

EMPLOYMENT APPLICATION

CNC Home Care is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state, or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds.

ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED

Name: (Last, First, MI) _____

Street Address: _____

City _____ State _____ Zip _____ SS # _____ - _____ - _____

Telephone (_____) _____ - _____ Other (_____) _____ - _____

18 or older? [] Yes [] No **If not, Birth Date:** _____

- Did any employer, school, or reference know you by another name? [] Yes [] No
- If Yes, indicate other name: _____
- **Position for which you are applying:** _____
- What wage/salary do you expect? \$ _____ per _____
- **If hired, when could you start work?** _____
- Are you willing to travel? [] Yes [] No If Yes, what percentage? _____
- Would you be willing to relocate? [] Yes [] No
- If Yes, preference: _____
- **Have you ever been employed by this company before?** [] Yes [] No
- If Yes, when and where? _____
- Who referred you to this company for employment? _____
- Names of friends or relatives working for the Company (list name(s) and relationship):

AVAILABILITY:

How many hours per week are you available for work? _____ **(LIST HOURS BELOW)**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

CERTAIN POSITIONS WITHIN THE COMPANY REQUIRE USE OF A CAR OR OTHER
MOTORIZED VEHICLE. IF USE OF SUCH A VEHICLE WERE REQUIRED IN THE JOB FOR
WHICH YOU ARE APPLYING.....

- Do you have a valid **TEXAS Driver's License**? [] Yes [] No
If No, can you obtain one? [] Yes [] No
- Do you have access to a car or other motorized vehicle? [] Yes [] No
- Do you or can you get liability insurance on such a vehicle? [] Yes [] No

YOUR DRIVING RECORD WILL BE CHECKED IF YOU DRIVE A COMPANY VEHICLE.

EDUCATION:

High School _____ Address _____
City _____ State _____ Zip _____ Last grade completed _____
GPA: _____ Did you graduate? [] Yes [] No Still Enrolled? [] Yes [] No

Trade or College _____ Address _____
City _____ State _____ Zip _____ Last grade completed _____
Course/Major _____ Degree(s) or Certification(s) _____
GPA: _____ Did you graduate? [] Yes [] No Still Enrolled? [] Yes [] No

EMPLOYMENT HISTORY: (start with most recent employer)

If employed, may we contact your present employer? [] Yes [] No

Company _____ Job Title _____
Address _____ City _____ State _____
Salary / Wage _____ per _____ Dates Worked: From _____ To _____
Still Employed? [] Yes [] No Supervisor _____ Telephone _____
Reason for leaving _____

Company _____ Job Title _____
Address _____ City _____ State _____
Salary / Wage _____ per _____ Dates Worked: From _____ To _____
Still Employed? [] Yes [] No Supervisor _____ Telephone _____
Reason for leaving _____

Company _____ Job Title _____
Address _____ City _____ State _____
Salary / Wage _____ per _____ Dates Worked: From _____ To _____
Still Employed? [] Yes [] No Supervisor _____ Telephone _____
Reason for leaving _____

REFERENCES: Give names of 3 persons **not related** to you, whom you have known **at least one year**.

Name _____ How long known? _____

Address _____ City _____ State _____

Phone _____

Name _____ How long known? _____

Address _____ City _____ State _____

Phone _____

Name _____ How long known? _____

Address _____ City _____ State _____

Phone _____

HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO OR PLED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? [] Yes [] No

IF YES, DESCRIBE BELOW

MILITARY SERVICE:

Branch _____ Date [Entered _____ Discharged _____] RANK _____

Do you have service-related skills applicable to civilian employment? [] Yes [] No

If yes, describe: _____

ADDITIONAL INFORMATION: (all applicants)

List additional training or experience _____

AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED:

I hereby certify that I have read and fully completed this application and that the facts set forth in this employment application (and accompanying resume, if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further certify that I am a true and bona fide job applicant, honestly interested in working in the position(s) for which I have applied, and am seeking employment with this company solely to provide me with the benefits of a job and for no other purpose.

I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics and standard of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature and scope of any such report. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

I acknowledge that the Company reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between this Company and its employees. At this Company, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and this Company retains the same rights. I further understand and agree that the Owner/President of this Company is the only person who may make an exception to this, including the at-will status of my employment, and it must be in writing and duly executed by the Owner/President of this Company.

If applicable to my employment, I have read and understood the notice regarding polygraph tests and my rights under this state's law.

AUTHORIZATION TO RELEASE INFORMATION: I authorize the references and/or employers listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you. I agree and understand that the Company and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not. I further agree and understand that if employed, the Company may at any time seek any information from whatever source, which in its discretion, it deems relevant to my employment.

NO DRUG USE POLICY: This Company does not hire persons who use illegal drugs. All persons seeking employment or employed with this Company may be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by the Company, and further consent to have the specimen tested at a laboratory selected by the Company.

I hereby certify that I **(check one)** do or do not use illegal drugs.

Signature _____

Date _____

Criminal History Check and Registry Verification Authorization

APPLICANT AUTHORIZATION/ACKNOWLEDGEMENT:

(To be completed by applicant)

I, (print applicant's name) _____, give authorization for a check of my criminal history in the course of applying for a position as a Caregiver, Homemaker or Companion and/or In-Home Respite provider. I also acknowledge that a conviction of a crime that prohibits a person from employment in a health care setting in the State of Texas applies to my application for this position. I also acknowledge that I may not be offered a position or provider service for payment before the criminal history check and registry verification is completed and reviewed by the employer.

Printed Name:

(Last) _____, (First) _____, (Middle Name) _____

(Alias) _____, (Maiden Name) _____

(Date of Birth): MM ____ DD ____ YY ____ (Race - if not black, check white): Black ____ White ____

Applicant Signature _____ Date _____

CRIMINAL HISTORY CHECK PROCESS:

(To be completed by the employer)

As the potential employer, I will acquire a current Criminal History Check of the applicant from the Texas Department of Public Safety.

REGISTRY CHECKS:

(To be completed by the employer)

1-800-452-3934

Applicant's Social Security Number: ____ -- ____ -- ____.

Employee Misconduct Registry: _____ No Record ___ Record (not to be hired)

Nurse Aide Registry: _____ No Record ___ Record (not to be hired)

Date of Checks: _____ Checks made by (print name): _____

Signature: _____

INSTRUCTIONS:

1. Complete and sign a Criminal History Check/Authorization Form for each applicant.
2. You may **not** offer a position until the Criminal History Check and the Registry Checks are received/completed and verified for employment eligibility purposes. Only applicants meeting eligibility criteria may be offered a position.
3. Attach the criminal history check to this form. Retain the originals for your records.

1550 CriminalHistory.doc Revised September 19, 2002

HAVE YOU EVER BEEN CONVICTED OF MISDEMEANOR OR FELONY? YES ____ NO ____

IF YES, PLEASE EXPLAIN _____

IMPORTANT NOTICE

You are hereby notified that this company DOES NOT have Workers' Compensation insurance coverage to protect you from damages because of work-related illness or injury, but instead takes care of employees injured on the job through an Occupational Injury Benefit Program independent from the Texas Workers' Compensation Act.

All employees must comply with the following company policy:

1. Report immediately every injury or incident, no matter how minor, to your supervisor, manager, or other person in charge at the time.
2. Medical treatment must be administered by a Company-designated doctor or hospital.
3. The Company policy strictly prohibits use of, or impairment by, drugs or alcohol by **any** employee while on the job. An employee who requires medical treatment for an on-the-job injury is required to undergo testing to determine the presence in his/her body of:

alcohol (ethyl)	methadone
amphetamines	methaqualone
barbiturates	opiates and/or derivatives
benzodiazepines	phencyclidine (PCP)
cannabinoids (marijuana)	propoxphene
cocaine	
4. Notify the Company of expected recovery time immediately after primary medical treatment and after all other doctor's appointments.
5. Complete an Employee Statement as soon as possible.
6. Follow all doctors' orders fully and keep all scheduled appointments.
7. Notify the Company immediately when the doctor releases me for work.

Any payment of any kind will be terminated in the event the Company discovers the injury was not clearly sustained on the job in the furtherance of the employer's business or for failure to comply with the Company policy. Payment does not constitute admission of liability on the part of the Company. The Company retains the right to make changes in the program at the discretion of the Company.

To acknowledge your receipt of this information, please sign and return this form.

I hereby acknowledge the Company policy and that I will comply fully and completely with the terms and conditions of the policies of the Company. I agree to submit to the screening test specified above and authorize the testing physician or laboratory to release the results on my test solely to the Company or its authorized representative.

Please Print Your Full Name

Applicant / Employee Signature

Social Security #

Date Signed

SUMMARY OF DRUG / ALCOHOL ABUSE POLICY

This Company's policy is to maintain a drug free work place. Drug possession or drug use is not allowed on the company premises.

This policy has been implemented as part of the company's overall program to maintain the health and safety of its employees, customers, and the public; and to prevent civil and criminal liability. This policy covers all employees and prospective employees. It covers the possession, use, distribution, or sale of drugs-.and drug paraphernalia. The teen drugs refer to those substances regulated under the Texas Controlled Substance Act, Chapter 481, Health and Safety Code, inhalants, alcoholic beverages and prescription drugs. In those cases where an employee is using prescription drugs that could impair the employee, the employee should inform their supervisor.

In order to implement this policy, the company may monitor employees for drug use, conduct drug screening, and search the premises, including employees' personal possessions and vehicles on the premises, for drugs and/or drug paraphernalia. Failure to submit to a search may result in the company's refusal to hire or to continue employment, or take any other action in conformity with the company's usual disciplinary procedures.

Monitoring of employees may include direct observation and third party reporting of drug possession or use. Any employee may report concerns or observations to the supervisory personnel.

Screening for drugs may be carried out under the following circumstances:

Post-Offer Employment;

- B. Upon Suspicion of Use or Possession Based on:
 - 1. Impairment,
 - 2. Discovery of drugs on premises,
 - 3. Report. from third party;
- C. After an On-The-Job Accident;
- D. Randomly; and
- E. Universally.

The testing may be by any means including blood, hair, and urine samples. Testing will be performed by an independent laboratory. Failure to submit to the test will result in the same penalties as are imposed for a positive test result.

If an employee or prospective employee is found to have drugs in his/her possession or tests positive for drugs, the company may refuse to hire or to continue employment, or may take any other action in conformity with the company s usual disciplinary procedures. An employee will be afforded an opportunity to explain a positive test result. The company shall make the final determination as to what action will be taken.

The manager/supervisor at each location has a copy of the complete policy from which this summary is taken. It is available for any employee to read.

**SUMMARY OF DRUG/ALCOHOL ABUSE POLICY
ACKNOWLEDGMENT OF RECEIPT**

**A COPY OF THE ADMINISTRATIVE GUIDELINES ARE AVAILABLE FOR REVIEW IN THE
MANAGER'S OFFICE.**

I acknowledge that on this date I received a Summary of the Company Drug / Alcohol Abuse Policy. I have read the policy, or if I am unable to read the policy it has been explained to me by the Company representative named below. I understand the policy in all respects and agree to abide by it. I understand I must comply fully and completely with the policy as a condition to my initial employment and continued employment thereafter. I acknowledge that the Company retains the right to amend the policy at any time, and the right to implement other practices and procedures deemed necessary or appropriate by the Company.

DATE: _____

APPLICANT / EMPLOYEE:

PRINT NAME

EMPLOYEE SOCIAL SECURITY NUMBER

EMPLOYEE'S SIGNATURE

LOCATION

INTERPRETER (if any):

COMPANY REPRESENTATIVE (if any)

PRINT NAME

PRINT NAME

INTERPRETER'S SIGNATURE

COMPANY REPRESENTATIVE'S SIGNATURE

FIELD STAFF PERSONNEL JOB DESCRIPTION

CAREGIVERS AND COMPANIONS

Education - High school diploma, GED or at least six months experience as a caregiver homemaker.

Training - Six or more months hands-on experience as a caregiver or homemaker.

Continuing

Educations - Continuing education and in-service training will be offered to all employees as they are available. Education includes but is not limited to homemaking, caregiving, mental health, home safety, universal precautions, Alzheimer's, Parkinson's, developmental disabilities and other job related educational opportunities.

Job

Responsibilities - Provide assisted aging by providing light housekeeping, cooking, assistance with personal care, ambulation, reminding or assisting with medications that are normally self-administered, grooming, bathing, ambulation, exercise, routine care of skin and hair and toileting.

ALL "CNC" CAREGIVER/COMPANION/HOMEMAKERS generally have the following qualifications:

1. Current Texas Driver's License or current Texas I.D.
2. Proof of current automobile liability insurance if they drive in the furtherance of company business. They may use alternate forms of transportation such as taxi, bus, etc.
3. Proof of eligibility to work (I-9).
4. Current CPR certification preferred.
5. Reliable transportation.
6. High school diploma or G.E.D. or one year experience.
7. Physical and emotional stability.
8. Communication skills.
9. Organizational skills.
10. Ability to work independently.
11. Personal and professional references.
12. Minimum of 18 years of age.
13. Must pass criminal background check for unlicensed HCSSA Personnel and Criminal History Check & Registry Verification.
14. Current TB Screening and Hepatitis B Vaccine (or Hepatitis B refusal form).
15. Lift a minimum 30 lbs.

I have read and accepted my job description and job requirements and given an opportunity to ask questions.

Print Name

Signature

Date

Additional Employee Application information.

Applicant's Name _____ Social Security# _____

Are you able to lift 30 lbs. or more? Yes ____ No ____

If not please explain _____

Emergency contact numbers:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes please explain _____

Have you ever been convicted of a misdemeanor? Yes _____ No _____

If yes please explain _____

Signature

Date

CNC HOME CARE

97.247

Verification of Employability of Unlicensed Persons

I, _____, have applied for employment or am employed with **CNC Home Care** and understand my duties involve direct contact with an agency consumer. I have informed the agency of all names (maiden, aliases) I have used in the past.

The criminal history check will be performed prior to an offer of permanent employment except in emergency situations.

I understand I have been employed on an emergency basis and my employment is temporary pending the results of a State of Texas criminal history check, search of the nurse aide registry and the employee/contractor as applicable misconduct registry. If I have a criminal conviction, am listed in the misconduct registry, or have committed certain conduct that would bar me from employment with the agency. I am aware my employment will be terminated immediately.

I have not been convicted of the following offenses:

- Chapter 19, Penal Code (criminal homicide)
- Chapter 20, Penal Code (kidnapping and false imprisonment)
- Section 21.11, Penal Code (indecent with a child)
- Section 22.01, Penal Code (assault)
- Section 22.011, Penal Code (sexual assault)
- Section 22.02, Penal Code (aggravated assault)
- Section 22.04, Penal Code (injury to a child, elderly individual or disabled individual)
- Section 22.041, Penal Code (abandoning or endangering a child)
- Section 22.08, Penal Code (aiding suicide)
- Section 25.031, Penal Code (agreement to abduct from custody)
- Section 25.08, Penal Code (sale of purchase of a child)
- Section 28.02, Penal Code (arson)
- Section 29.02, Penal Code (robbery)
- Section 29.03, Penal Code (aggravated robbery); or

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

- Section 22.01, Penal Code (assault)
- Section 30.02, Penal Code (burglary)
- Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution);
- Section 32.46, Penal Code (securing execution of a document by deception); or
- False identification as a peace officer (September 1, 2007)
- Disorderly conduct cited under Penal Code 42.01 (a)(7)-(9) (September 1, 2007)

An offense that the facility determines to be a contraindication to employment with the consumers the agency serves.

A person convicted of an offense under Chapter 31, Penal Code (theft), that is punishable as a felony, may not be employed in a position of duties of which involve direct contact with a resident or consumer, unless the conviction is at least 5 years old. This automatic bar to employment applies to those employees first hired by the agency on or after September 1, 2001.

CNC HOME CARE

97.247

Effective September 1, 2007 convictions to Chapter 250 Health & Safety Code that bar unlicensed personnel with direct contact with clients from being employed by HCSSA and other health care providers.

Indecent exposure	Improper relationship between educator and student
Improper photography or visual recording	Deadly contact
Aggravated sexual assault	Terroristic threat
Online solicitation of a minor	Money laundering
Medicaid fraud	Cruelty to animals

The agency will review any criminal conviction listed on the DPS report to determine if the conviction(s) meets the criteria as an automatic bar for employment.

If the agency believes a conviction may bar a person from employment in the agency, the agency will notify the applicant or employee. The notification will include a statement informing the person he may contact DPS to request an opportunity to be heard concerning the accuracy of the criminal history record information.

The agency will not hire an applicant for employment and will immediately discharge an employee if the agency:

- (1) determines, as a result of a criminal history check, a person has been convicted of the automatic bars to employment.
- (2) becomes informed of a person's conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of the automatic bars to employment;
- (3) determines that a person is listed in the nurse aide registry (established under the Omnibus Reconciliation Act of 1987) as unemployable due to findings of abuse, neglect, or mistreatment of a consumer of any agency or facility licensed under Health and Safety Code, or misappropriation of a consumer's property; or
- (4) determines a person is listed in the employee misconduct registry (established under Health and Safety Code, Chapter 253), as unemployable due to a finding the person has committed an act constituting "reportable conduct."

The agency may request a criminal history conviction check on unlicensed employees at any time the agency determines appropriate.

The agency will request a criminal history check within 72 hours of employment.

I understand the criminal history records and the information they contain will not be released or otherwise disclosed to any person or entity other than myself, except on court order or my written consent.

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

Signature of Applicant

Witness

Printed Name

Date

Employment Reference Check
CNC Home Care, 8111 Preston Rd. #415, Dallas, TX, 75225
214-540-5942 (Office) 214-540-5947 (Fax)

Applicant: _____

Current/Former Employer:

Company _____

Address _____

City, State, Zip _____

Attention _____

Phone _____

Position Held: _____

Social Security Number: _____

Dates of Employment: _____ to _____

Salary: _____

The above named individual has applied for employment with **CNC Home Care** Business and has named you as a former employer. In order to make an informed hiring decision, we need to know the applicant's work history. Applicant authorizes you to furnish **CNC Home Care** with any information concerning their employment record, character, habits and ability.

I do hereby release my employer/former employer and all individuals concerned from any claims, suits and liabilities for any damages whatsoever resulting from their actions and conduct in responding to this request and giving such information. Any information that you give will be held in the strictest confidence.

Signature: _____ Date: _____

Please verify employment by answering the following questions:

How long was **Applicant** with your company? _____

Please provide all dates of employment: _____

What position(s) were held by **Applicant**? _____

What was the **Applicant's** final rate of pay? _____

Was **Applicant** reliable? _____

Was **Applicant's** work satisfactory? Yes ____ No ____

(If no, explain) _____

Why did Applicant leave your employ? _____

	ABOVE AVGERAGE	AVERAGE	BELOW AVERAGE	COMMENTS
ATTENDANCE				
COOPERATION				
JOB KNOWLEDGE				
INITIATIVE				
PRODUCTIVITY				
RELIABILTY				
QUALITY OF WORK				

Would you rehire this person? Yes ____ No ____
(If no, explain)

Applicant's Strong Points?

Applicant's Weak Points?

Additional Comments?

Information furnished by: _____

Title: _____ Date _____

Thank you for your cooperation and prompt response.

Sincerely,
Christian F. Clausen
Administrator

Employment Reference Check
CNC Home Care, 8111 Preston Rd. #415, Dallas, TX, 75225
214-540-5942 (Office) 214-540-5947 (Fax)

Applicant: _____

Current/Former Employer:

Company _____

Address _____

City, State, Zip _____

Attention _____

Phone _____

Position Held: _____

Social Security Number: _____

Dates of Employment: _____ to _____

Salary: _____

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What was the **Applicant's** final rate of pay? _____

Was **Applicant** reliable? _____

Was **Applicant's** work satisfactory? Yes ____ No ____

(If no, explain) _____

Why did **Applicant** leave your employ? _____

	ABOVE AVGERAGE	AVERAGE	BELOW AVERAGE	COMMENTS
ATTENDANCE				
COOPERATION				
JOB KNOWLEDGE				
INITIATIVE				
PRODUCTIVITY				
RELIABILTY				
QUALITY OF WORK				

Would you rehire this person? Yes ____ No ____
(If no, explain)

Applicant's Strong Points?

Applicant's Weak Points?

Additional Comments?

Information furnished by: _____

Title: _____ Date _____

Thank you for your cooperation and prompt response.

Sincerely,
Christian F. Clausen
Administrator

Employment Reference Check
CNC Home Care, 8111 Preston Rd. #415, Dallas, TX, 75225
214-540-5942 (Office) 214-540-5947 (Fax)

Applicant: _____

Current/Former Employer:

Company _____

Address _____

City, State, Zip _____

Attention _____

Phone _____

Position Held: _____

Social Security Number: _____

Dates of Employment: _____ to _____

Salary: _____

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I do hereby release my employer/former employer and all individuals concerned from any claims, suits and liabilities for any damages whatsoever resulting from their actions and conduct in responding to this request and giving such information. Any information that you give will be held in the strictest confidence.

Signature: _____ Date: _____

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Why did **Applicant** leave your employ? _____

	ABOVE AVGERAGE	AVERAGE	BELOW AVERAGE	COMMENTS
ATTENDANCE				
COOPERATION				
JOB KNOWLEDGE				
INITIATIVE				
PRODUCTIVITY				
RELIABILTY				
QUALITY OF WORK				

Would you rehire this person? Yes ____ No ____
(If no, explain)

Applicant's Strong Points?

Applicant's Weak Points?

Additional Comments?

Information furnished by: _____

Title: _____

Date _____

Thank you for your cooperation and prompt response.

Sincerely,
Christian F. Clausen
Administrator

**CNC HOME CARE
8111 PRESTON RD., SUITE 415
DALLAS, TX 75225
214-540-5942**

MAY 13, 2004

TO: All CNC EMPLOYEES

RE: HIPAA - NOTICE OF PRIVACY ACT

CNC HOME CARE originates and maintains CLIENT homecare/health records which may include but are not limited to name, address, telephone number, social security, date of birth, gender, medications, personal data and health history. In the CLIENT'S home we maintain a Care Plan Notebook that contains protected information about the client.

We use protected health information about our CLIENT'S to develop their care/service plan and selecting the caregiver/companion(s) providing our CLIENT'S care and as necessary to coordinate our CLIENT'S care with other service providers. For example, we would use or disclose protected health information to the doctor, pharmacy, emergency room, allied health providers, treatment, etc.

Any other uses or disclosures of their protected health information will be made only with our CLIENT'S written authorization.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes our Client's rights to access and control their protected health information. "Protected health information" is information about our CLIENT'S, including demographic information, that may identify information that relates to our CLIENT'S past, present or future physical or mental health or condition and related health care services.

HIPAA Privacy Act mandates it is unlawful for any CNC Employee to disclose ANY information regarding the CLIENT'S care or personal information to any person not directly involved (authorized) on the assignment. This includes other caregivers on other assignments, friends, family members, client family members, client friends/neighbors, etc. Any concerns about your CLIENT must be communicated to their immediate supervisor or through CNC Home Care's office.

Communication of any information regarding your case to other persons not directly involved with your assignment would result in **immediate** termination.

If you have any questions about this Notice, please contact: our Privacy Contact who is either the Administrator, Christian F. Clausen or Client Services Manager/Alternate Administrator, Tammy Wilson by calling 214-540-5942.

I have read, understand and have been given a chance to ask questions regarding the Privacy Policy. Please sign and return this form at your earliest convenience. Keep a copy for your records.

Print Name

Signature

Date

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please Print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

CNC Home Care

Agency Name (Please Print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: <u>Work</u> _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
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