

# Helping Hands of Flagler County, LLC

Denise Williams – 50 Cypress Point Pkwy Suite B-4 Palm Coast FL 32164  
Phone 386-313-1239 Fax 386-206-3236 email. DeniseWilliams150@gmail.com

## Employment Application

Full Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Date**

**Available:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Position Applied for: \_\_\_\_\_ **Desired Salary:** \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

High School: \_\_\_\_\_ Address \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

## Personal References

Full Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

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Please give a brief description of professional or personal skills relevant to becoming an Employee.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Application Questionnaire:**

The answers to the following questions will assist in matching you with a compatible individual. Please answer all questions honestly. Thank you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. What hours are you available to work?

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
AM							
PM							

2. Pay varies dependent on the difficulty of working with the individual. What pay range are you comfortable with?

3. Oftentimes you may be asked to drive long distances. Which trips are you willing to take?

Ormond Beach		Daytona Beach		Flagler County	
Port Orange		Edgewater		West Volusia/ DeLand	
Sea World		Jacksonville / Duval		Clay County	
St. Augustine		Misc. up to 40mi/day		N. St. Johns County	

4. Each consumer faces different challenges. Which of the following responsibilities are you comfortable with?

Long Walks		Rolling Wheelchair	
Lifting Individual		Toileting Assistance	Male or Female
Shaving	Male or Female	Feeding	
Oral Hygiene		Bathing	Male or Female
Housekeeping		Cooking	
Doctor's Appointments		Verbal	
Nonverbal		Aggressive	
Manicure		Pedicure	
First Aid		Socialization	
Hair Cuts		Shopping	
Physical Therapy		Personal Fitness	
Diaper Changes	Male or Female	Menstruation	
Diet Restrictions		Medications	

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The parties to this contract are Denise Williams of Helping Hands of Flagler County, LLC. (hereinafter the Company) and \_\_\_\_\_ (hereinafter the Staff Member).

The Staff Member will, depending on service-specific qualifications, provide Personal Supports, Life Skills-1 (Companion), Transportation, Life Skills-2 (Supported Employment), Children Respite, Children Personal Care, Long Term Care - Adult Personal Care / Homemaker / Companion and coordination with Supported Living services as defined by State of Florida Med-Waiver, Medicaid for the Aged and Disabled, and Agency for Persons with Disabilities.

As this is a flexible service specific hours contract, the Staff Member is not entitled to sick pay, holiday pay or any form of employment protection other than work place Health and Safety.

In the event of the Staff Member being unable to carry out given work due to a legitimate and verifiable reason, and where requested by the Company, the Staff Member is obliged to contact the Company's Office a minimum of four hours prior to the time services are scheduled to be provided.

As an Employee, the Company will have the right to control how the Staff Member is to fulfill his/her obligations, and the Staff Member will be allowed to use his/her own initiative to complete the services to be rendered. This does not prevent the Company from specifying the working standards to be adhered to.

- 1 Staff Member will complete time sheets and service logs every day and shift work is completed and be submitted every other Friday.
- 2 Staff Member will submit all evidence to be in compliance with the State of Florida Guidelines for record keeping.
- 3 Staff Member will advocate for the rights of individuals receiving services.
- 4 Staff Member will respect the individuals receiving services.
- 5 Staff Member will complete annual in-service training hours as required by State of Florida Guidelines for care providers under Agency for Persons with Disabilities or Long Term Care Certified Nurse Assistants and HHA.
- 6 Staff Member will work with the other Staff Members contracted by Helping Hands of Flagler County, LLC. for the benefit of individuals receiving services.

The Service Recipient (Individual receiving services) will normally set hours to be worked by the Staff Member. The Staff Member can choose how and when to complete the services to be rendered so long as performance is in compliance with the support plan and personal goals of the individual receiving services, provided by the Support Coordinator. Performance will be reviewed periodically.

The Staff Member will be paid on the basis of each service being provided up to 40 hours per week. Pay rates will be reviewed from time to time.

For the purposes of clarity both the Company and the Staff Member Employee (unless being hired as a Sub-Contractor) consider and intend this business relationship to be one of employment. Definition of Employment is that an Oral or written, express or implied, agreement specifying terms and conditions under which a person consents to perform certain duties as directed and controlled by an employer in return for an agreed upon wage or salary. Whether stated or not in the contract, both the employee and the employer owe the duty of mutual confidence and trust, and to make only lawful and reasonable demands on each other. Every employee is under the obligation to carry assigned duties, or the employer's instructions to the best of his or her abilities. In regards to Sub-Contractors, specifically both parties acknowledge that the Contract for Services does not give rise to a contract of employment. Both parties consider the Subcontractor to be in business on his/her own account. Unlike Employees, the Sub-Contractor is responsible for his/her own tax and National Insurance.

All Staff Members are responsible for providing their own vehicle, active automobile insurance and registration, valid driver's license, CPR classroom certification, First Aid certification, HIV/AIDS Infection Control certification, and Federal and Local background screening, in accordance with State of Florida Med-Waiver and Agency for Persons with Disabilities.

Both parties acknowledge that the Contract for Services can be terminated at any time without notice and will be periodically reviewed in any event.

Independent Sub-Contractors are not under an ongoing obligation to provide services and the Contractor is not under an ongoing obligation to contract for such services.

There is no restriction on the Staff Member or the Sub-Contractor working for third parties whilst this contract is in force and will sign a non-compete clause for transition work, subject to the contract services being completed on time and to the satisfaction of the Company.

Agreed by \_\_\_\_\_ (Staff Member)

Agreed by \_\_\_\_\_ (Company, Denise Williams)

**Background Screening Authorization:** \_\_\_\_\_ This is a new application for a background check.

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## **Payment Delay for Incomplete Work Policy**

The position of a staff member at Helping Hands of Flagler County, LLC. includes the following responsibilities:

- 1 Care provided for individuals receiving services in accordance with State of Florida contracts
- 2 Completion of service logs with unique detailed supporting documentation (no “copy/paste/duplication”)
- 3 Service logs, supporting documentation, and timesheets submitted every other Friday, no later than immediate following Monday by noon in time for invoicing
- 4 Attendance of quarterly staff meetings
- 5 Required staff in-service training (4 hours annually for Waiver, 12 hours for Long Term Care, 8 hours for Supported Employment)
- 6 Attendance of training opportunities
- 7 ALL Trainings, Licenses, Auto information, and Backgrounds are Current and in Compliance on dates of service being billed for
- 8 Current Banking Account information for Direct Deposit

It is the Company Policy the inability to bill for services rendered, therefore the inability to pay the staff member if work submitted is incomplete or any of the above applies. Payroll is dependent on timely, accurate, complete and signed timesheets, daily service logs, and supporting documentation progress notes in order to bill the insurance company for reimbursement in time for the next two-week pay cycle. Therefore, as of July 13, 2008 any Staff Member (or Sub-Contractor) not in compliance with the above stated staff member responsibilities will experience a delay in being paid for services rendered.

Remember, complete paperwork (timesheets, service logs/progress notes) are due every other Friday between 9:00am-4:00pm. If the office is closed for holidays, it will be announced, emailed and posted of revised date. Anyone who has not made prior arrangements with Denise Williams will have their paperwork held up until the following pay day.

I, \_\_\_\_\_, have been informed of Helping Hands of Flagler County, LLC. Payment Delay for Incomplete Work Policy. I understand and accept the consequences associated with the policy.

Staff Member \_\_\_\_\_ Date \_\_\_\_\_

Denise Williams \_\_\_\_\_ Date \_\_\_\_\_

## **Dress Code Policy**

As a staff member of Helping Hands of Flagler County, LLC it is important to appear professional. All staff members will adhere to the following dress code when working with individuals receiving Med-waiver services.

- 1 Walking shoes – shoes suitable for walking with individuals (sneakers are suggested)
- 2 Shirts must have shoulder width of at least 1 inch
- 3 Slogan shirts cannot be considered offensive by anyone
- 4 Undergarments cannot be visible
- 5 Shorts must have an inseam of at least 4 inches for females and 8 inches for males
- 6 Inappropriate skirts and dresses are not permitted

In the event I receive continued complaints regarding the dress of staff members, nurse scrubs will become mandatory at cost to staff members. Staff members represent the State of Florida, the individuals receiving med-waiver services, and the families of individuals receiving med-waiver services. Therefore, all involved parties should be comfortable with the appearances of the assigned staff member.

I, \_\_\_\_\_, have been informed of Helping Hands of Flagler County, LLC Dress Code.

Staff Member \_\_\_\_\_ Date \_\_\_\_\_

Denise Williams \_\_\_\_\_ Date \_\_\_\_\_

## **Individual (Service Recipient) Choice**

Individuals (service recipient) have the right to choose staff and activities.

As a staff member of Helping Hands of Flagler County, LLC. I acknowledge the individual’s right to change staff. If I am asked to leave by the individual I will follow the Helping Hands of Flagler County, LLC. transition policy. I will treat the individual with respect.

As a staff member of Helping Hands of Flagler County, LLC. I am aware of the individual’s goals. I will provide the individual with equal choices that assist in the achievement of goals. The individual will not feel pressured into choosing the activity of my choice.

As a staff member of Helping Hands of Flagler County, LLC. I will provide the individual with information on a wide range of opportunities and activities. The individual will be aware of his or her right to choose.

I have read and understand the “Individual (Service Recipient) Choice” Policy of Helping Hands of Flagler County, LLC .in accordance with guidelines set forth by the Agency for Persons with Disabilities (APD).

Staff Member \_\_\_\_\_ Date \_\_\_\_\_

Denise Williams \_\_\_\_\_ Date \_\_\_\_\_

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## Transition Policy

The individual has the right to change staff within Helping Hands of Flagler County, LLC. or to request a different provider.

When an individual wants to change staff within Helping Hands of Flagler County, LLC.:

- 1 Contact Denise Williams 386-931-8001 or denisewilliams150@gmail.com
- 2 Provide written notice with an explaining the reason for the change to Denise Williams. (Please mail to: 50 Cypress Point Pkwy Suite B-4, Palm Coast FL 32164)
- 3 Allow one week for the change to take effect

When an individual wants to request a different provider:

- 1 Follow the guidelines of the support coordinator
- 2 Contact Denise Williams 386-931-8001 or denisewilliams150@gmail.com
- 3 Provide written notice with an explaining the reason for the change to Denise Williams. ((Please mail to: 50 Cypress Point Pkwy Suite B-4, Palm Coast FL 32164)
- 4 Allow one week for the change to take effect

When the individual wants to change staff within Helping Hands of Flagler County, LLC or wants to request a different provider, the staff member will:

- 1 NOT be rude or aggressive towards the individual
- 2 Continue to provide services until another staff member is chosen
- 3 Work with Denise Williams to provide all necessary information regarding the individual to the next staff member

When the individual wants to change staff within Helping Hands of Flagler County, LLC, Denise Williams. will:

- 1 Contact the staff member
- 2 Interview the potential staff members for the position
- 3 Introduce potential staff members to the individual so the individual can choose the next staff member
- 4 Document the changes

When the individual wants to request a different provider, Denise Williams. will:

- 1 Contact the support coordinator
- 2 Provide information regarding the individual to give to the new provider
- 3 Conduct an exit interview with the individual to gather information needed to improve the policies and procedures of the agency

I have read and understand the Transition Policy of Helping Hands of Flagler County, LLC in accordance with guidelines set forth by the Agency for Persons with Disabilities.

Staff Member \_\_\_\_\_ Date \_\_\_\_\_

Denise Williams \_\_\_\_\_ Date \_\_\_\_\_

## Medication Policy

Helping Hands of Flagler County, LLC. maintains guidelines for “Administration of Medication” policy.

Direct Service provider not otherwise licensed to administer medication must successfully complete an agency approved training course and possess a current validation to provide medication administration or assist with self administration. The validation must be renewed annually to be in compliance with chapter 65G7-04.

Staff are informed medication refers to any substance for which the individual has a prescription. If an individual (person served) lives in a supported living situation, they must have the authorization for Medication Administration and/or Informed Consent in his or her file. Furthermore, medication expands to include Oral, topical, transdermal, ophthalmic, otic, rectal, and inhale, and pain relief medications that can be obtained over-the-counter.

If you do not possess this certification/validation you must sign a waiver agreeing NOT to administer.

I have read and understand the “Administration of Medication” of Helping Hands of Flagler County, LLC. in accordance with guidelines set forth by the Agency for Persons with Disabilities.

Staff Member \_\_\_\_\_ Date \_\_\_\_\_

Denise Williams \_\_\_\_\_ Date \_\_\_\_\_

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**The Individual (service recipient) is educated and assisted by the Staff to fully exercise rights.**

As an agency we maintain a policy which relates to educating and assisting individuals (service recipients) to fully exercise their rights. Included in this policy is a formal statement of individual rights to be orally introduced to the individual at the entrance interview and a copy signed by the individual or guardian. Staffs are expected to advocate with the individual for their rights, during service facilitation and to report discrimination in their daily log and by phone to the agency as needed.

**The Individual is treated with dignity and respect**

We maintain a practice of interviewing and conducting individual satisfaction surveys with individuals every 6 months. We maintain a written policy and training on procedures to report grievances and incidents.

**The Individual's personal privacy is observed**

As an agency we maintain a written policy and training on rights, confidentiality and grievances. Staffs are educated on techniques of addressing personal preferences for privacy. We maintain consent releases for information to be shared, and for photographic and journal releases, to be signed by the individual or guardian.

**The Individual actively participates in decisions concerning his or her life**

As an agency we maintain a policy which relates to educating and assisting individual individuals to fully participate in decisions concerning his or her life. Staffs are educated on techniques of addressing personal preferences. Staffs are expected to advocate with the individual for their rights, during service facilitation and to report discrimination in their daily service log and by phone to the agency as needed.

**The Individual is provided with opportunities to receive services in the most integrated settings appropriate to his/her needs and according to his/her choice**

As an agency we maintain a written policy and training on providing services in the most integrated settings appropriate to individual needs and according to his or her choice. We further maintain a practice of interviewing and surveying individuals and conducting Individual Satisfaction Surveys annually.

**Individuals are afforded choice of services and supports**

As an agency we maintain a policy which relates to educating and assisting individuals (consumers) to fully participate in decisions concerning his or her services. We further maintain a practice of interviewing and surveying individuals and conducting observational evaluations with individual. We maintain a written policy and training on procedures to report grievances and incidents.

**Individuals are free from abuse, neglect and exploitation**

As an agency we maintain a written policy and training on educating the individual as to the concepts of abuse and neglect. The agency maintains a written guideline as to what constitutes abuse and neglect. We provide training to insure the Staff has a firm understanding of what constitutes abuse and neglect. We further ensure that Staff is trained in the reporting and documentation of suspected abuse or neglect situations.

**Individual Medication**

As an agency we maintain a policy that ensures that the Staff has knowledge of what medications are being taken by their respective individuals and the reasoning for the medication as per the individual's support plan. However, as an agency our policy on medication is that we administer only when trained under a RN and we are certified.

**Individual is healthy and safe**

As an agency we maintain a survey to appraise the individual's concerns about safety as well as address the safety issues that may confront the individual. Staffs are responsible for reporting abuse to the ABUSE HOTLINE and report customer safety incidents to the agency owner. The owner is then responsible for notifying the district office and support coordinator immediately. First Aid and CPR training are provided for all Staff. Staffs are also aware of individual's health conditions and if needed, assist in medical and dental appointments.

**The Individual is maintaining desired social roles that are of value to the individual**

As an agency we coordinate adequacy of social roles with individuals and their coordinators. Staffs are trained in the importance of social roles, as well as the opportunities individuals need to explore to maintain roles that they believe in and are important to them.

**A personal outcome approach is used to design person-centered supports and services, and to enhance service delivery in order to assist individuals in achieving personal outcomes.**

As an agency we maintain a policy that enables Staffs to design person-centered supports as necessary to meet the needs of the individual. We maintain a policy that the Staff is to acknowledge the personal outcomes of the individual and use appropriate methods to ensure those outcomes are used as the basis for activities. Staffs are encouraged to understand their individual's personal goals and thus gain an understanding of their individual needs to reach those goals. Staffs are required to complete the Individual (Consumer) Introduction questionnaire 30 days from the date of the assignment. The agency maintains a survey that encompasses all aspects of the individual individual's personal goals and evaluates the program being implemented by the individual's assigned Staff.

**The Staff organizes its resources, strategies and interventions to facilitate each Individual's goal achievement**

As an agency we coordinate all activities in the best interest of the individual. A documented plan that identifies outcome goals and the resources needed to attain those goals. The individual or guardian approves the use of external resources and such authorization is documented as approval is gained. Senior Staffs evaluate each individual program to ensure a range of different and individualized methods and techniques are used to achieve the individual's goals.

**The Individual participates in the routine review of their implementation plan and directs changes desired to assure goals are met**

As an agency we maintain a policy of schedules to ensure each individual's personal program is on track and in keeping with that specific individual's goals. If the specific needs of the individual have outgrown the current plan, a new plan is maintained through the individual's Support Coordinator and put into place normally within 30 days.

**Individuals are achieving their desired goals and receive supports that demonstrate progress toward personal goals**

As an agency Staffs pursue the completion of individual outcome goals established with the individual. Staffs look for evidence that individuals have achieved goals. If goals have not been accomplished, the Staff seeks outside sources to ensure that the individual has the proper tools to accomplish the goals that have been established.

**The Staff is responsible for addressing individual outcome areas beyond their mission and scope through referral, advocacy or consultation**

As an agency we maintain a listing of referral sources to meet the needs of individual individuals. The agency maintains a specific form for referral services. Staffs are trained in the documentation necessary to make a referral for services when individuals request assistance with outcomes that are not within the scope of supports and services being provided the agency.

**The Staff actively coordinates the dissemination of information to the individual/family/guardian and other providers in order to promote a cohesive person centered planning and support process**

As an agency we provide training for Staffs on the appropriate and legal dissemination of information to the individual, family, guardian and other providers in order to promote a cohesive person centered planning and support process. The training is documented in the Staff training file. This training consists of what type of information Staffs may release, who may receive the information, and how the information is to be used in the furtherance of accomplishment of the individual's goals.

**Individuals are satisfied with services**

As an agency we maintain a set of Individual (Service Recipient) Satisfaction Surveys to determine level of satisfaction with services. There should be individual surveys for individuals, guardians and coordinators. This gives the broadest perspective on our level of service.

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I have read and understand the responsibilities of a staff member of Helping Hands of Flagler County, LLC. in accordance with guidelines set forth by the Agency for Persons with Disabilities.

Staff Member \_\_\_\_\_ Date \_\_\_\_\_

Denise Williams \_\_\_\_\_ Date \_\_\_\_\_



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## **Education Policy/Specific Needs & Character (In-Service Training 4 hrs annually)**

As a staff member of Helping Hands of Flagler County, LLC.I understand the need to educate myself on topics pertinent to the individuals I work with. I understand that I am required to complete 4 hours of Individual Specific In-Service Training annually. Topics on specific needs of individuals served my include health needs, community resources or person centered planning as well as medical, behavioral, or environmental. Information can be gathered via internet trainings, webinars, research or books and brochures available in doctor’s offices or job related seminar and conferences. I agree to provide Helping Hands of Flagler County, LLC. with documentation where the information was gathered. Documentation includes a copy of the information and a one page document stating it (**complete below pertaining to educational material selected**):

Staff Member Name \_\_\_\_\_ Signature: \_\_\_\_\_

Title of Information gathered (attach any course content, agenda, online description, article, etc):  
\_\_\_\_\_

Length of Time for Training (Self Paced or Attended): \_\_\_\_\_ **Hours** and Completed on **Date:** \_\_\_\_\_

Author or Source of Training: \_\_\_\_\_

Print Name (Author or Presenter): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Presenter (if in-person presentation): \_\_\_\_\_

Training Material obtained on (date)\_\_\_\_\_

What is the diagnosis or personal attributes of an individual that you work with that this Training Material pertains to: \_\_\_\_\_  
\_\_\_\_\_

Relevance to Individual you work with and how it helped educate you:  
\_\_\_\_\_

**Please complete in full from using any type of resource material that would enhance your knowledge working with people with intellectual and/or developmental disabilities and submit with your application.**

I have read, understand, and completed the Education Policy/Specific Needs In-Service Training of Helping Hands of Flagler County, LLC.in accordance with guidelines set forth by the Agency for Persons with Disabilities.

Staff Member \_\_\_\_\_ Date \_\_\_\_\_

Denise Williams \_\_\_\_\_ Date \_\_\_\_\_