



# HELPING HANDS OF FLAGLER COUNTY, LLC.

50 Cypress Point Pkwy, Suite B-4, Palm Coast FL 32164  
 Office Phone 386-313-1239 -- Mobile 386-931-8001  
 Fax 386-206-3236

Email [denisewilliams150@gmail.com](mailto:denisewilliams150@gmail.com)

Website: [www.helpinghandsofflaglercounty.com](http://www.helpinghandsofflaglercounty.com) - EMPLOYMENT PAGE FOR APPLICATION

## STAFF REQUIREMENTS – PLEASE BRING COPIES OF ALL CERTIFICATES & INSURANCES

Applicant \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please be advised that you will need to be in compliance with the below requirements to render services and to receive payment. **Please call for Appointment prior to coming.**  
**Thank you for your interest and we look forward to meeting you in person!!**

### Pre Service Requirements

<p><u>AHCA ( LTC / PCA-u21)</u>  <u>DCF (Medicaid Level 2)</u>  <b>Background Clearance</b> Office Initiates Screening Referral!! (live scan Fingerprints)</p>		<p><b>County Sheriff Dept - Local Criminal Check – NOT Fingerprints</b> in County you live in. (Bring w/you – Pre-Service Required)</p>		<p><b>Affidavit of Good Moral Character</b> (Will Be Notarized at office)</p>	
<p><b>“Requirement for All Waiver Providers/Handbook Overview”</b>  <b>Training:</b>  <a href="http://apd.myflorida.com/providers/training/">http://apd.myflorida.com/providers/training/</a> or in office (Pre-Service Required)</p>		<p><b>HIPAA by APD Online</b>  <a href="http://myattain.org/workshops2/">http://myattain.org/workshops2/</a>          Renew Annually / Free (Pre-Service Required)</p>		<p><b>Employment Verification (min. 2080 hrs work exp or 720 College Classroom Hrs) (Sign Release of Information in office)</b></p>	
<p><b>APD Zero Tolerance (3yr) (Pre-Service Required)</b>  <a href="http://apd.myflorida.com/providers/training/">http://apd.myflorida.com/providers/training/</a> read guides/instr. Create TRAIN Login Acct, then for profile choose:          Agency for Persons with Disabilities or “APD”, Northeast Region, Area 12, Home Health – SAVE YOUR USER NAME AND PASSWORD FOR FUTURE USE</p>		<p><b>RESUME w/ Reference Letters</b> (List all Hands On Experience with eldercare, disabilities, children)   <b>APPLICATION</b> (Print, Complete in Full, Bring w/Correlating Resume)   <b>HIGH SCHOOL DIPLOMA or GED</b> (COPY REQUIRED PRE-SERVICE/Prior to Working) and if any College +Transcript</p>		<p><b>AUTOMOBILE DOCUMENTS (KEEP CURRENT):</b>          Driver License (BRING)          Auto Registration (BRING)          Auto Ins Policy Declaration (BRING)   <b>DIRECT DEPOSIT – BRING CHECKING ACCOUNT VOID CHECK or BANK PRINTOUT</b>   <b>SOCIAL SECURITY CARD (BRING)</b></p>	<p>DL-Reg-Ins-</p>
<p><b>SIGN/COMPLETE IN OFFICE:</b>          1. Employee Provider Contract          2. Medicaid Recoupment Policy          3. Policies and Procedures          4. MVR Release          5. Job description(s)   <b>W-4</b> (Attach Direct Dep. Form)  <b>I-9 Form</b> (Employment Eligibility Verification)  <b>W-9</b> (Independent Contractor)   <b>TRAININGS IN OFFICE – PRIOR TO WORKING:</b>          1. Documentation          2. Elder Abuse, Fraud, Exploitation          3. Cultural Competency Training          4. Education Training (material pertains to client being served) <b>minimum 4 hours annually</b></p>	<p><b>W4-</b>  <b>I-9-</b>  <b>W9-</b></p>	<p><b>REQUIRED WITHIN 30 DAYS OF WORK START DATE:</b>   <b>CPR (CLASSROOM APD APPROVED) FIRST AID HIV/Aids Infection Control</b>  <b>APD Direct Care Core Competencies</b>  <b>FREE ONLINE – <a href="http://www.apdcares.org">www.apdcares.org</a></b>          1. Planning and Person Centered Planning          2. Intro to Development Disabilities          3. Health, Safety, and Wellness          4. Rights &amp; Choice          5. Roles &amp; Responsibilities of Direct Support Professionals   <b>OPTIONAL-PENDING CLIENT Medication ADMIN. Course (APD 65G7) Part 1 of 2</b>  <b>Med. VALIDATION APD FORM 65G7-04 - Part 2 of 2 (if did Med Administration)</b> (renew annually with RN. Keep this plus all future annual validations with your Initial Medication Administration Certificate)</p>	<p>CPR-FA-HV-IFC-           DCCC-           1.          2.</p>	<p><b>STAFF – PC ELDER CARE (LTC):</b>   <b>C.N.A LICENSE / HOME HEALTH AIDE 75hrs</b> (REQUIRED FOR PERSONAL CARE ASSIST.)   <b>LTC ADDITIONAL REQUIRED TRAININGS Minimum 24 HOURS EVERY 2 YEARS</b>          1. Cultural Competency          2. Elder Care Abuse &amp; Exploitation          3. Alzheimer &amp; Dementia (2 yrs)          4. Domestic Violence          5. Medical Record Documentation and Legal Aspects Appropriate to C.N.A.          6. Resident Rights          7. Communication w/Cognitively Impaired          8. Medical Error Prevention &amp; Safety</p>	<p>X _____   <b>CEU'S --</b>          1. ____          2. ____          3. ____          4. ____          5. ____          6. ____          7. ____          8. ____</p>

**REQUIRED TO HAVE or ACCESS to: PRINTER, EMAIL, MOBILE PHONE, COMPUTER, USB Flash drive, Computer to Type Documentation**

**OFFICE USE ONLY---**

INTERVIEW DATE: \_\_\_\_\_ W/STAFF NAME: \_\_\_\_\_ CITIES ABLE TO WORK: \_\_\_\_\_  
 ELIGIBLE SERVICES (circle all that apply): LTC: PCA (HHA/C.NA) HMK COMPANION WAIVER: IN-HOME COMMUNITY PCA-U21

I have read the above requirements and understand and agree to comply.

\_\_\_\_\_  
 Staff name and Signature / date

\_\_\_\_\_  
 HHFC name and Signature / date