Use: Copies of all facsimile transmissions sent and received are maintained in the facsimile server.

Document Use: Each document stored on company computers has a history, which shows which users have accessed the document for any purpose.

Internet Use: Internet sites visited, the number of times visited, and the total time connected to each site is recorded and periodically monitored.

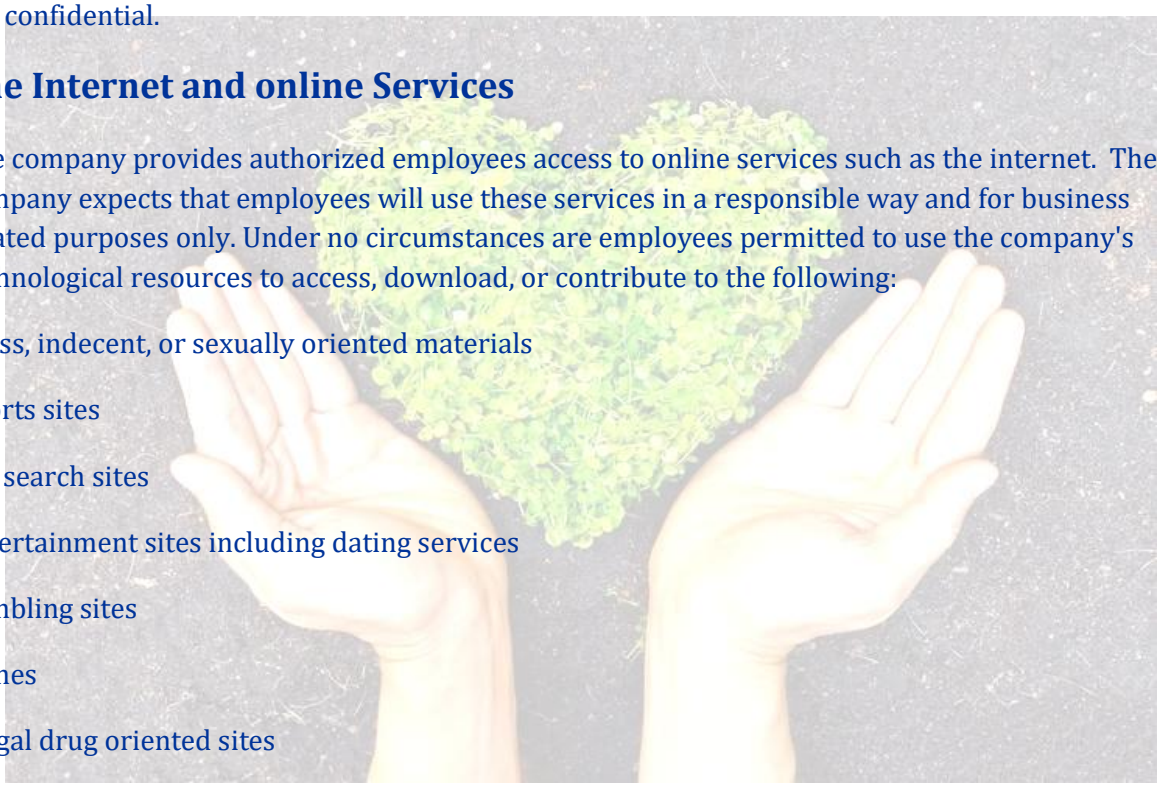
Our agency reserves the right, at its discretion and without notice, to review any employee's electronic files and messages to the extent necessary to ensure electronic media and services are being used in compliance with the law, this policy and other company policies, or to investigate misconduct, to locate information, or for any other business purpose.

Employees should understand, therefore, that they have no right of privacy with respect to any messages or information created or maintained on the company's technological resources, including personal information or messages. Accordingly, if they have sensitive information to transmit, they should use other means.

All messages sent and received, including personal messages, and all data and information stored on the company's electronicmail system, voicemail system, or computer systems are company property regardless of the content. As such, the company reserves the right to access all its technology resources including its computers, voicemail, and electronicmail systems, at any time, in its sole discretion.

Passwords do not confer any right of privacy upon any employee of the company. Employees are expected to maintain their passwords as confidential. Employees must not share passwords and must not access coworkers' systems without express authorization.

Deleting or erasing information, documents, or messages maintained on the company's technology resources is, in most cases, ineffective. All employees should understand that any information kept on the company's technological resources may be electronically recalled or recreated regardless of whether it may have been "deleted" or "erased" by an employee. Because the company periodically backsup all files and messages, and because of the way in which computers reuse file storage space, files and messages may exist that are thought to have been deleted or erased. Therefore, employees who delete or erase information or messages should not assume that such information or messages are confidential.



The Internet and online Services

The company provides authorized employees access to online services such as the internet. The company expects that employees will use these services in a responsible way and for business related purposes only. Under no circumstances are employees permitted to use the company's technological resources to access, download, or contribute to the following:

gross, indecent, or sexually oriented materials

sports sites

job search sites

entertainment sites including dating services

gambling sites

games

illegal drug oriented sites

personal pages of individuals

politically oriented sites or sites devoted to influencing the course of legislation or public policy.

Additionally, employees must not sign "guest books" at websites or post messages to internet news groups or discussion groups at websites. These actions will generate junk electronic mail and may expose the company to liability or unwanted attention because of comments that employees may make. The company strongly encourages employees who wish to access the Internet for nonwork related activities to get their own personal Internet access accounts.

Participation in On-Line Forums

Employees should remember that any messages or information sent on company-provided facilities to one or more individuals via an electronic network – for example, internet mailing lists, bulletin boards, and online services – are statements identifiable and attributable to our agency. Our agency recognizes that participation in some forums might be important to the performance of an employee's job. For instance, an employee might find the answer to a technical problem by consulting members of a news group devoted to the technical area.

Software

To prevent computer viruses from being transmitted through the company's computer system, unauthorized downloading of any unauthorized software is strictly prohibited. Only software registered through our agency may be downloaded. No employee may load any software on the company's computers, by any means of transmission, unless authorized in advance by our agency system administrator.

Security/Appropriate Use

Employees must respect the confidentiality of other individuals' electronic communications. Except in cases in which explicit authorization has been granted by company management, employees are prohibited from engaging in, or attempting to engage in:

Monitoring or intercepting the files or electronic communications of other employees or third parties

Hacking or obtaining access to systems or accounts they are not authorized to use

Using other people's login or passwords

Breaching, testing, or monitoring computer or network security measures

No email or other electronic communications can be sent that attempt to hide the identity of the sender or represent the sender as someone else.

Electronic media and services should not be used in a manner that is likely to cause network congestion or significantly hamper the ability of other people to access and use the system.

Anyone obtaining electronic access to other companies' or individuals' materials must respect all copyrights and cannot copy, retrieve, modify or forward copyrighted materials except as permitted by the copyright owner.

The company has installed a variety of programs and devices to ensure the safety and security of the company's technological resources. Any employee found tampering or disabling any of the company's security devices will be subject to discipline up to and including termination.

Encryption

Employees can use encryption software supplied to them by the systems administrator for purposes of safeguarding sensitive or confidential business information. Employees who use encryption on files stored on a company computer must provide their coordinator of client services with a sealed hard copy record (to be retained in a secure location) of all of the passwords and/or encryption keys necessary to access the files.

Other

Gratuities To Government Employees or Officials

In adherence to government regulations, no employee may offer gratuity to any government employee or official on behalf of, or in pursuance of, our agency's business. Gratuities are defined as meals, drinks, gifts, expenses, cash or any other item of value, including personal service.

Our agency strictly forbids any form of a business gift to federal, state, or municipal employees. Management is charged with the responsibility of informing all employees of this policy and maintaining adherence to it.

Violation of this policy will be treated as a major violation and, depending on the circumstances, may be grounds for immediate termination or other appropriate action.

Gratuities To Customer or Supplier Representatives

Employees of our agency may not offer to give or accept a gift, cash or other item of value, including personal service, from an existing or prospective client/family, supplier or a representative of either in pursuance of business or in conjunction with negotiating business on behalf of this company.

Violation of this policy in any form will require immediate disciplinary action.

Political Activities

In recognition of its responsibilities as a business citizen, our agency encourages its employees to accept the personal responsibility of good citizenship, including participation in civic and political activities, in accordance with their interests and abilities.

Our agency accepts without reservation the basic democratic principle that all employees are free to make their own individual decisions in civic and political matters. Therefore, no employee's status with the company will be affected, in any way whatsoever, because of participation or non-participation in lawful civic and political activities.

Participation in civic and political activities is a personal matter and, as such, is generally to be carried on outside of normal working hours. No political activities or solicitations will be carried on within company premises.

Political activities are defined for purposes of this policy as activities in support of any partisan political issue or activities in support of, or in concert with, any individual candidate for political office, or of a political party, which seeks to influence the election of candidates to federal, state, or local offices. The definition includes employees who are or may be candidates for political office.

HIPAA

(Health Insurance Portability and Accountability Act)

PHI (Protected Health Information) is protected information and remains under the strictest of confidentiality and "need to know" sharing. Our provider protects this information according to federal and state regulation. It is the responsibility of every member of the organization to be oriented to HIPAA and practice best practice standards to protect PHI. The administrator has enforcement responsibility.

While making your client visits, all client information (schedules, notes) needs to be stored inside a box within your vehicle. No information should be able to be seen by "looking into" your vehicle.

Random trunk inspections may be carried out to assure compliance with this requirement.

Employee Privacy

Our agency recognizes our employees' rights to privacy. In achieving this goal, the company adopts these basic principles:

1. The collection of employee information will be limited to that which the company needs for business and legal purposes

2. The confidentiality of all personal information in our records will be protected

3. All in-house employees involved in record keeping will be required to adhere to these policies and practices. Violations of this policy will result in disciplinary action

4. Internal access to employee records will be limited to those employees having an authorized, business-related, need-to-know basis. Access may also be given to third parties, including government agencies, pursuant to court order or subpoena

5. The company will refuse to release personal information to outside sources without the employee's written approval, unless legally required to do so

6. Employees are permitted to see the personal information maintained about them in the company records. They may correct inaccurate information or submit written comments in disagreement with any material contained in their company records.

Telephone

Necessary personal calls of short duration may be received and made at your desk or workstation. Personal telephone call privileges are subject to change or termination at any time. For instance, if the company telephone lines become overloaded with calls or an employee is found spending more than just limited time on personal calls, this privilege will be revoked either generally or specifically

as to the offending employee. Personal cell phone calls are prohibited. Office employees should keep their cell phones in their vehicles or turned off while on duty.

Field staff are not permitted to give their personal phone numbers, cell phone numbers, etc. to clients or families. Clients are to be instructed to call the office when there is a need of reaching you.

Dress Code

Employee dress should be neat in appearance. Our agency employees are invited to dress "business casual" in a manner consistent with a professional atmosphere. The impression made on customers, visitors and other employees and the need to promote company and employee safety should be kept in mind.

Although it is not required, our agency strongly encourages its field staff to wear scrubs. Scrubs both present a professional "medical" image and protect your good clothes from damage and/or wear. Our agency does not replace clothing damaged from normal on the job usage while providing home care services to our clients. In all situations, jeans (of any color) are not allowed. No scanty tops or see through clothing is permitted. Good individual judgment is the best guideline.

All field staff must wear their agency picture ID badge on their person while making home visits. Should your ID be lost or damaged it is your responsibility to come to the office for a replacement.

Dos And Don'ts of Home Care

While making your assigned visits please be aware that the following guidelines are always in place:

Do's

Always be courteous and pleasant

Wear your agency ID badge while making your visits

Try to do all you can to bring joy to your clients (cheerful outlook)

Report any unusual occurrence to your office immediately

Call the office immediately if the client does not answer their door for a scheduled visit

Follow your schedule WITHOUT MAKING CHANGES

Interact with your scheduling coordinator often, especially if you are available to work but do not have scheduled visits.

Don't

Do not bring your own personal issues to your clients

Do not use a client's phone for personal calls

Do not ever borrow money from a client for any reason or enter into any type of legal/financial agreement

Do not agree to lifting or moving furniture

No scrubbing of floors on hands and knees

No window washing (except an occasional wipe down of a window the client commonly sits and looks out from)

No drapes or curtain washing

No hauling heavy trash barrels

Kitchen/Break Room

Our agency provides a kitchen/break room for the benefit of its employees. Employees shall be responsible to keep the area clean, including the washing of personal dishes and utensils.

All trash should be disposed of in the trash container. Any empty aluminum cans or glass bottles shall be disposed of in the trash container marked "Aluminum Cans Only" or "Glass Bottles Only," whichever is applicable.

Any food left in the office refrigerator at close of business every Friday will be thrown away.

Visitors

The safety regulations for visitors should be established in accordance with the building safety regulations.

Law enforcement or government officials, including health or fire inspectors, shall be directed immediately to the administrator who shall determine proper governmental authority, review court orders or subpoenas, and assist the law enforcement or government officials in a manner which provides full cooperation with minimal disruption to company operations.
No other visitors except for the above-mentioned shall be permitted access into the office. We are responsible for HIPAA compliance and therefore preventing access is of utmost importance. Employees are not considered "visitors." Please have your children wait in the reception area for you while coming into the office.

Outside Employment

Employees are expected to be working for our agency. Any outside employment should be promptly disclosed to the administrator. We understand that many para-professionals work for more than one agency, but our expectation is that you cover our cases first and "fill in" around our clients as your schedule permits. Therefore, in certain circumstances, outside employment will be approved, but the company retains the right to review and evaluate each situation on an individual basis.

Emergency Policy and Procedures Manual

Emergency Policies and Procedures Manual

Except for regularly scheduled holidays, our Agency will be open for business on Mondays through Fridays during normal business hours. The company recognizes that circumstances beyond its control, such as inclement weather, national crisis or other emergencies do occur. On such occasions the company may close for all or part of a regularly scheduled workday.

In such an event the company will endeavor to notify all Coordinator of Client Services personnel for the purpose of contacting employees. Employees may also contact their Coordinator of Client Services/manager or company offices. Any closing longer than one full work shift shall be assessed against employee's sick leave or vacation time, whichever may be applicable and, if none, the closing shall be regarded as unpaid personal leave.

Purpose

The purpose of this Emergency Policy and Procedures Manual is to establish clear, practical, and compliant procedures for preventing, preparing for, responding to, and recovering from emergency situations that may occur during the provision of home care services.

This manual is designed to comply with:

- Occupational Safety and Health Administration (OSHA) workplace safety requirements
- New Hampshire Department of Health and Human Services (NH DHHS) requirements for home care providers

The policy differentiates responsibilities and procedures for **field staff** and **clients** where appropriate.

Scope

This policy applies to:

- All field staff providing services in client residences
- Office and supervisory staff
- All clients receiving services in their homes

Definitions

Emergency: Any situation that poses an immediate risk to health, safety, life, property, or the environment.

Field Staff: Employees or contractors providing direct care or services in client residences.

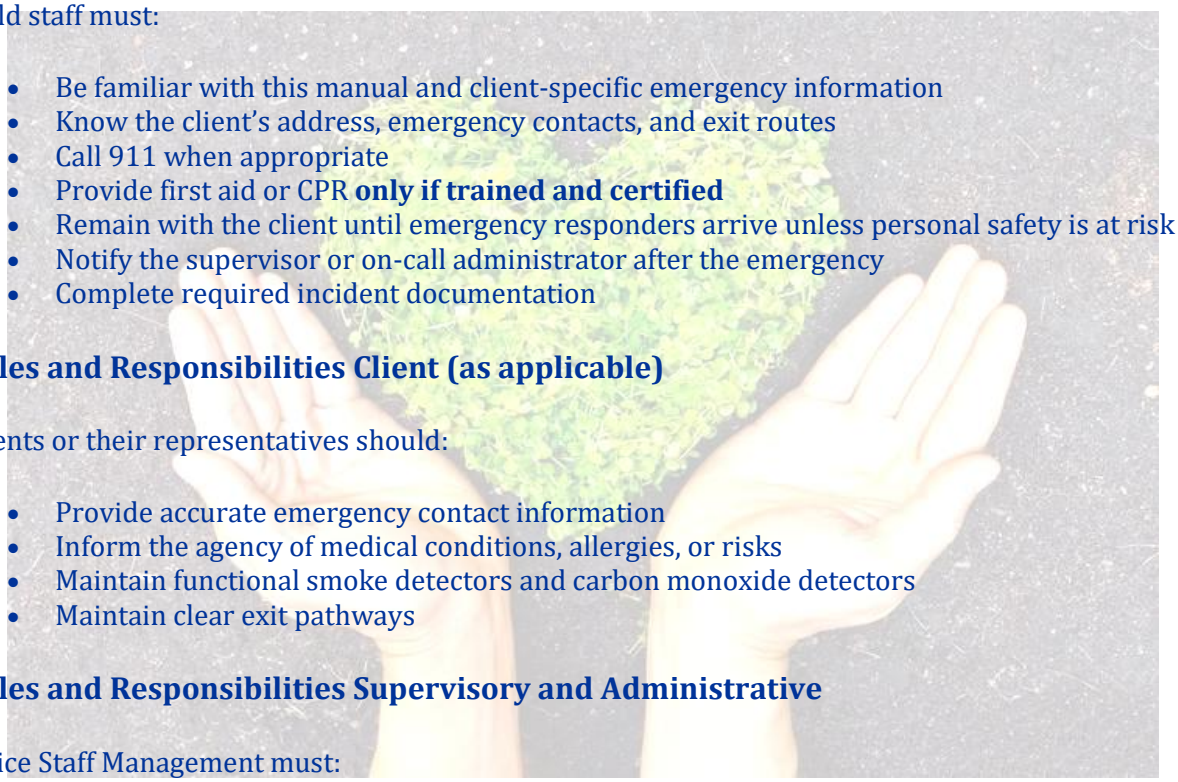
Client: Any individual receiving services from New Hampshire Home Care Providers, LLC.

General Emergency Principles

- **Life safety is the top priority.**
- **Call 911 immediately when there is a medical, fire, criminal, or life-threatening emergency.**
- Field staff shall follow client-specific emergency instructions when provided.
- Field staff shall never place themselves at unreasonable risk.
- All emergencies must be reported to the agency as soon as safely possible.

Roles and Responsibilities Field Staff

Field staff must:



- Be familiar with this manual and client-specific emergency information
- Know the client's address, emergency contacts, and exit routes
- Call 911 when appropriate
- Provide first aid or CPR **only if trained and certified**
- Remain with the client until emergency responders arrive unless personal safety is at risk
- Notify the supervisor or on-call administrator after the emergency
- Complete required incident documentation

Roles and Responsibilities Client (as applicable)

Clients or their representatives should:

- Provide accurate emergency contact information
- Inform the agency of medical conditions, allergies, or risks
- Maintain functional smoke detectors and carbon monoxide detectors
- Maintain clear exit pathways

Roles and Responsibilities Supervisory and Administrative

Office Staff Management must:

- Maintain an on-call system for emergencies
- Ensure staff receive emergency preparedness training
- Maintain incident records per NH DHHS requirements
- Review incidents and implement corrective actions

Medical Emergencies

Examples

- Chest pain, stroke symptoms, difficulty breathing
- Uncontrolled bleeding

- Loss of consciousness
- Severe allergic reaction
- Falls with injury

Procedures – Field Staff

- **Call 911 immediately**.
- Provide first aid or CPR if trained
- Follow instructions from emergency dispatchers.
- Notify the agency supervisor as soon as possible.
- Document the incident.

Procedures – Clients

- Follow emergency responder instructions
- Provide medical information when able

Fire, Smoke, or Gas Emergencies

Procedures – Field Staff

1. Remove the client from danger if safe to do so.
2. Call **911**.
3. Exit the residence immediately.
4. Do not attempt to fight fires unless trained and safe.
5. Notify the agency after reaching safety.

Carbon Monoxide Concerns

- **Leave the residence immediately.**
- **Call 911 or the fire department.**

Severe Weather and Natural Disasters

Examples include snowstorms, flooding, extreme heat or cold, and power outages.

Procedure - Field Staff

- Follow agency instructions regarding travel restrictions.
- Do not attempt travel if conditions are unsafe.
- Assist clients with basic preparedness when appropriate.

Procedure - Clients

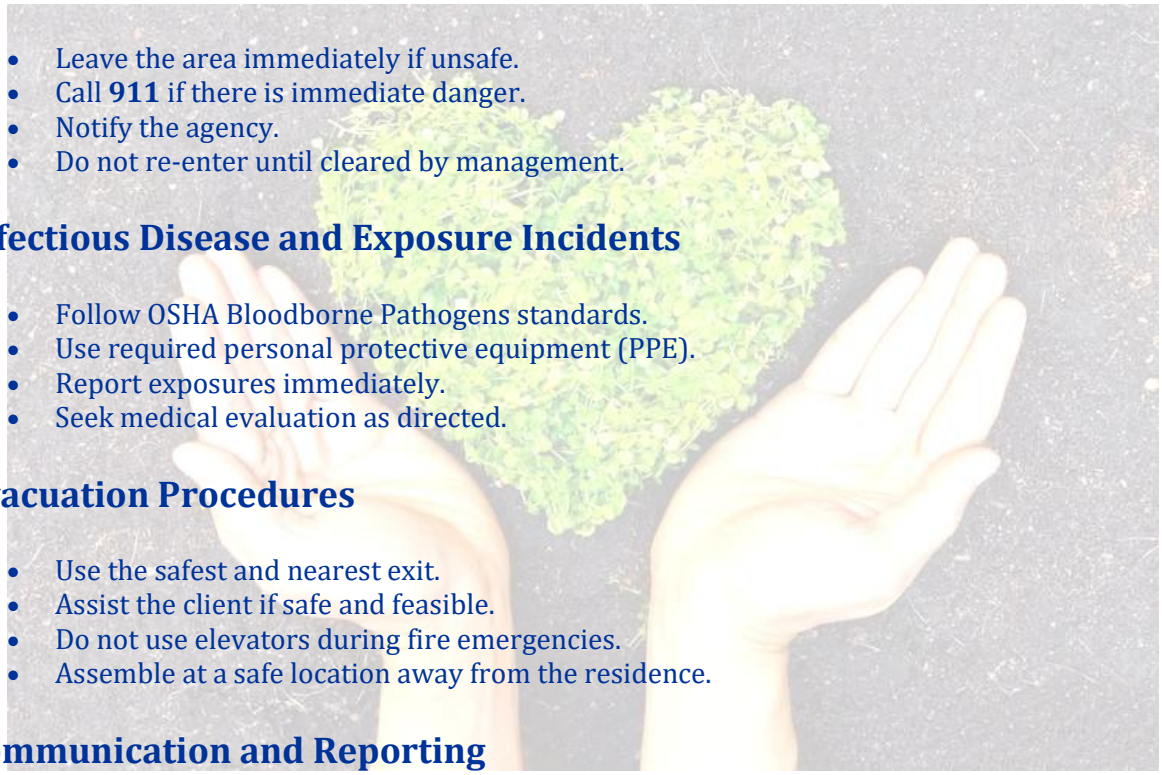
- Follow local emergency management guidance.
- Maintain emergency supplies when possible.

Violence, Threats, or Unsafe Conditions

Examples

- Domestic violence
- Aggressive behavior
- Weapons present

Procedures – Field Staff



- Leave the area immediately if unsafe.
- Call **911** if there is immediate danger.
- Notify the agency.
- Do not re-enter until cleared by management.

Infectious Disease and Exposure Incidents

- Follow OSHA Bloodborne Pathogens standards.
- Use required personal protective equipment (PPE).
- Report exposures immediately.
- Seek medical evaluation as directed.

Evacuation Procedures

- Use the safest and nearest exit.
- Assist the client if safe and feasible.
- Do not use elevators during fire emergencies.
- Assemble at a safe location away from the residence.

Communication and Reporting

- **Emergency services: 911**
- **Agency emergency/on-call number: 603-715-1725**
- All incidents must be documented using agency forms.

Training

- Staff shall receive emergency preparedness training upon hire and periodically thereafter.
- CPR and First Aid certification is required when applicable to job duties.

Recordkeeping

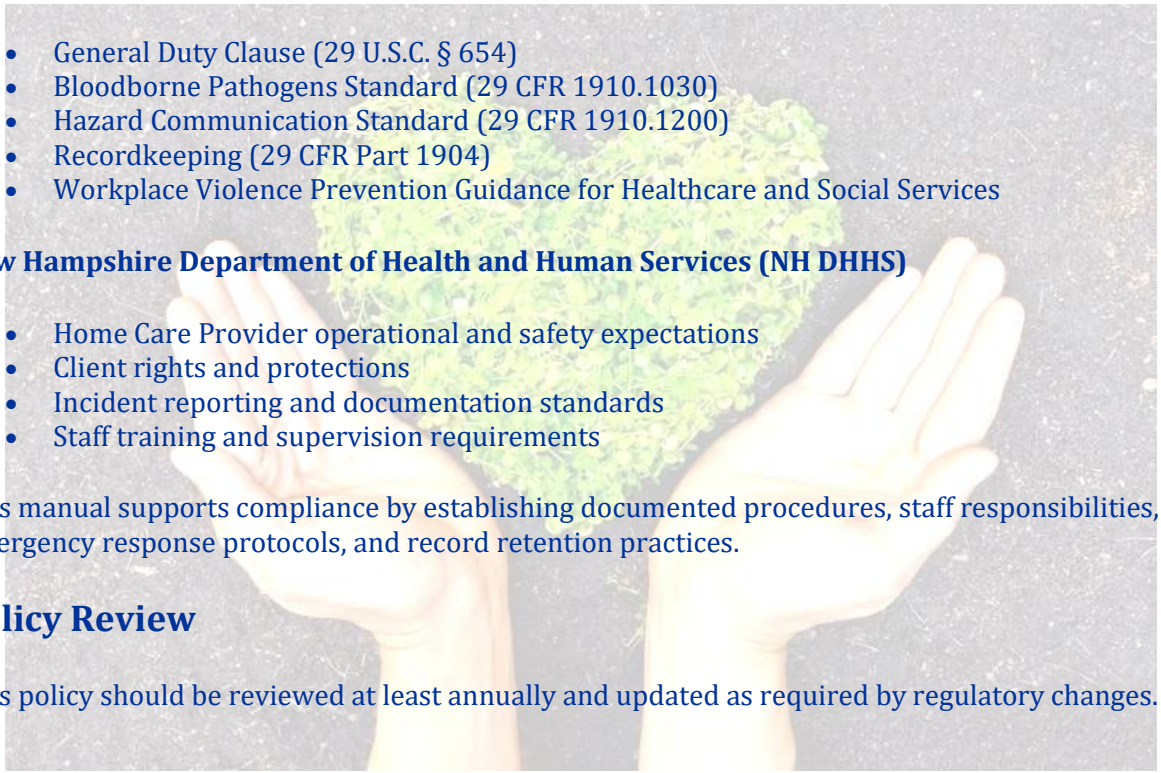
All emergency and incident reports shall be retained in accordance with:

- NH DHHS regulations
- OSHA recordkeeping requirements
- Agency policy

Regulatory Compliance (OSHA and NHDHHS)

This Emergency Policy and Procedures Manual is structured to comply with the following regulatory frameworks:

OSHA (Occupational Safety and Health Administration)



- General Duty Clause (29 U.S.C. § 654)
- Bloodborne Pathogens Standard (29 CFR 1910.1030)
- Hazard Communication Standard (29 CFR 1910.1200)
- Recordkeeping (29 CFR Part 1904)
- Workplace Violence Prevention Guidance for Healthcare and Social Services

New Hampshire Department of Health and Human Services (NH DHHS)

- Home Care Provider operational and safety expectations
- Client rights and protections
- Incident reporting and documentation standards
- Staff training and supervision requirements

This manual supports compliance by establishing documented procedures, staff responsibilities, emergency response protocols, and record retention practices.

Policy Review

This policy should be reviewed at least annually and updated as required by regulatory changes.

Client Emergency Information Poster

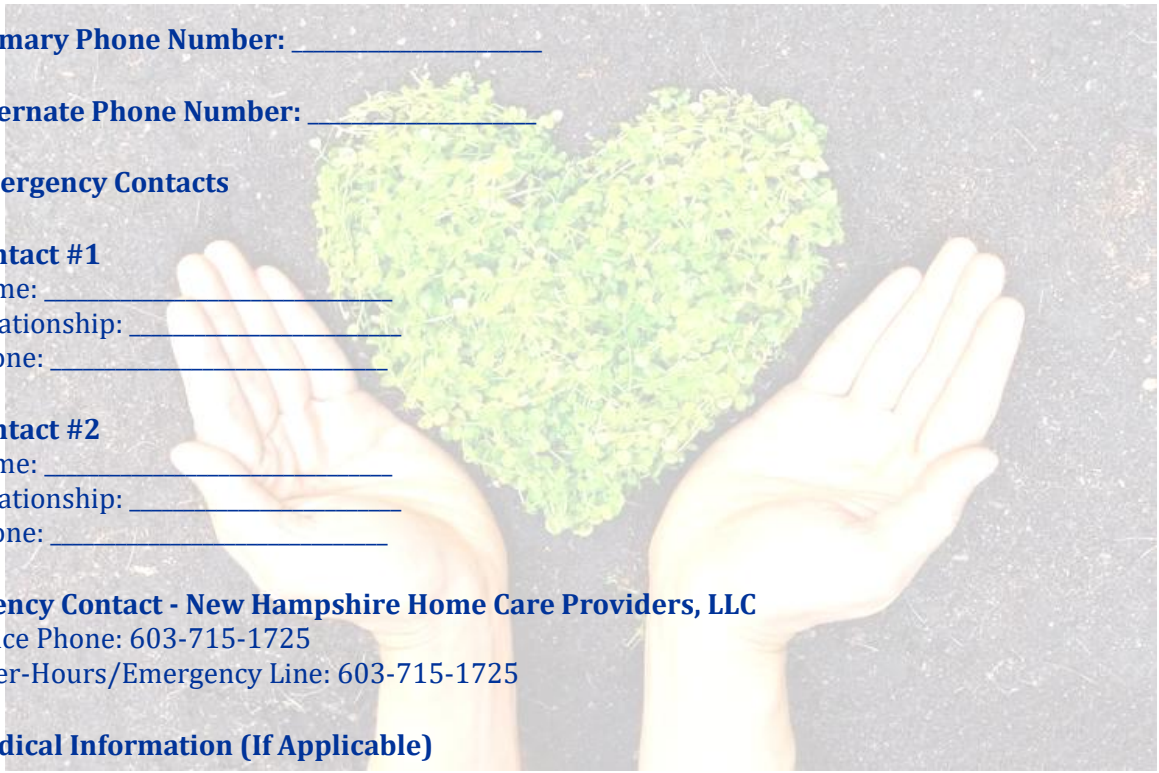
POST IN A VISIBLE LOCATION IN THE CLIENT'S HOME

EMERGENCY INFORMATION

IN AN EMERGENCY – CALL 911

Client Name: _____

Client Address:



Primary Phone Number: _____

Alternate Phone Number: _____

Emergency Contacts

Contact #1
Name: _____
Relationship: _____
Phone: _____

Contact #2
Name: _____
Relationship: _____
Phone: _____

Agency Contact - New Hampshire Home Care Providers, LLC
Office Phone: 603-715-1725
After-Hours/Emergency Line: 603-715-1725

Medical Information (If Applicable)

- Primary Physician: _____
- Physician Phone: _____
- Allergies: _____
- Medical Conditions: _____

Field Staff Instructions:

- Call 911 when appropriate
- Follow client-specific instructions
- Notify the agency after emergency services are contacted

This poster is intended to support emergency response and does not replace calling 911.

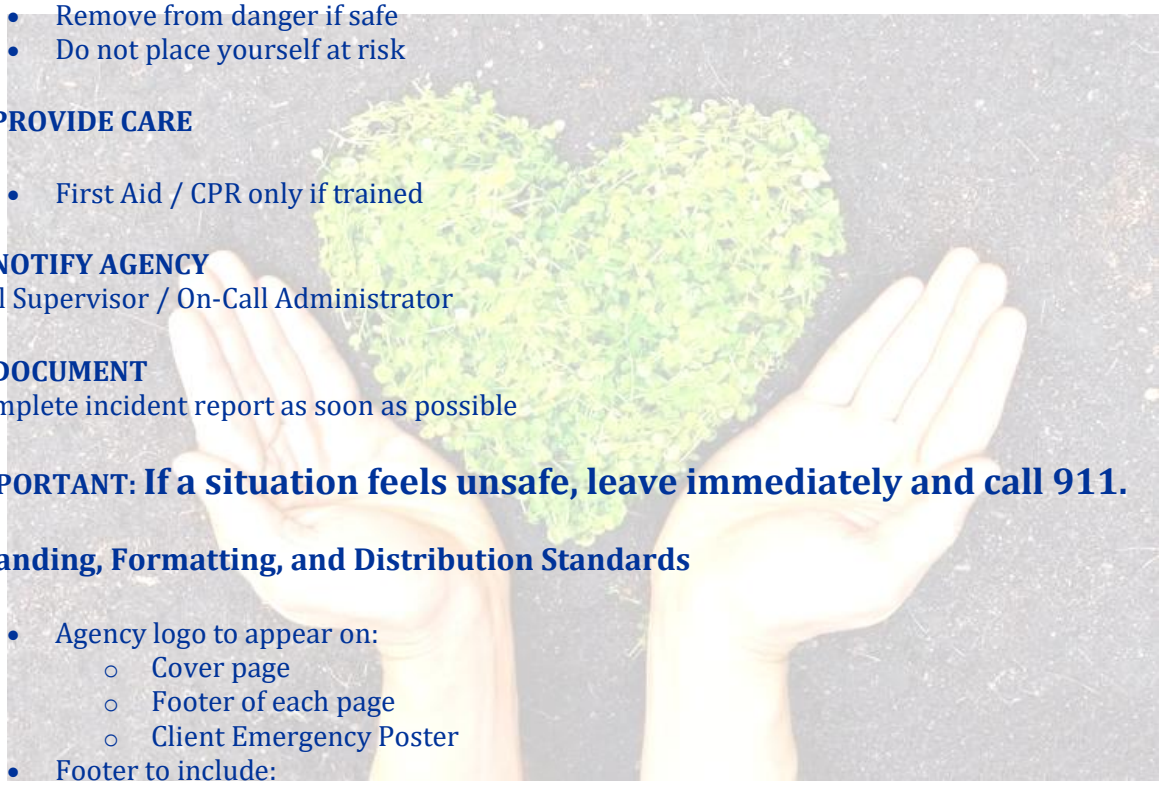
Field Staff Emergency Quick-Reference Card

FIELD STAFF EMERGENCY QUICK GUIDE

1. LIFE-THREATENING EMERGENCY
Call **911** immediately

2. CLIENT SAFETY

- Remove from danger if safe
- Do not place yourself at risk



3. PROVIDE CARE

- First Aid / CPR only if trained

4. NOTIFY AGENCY
Call Supervisor / On-Call Administrator

5. DOCUMENT
Complete incident report as soon as possible

IMPORTANT: If a situation feels unsafe, leave immediately and call 911.

Branding, Formatting, and Distribution Standards

- Agency logo to appear on:
  - Cover page
  - Footer of each page
  - Client Emergency Poster
- Footer to include:
  - Document title
  - Revision date
  - Page number
- Poster format:
  - One-page
  - Large-font, high-contrast
  - Refrigerator-ready PDF
- Manual format:
  - Microsoft Word (.docx)
  - Printable PDF for inspections

There are no towns or cities in New Hampshire that do not use 911 for emergencies.

- New Hampshire operates a **statewide, centralized 911 system**
- **All 234 municipalities** (cities and towns) use **911** for:
  - Police
  - Fire
  - EMS
- There are **no alternate emergency phone numbers** in use at the municipal level
- Dispatch may be regional or state-routed, but **the public-facing emergency number never changes**

Source: NH Division of Emergency Services and Communications (NH DES&C)
This is the official state agency that **operates the statewide 911 emergency number system** in New Hampshire — confirming *911 is universal across all municipalities*.