



Employment Application

Have you ever worked for Trinity Assistance Corporation? Yes No
 Do you have a desired client assignment? _____

APPLICANT INFORMATION

Last Name		First		M.I.		Date		
Street Address						Apt/Unit #		
City			State			Zip		
Phone			E-mail Address					
Date Available			Social Security No.			Desired Salary		
Position Applied For								
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a misdemeanor?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Do you have any pending criminal charges?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Do you have any experience working with people with developmental disabilities? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:								
Do you have a conviction or prior history of abuse, neglect or mistreatment? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:								
Have you ever been the subject of an *indicated report of abuse, neglect or maltreatment of an individual? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain: An indicated report of abuse, neglect or maltreatment is a report made after an investigation by an appropriate government agency or voluntary providers to the Central Register of the New York State because some credible evidence exists to support an allegation of abuse, neglect, or maltreatment of an individual.								

EDUCATION

High School			Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College			Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other			Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES

Please list three professional references

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

APPLICANT NAME		
PREVIOUS EMPLOYMENT		
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 <input type="checkbox"/> NO <input type="checkbox"/>		
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 <input type="checkbox"/> NO <input type="checkbox"/>		
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 <input type="checkbox"/> NO <input type="checkbox"/>		
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 <input type="checkbox"/> NO <input type="checkbox"/>		
MILITARY SERVICE		
Branch	From	
Rank at Discharge	To	
Type of Discharge		
If other than honorable, explain:		
DISCLAIMER AND SIGNATURE		
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> <p>Transportation of individuals involves a high degree of responsibility by both the driver and the agency. As part of this responsibility, Trinity reserves the right to review your driving record prior to employment and receive notification from DMV of any changes in your driving record.</p> <p>I authorize investigation of all statements contained herein. I authorize the references listed above to give Trinity any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage.</p> <p>I acknowledge and understand that if I am offered a position with Trinity, I am required under NYS Law to be subject to a Staff Exclusion List & MHL (Abuse/ Neglect History) Check, Criminal Background Check and will be sent for fingerprinting, Child Abuse Registry Clearance if working with a minor, Medicaid Fraud Clearance from NYS Office of the Medicaid Inspector General and Valid License Credentialing for Licensed Applicants.</p> <p>I acknowledge and understand that my employment is contingent on the outcome of the criminal record history check, background investigation, DMV license check and Child Abuse Registry Clearance.</p>		
Signature		Date

CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

June 10, 2013

Introduction

The Protection of People with Special Needs Act (“the Act”) establishes the Justice Center for the Protection of People with Special Needs (“Justice Center”) and requires that this Code of Conduct be read and signed by anyone who will have regular and substantial contact with any person who is receiving services or supports from facilities or providers covered by the Act.

The Code of Conduct is not intended to provide a detailed list of what to do in every aspect of your work. Instead it represents a framework that will help custodians determine how to help people with special needs live self-directed, meaningful lives in their communities, free from abuse and neglect, and protected from harm.

You must abide by the following Code of Conduct provisions:

Person-Centered Approach

My primary duty is to the people who receive supports and services from this organization. I acknowledge that each person of suitable age must have the opportunity to direct his or her own life, honoring, where appropriate, their right to assume risk in a safe manner, and recognizing each person’s potential for lifelong learning and growth. I understand that my job will require flexibility, creativity and commitment. Whenever appropriate, I will work to support the individual’s preferences and interests.

Physical, Emotional and Personal Well-being

I will promote the physical, emotional and personal well-being of any person who receives services and supports from this organization, including their protection from abuse and neglect and reducing their risk of harm. I will immediately report any situation in which any person receiving services or supports is experiencing, or is at risk of experiencing abuse or neglect.

Respect, Dignity and Choice

I will respect the dignity and individuality of any person who receives services and supports from this organization and honor their choices and preferences whenever possible and appropriate. I will help people receiving supports and services use the opportunities and resources available to all in the community, whenever possible and appropriate.

Self-Determination

I will help people receiving supports and services realize their rights and responsibilities, and, as appropriate, make informed decisions and understand their options related to their physical health and emotional well-being.

Relationships

I will help people who receive services and supports from this organization maintain or develop healthy relationships with family and friends. I will support them in making informed choices about safely expressing their sexuality and other preferences, whenever possible and appropriate.

Advocacy

I will advocate for justice, inclusion and community participation with, or on behalf of, any person who receives services and supports from this organization, as appropriate. I will promote justice, fairness and equality, and respect their human, civil and legal rights.

Personal Health Information and Confidentiality

I understand that persons served by my organization have the right to privacy and confidentiality with respect to their personal health information and I will protect this information from unauthorized use or disclosure, except as required or permitted by law.

Non-Discrimination

I will not discriminate against people receiving services and supports or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition or disability.

Integrity, Responsibility and Professional Competency

I will reinforce the values of this organization when it does not compromise the wellbeing of any person who receives services and supports. I will maintain my skills and competency through continued learning, including all training provided by this organization. I will actively seek advice and guidance of others whenever I am uncertain about an appropriate course of action. I will not misrepresent my professional qualifications or affiliations. I will demonstrate model behavior to all, including persons receiving services and supports.

Reporting Requirement

As a mandated reporter, I acknowledge my legal obligation to report all allegations of reportable incidents immediately upon discovery to the Justice Center's Vulnerable Persons' Central Register by calling 1-855-373-2122.

PLEDGE TO ABIDE BY THE CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

I pledge to prevent abuse, neglect, or harm toward any person with special needs. If I learn of, or witness, any incident of abuse, neglect or harm toward any person with special needs, I will offer immediate assistance and then notify emergency personnel, including 9-1-1 where appropriate, and inform the management of this organization. I pledge also to report the incident to the Justice Center for the Protection of People with Special Needs.

I acknowledge that I have read and that I understand the Code of Conduct.

I agree to abide by this Code of Conduct.

Signature

Print Name

Date

Program: Community Services

Department:

Facility/Provider Organization: Trinity Assistance Corporation

HIPAA – ACT AGREEMENT
BETWEEN
TRINITY ASSISTANCE CORPORATION
AND
EMPLOYEES, VOLUNTEERS, AND INDEPENDENT CONTRACTORS

EMPLOYEES, VOLUNTEERS AND INDEPENDENT CONTRATORS WILL

Protected Health Information is defined as all paper or electronically transmitted “Individual Health Information”, “Individually Identifiable Information” and Protected Health Information on individuals who apply for or receive any services from Trinity Assistance Corporation:

- A. **Health Information**: means any information whether oral or recorded in any form or medium that is;
1. Created or received by Trinity Assistance Corporation. and relates to the past, present, or future physical or mental health or condition of an individual and
 2. Relates to the provision of health care/services to an individual and/or the past, present, or future payout for the provision of health care/services to an individual.
- B. **Individually Identifiable**: is information that as a subset of health information including demographic information collected from an individual, and;
1. Is created or received by Trinity Assistance Corporation. and;
 2. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual and;
 - (i) That identifies the individual or,
 - (ii) With respect to which there is reasonable basis to believe the information can be used to identify the individual.
- C. **Protected Health Information**: means individually identifiable health information that is;
1. Transmitted by electronic media, i.e., via fax, computers, copiers.
 2. Transmitted or maintained in any other form or medium, including but not limited to multimedia, social websites, paper, electronic or oral communication.

Examples of Protected Health Information include but are not limited to the following documentation received or transmitted by Trinity Assistance Corporation. via any media, that has individually identifiable information on it; referral for services, Application for services, Intake information, Assessments, Progress Notes, Diagnostic reports, Psychological Evaluations, Prescriptions, Medication Administration Records, Correspondences with Individually Identifiable information, Physical Health/Medical Examinations, Lab work, Death certificate, Incident Reports, Unusual Events, Autopsy Reports, Individual Program Plans, Individual Service Plans, Comprehensive Functional Assessments, Case Notes, Nurses Logs, Consults for Medical Services, Waiver Services Plans, Individual Protection and Oversight Plans, Profiles, Data Collection Sheets, Billing Documentation and Case Records.

TRINITY ASSISTANCE CORPORATION

Trinity Assistance Corporation employees, volunteers and independent contractors possess sensitive, privileged information about consumers and their care. TAC takes very seriously any violation of a consumer's confidentiality. Discussing a consumer's medical condition, or providing any information to other unauthorized persons, will have serious consequences for the disclosing party. Case records and medical records are strictly confidential, which means that they may not be released to outside parties except with the consent of the consumer or in other limited circumstances. Special protections apply to HIV related information. Records must not be physically removed from the program/site location, without approval from the Program Director. Employees, volunteers and independent contractors who have access to records must take steps to preserve their confidentiality and integrity, and no employee, independent contractor or volunteer is permitted access to the records of any consumer without a legitimate, work-related reason for doing so. Any unauthorized release of or access to consumer records should be reported to the Program Director or to TAC Privacy Official (Nerissa Denaro).

All staff members will be responsible for ensuring and maintaining confidentiality of individual records including the individual's Protected Health Information.

All information contained in an individual's record and all Protected Health Information will be considered confidential. As such, discussion of individuals, based on data from the record, will be restricted to the work place and done in manners, which respect the individual's privacy, confidentiality and security of information.

In the day-to-day practice access to individual records will be limited to only individuals who are authorized to have access. This includes staff members, volunteers and independent contractors of Trinity Assistance Corporation.

Written authorization of the individual, if capable, or his/her family/guardian, if not, will be required for other agencies or individuals.

HIPAA – ACT AGREEMENT

BETWEEN

TRINITY ASSISTANCE CORPORATION

AND

EMPLOYEES, VOLUNTEERS AND INDEPENDENT CONTRACTORS

By signing this form, I acknowledge that I have carefully reviewed and understand the HIPAA-
ACT Agreement provided and agree to adhere to its stated policy.

EMPLOYEE, VOLUNTEER OR INDEPENDENT CONTRACTOR:

Print Name: _____

Signature: _____

Date: _____

WITNESSED BY:

Print Name: _____

Signature: _____

Date: _____

Trinity Assistance Corporation
3545 Buffalo Road, Suite 2
Rochester, NY 14624



TRINITY ASSISTANCE CORPORATION
Use of Privately Owned Vehicles
Policy & Procedure

Maintenance of Privately Owned Vehicles:

Service Providers that permit drivers to use their own vehicles to transport individuals must maintain documented evidence of the following:

- Daily vehicle inspections that include pre-trip inspections to a standard appropriate to an experienced driver of that general type of vehicle;
- The purpose of the pre-trip inspection is to identify defects in a vehicle that would endanger public safety or would substantially reduce passenger comfort- including cleanliness;
- Develop a system to ensure that privately owned vehicles with identified defects are not used to transport clients until the defect has been cleared;
- Sight evidence that the vehicle is maintained regularly (such as sighting service reports from mechanic) and has an annual vehicle inspection.

Registration and Vehicle Insurance

Service providers must have a system in place to ensure that all motor vehicles used to transport clients hold current and valid motor vehicle registration.

- It is the service provider's or private vehicle owner's responsibility to ensure that the motor vehicles used to transport clients are insured for the appropriate premium class that is determined by, amongst other things, the type of vehicle and the use of the vehicle;
- Penalties apply for failing to insure the motor vehicle at the correct premium;
- The service provider or vehicle owner may also be liable to recovery action in the event a claim on the policy.

Insurance

Service Providers must demonstrate that all vehicles that transport clients have appropriate insurance coverage:

- All motor vehicles owned or leased by service providers must have comprehensive insurance coverage;
- All private vehicles used by drivers to transport clients must have insurance coverage;
- Service providers must ensure that the insurance policy is current at the time of transporting clients;
- Vehicle owners must ensure the insurance policy allows for the vehicle to be used in the course of employment.

Police Offender History Check

Service providers must demonstrate that a police offender (driving) history policy and procedure is in place for all drivers who will be driving clients, prior to their engagement.

Driver's License

- Service providers must have a process in place that ensures all drivers have a current unrestricted driver's license (no probationary drivers) at the appropriate license class for the vehicle that is to be driven, before transporting clients.
- Service providers should record that a driver's license has been sighted, at least on an annual basis.



TRINITY ASSISTANCE CORPORATION
Use of Privately Owned Vehicles
Policy & Procedure

Obligations of Drivers

Driver must not:

- Drive the motor vehicle, or attempt to put the vehicle in motion, while there is alcohol present in his or her blood.
- Consume of use alcohol or a drug or substance the consumption or use of which is prohibited by law between the time of commencing work and ceasing work on any day.
- Allow another person to drive hired staff and client around
- Allow family members of client served, friends or anyone not cleared or working with the client at the time of service ride in the same vehicle.
- Smoke in the motor vehicle.

Passenger Safety

- Passenger seating limits are not to be exceeded;
- By law, it is the responsibility of the driver to ensure that all passengers wear a seat belt;
- Drivers must ensure that clients are not left unsupervised in vehicles at any time;
- Drivers must ensure that recommended safety procedures are followed (ex: locked doors whilst traveling, appropriate use of parking brake, use of headlights in poor weather conditions etc.);
- Where possible, an additional staff member/volunteers should travel in the vans to assist with supervision;
- Maintain a reasonable standard of personal cleanliness and appearance;
- Agree, in writing, to immediately notify the service provider of any medical conditions, license cancellation or other restriction that may affect their ability to transport clients;
- Strive to keep the vehicle as clean as possible when used for carrying clients;
- Observe the laws that relate to safe driving;
- Drive defensively in the interest of public safety;
- Treat clients with politeness, courtesy, helpfulness and honesty; ➤ Be particularly sensitive to the needs of people with disability.

STAFF SIGNATURE PAGE FOR USE OF PRIVATE VEHICLES NEXT PAGE



TRINITY ASSISTANCE CORPORATION
Use of Privately Owned Vehicles
Policy & Procedure

Private Vehicles –Conditions of Use

I, _____, agree to the following conditions regarding the use of my own private vehicle for agency business:

- I will maintain the vehicle in a roadworthy condition, and supply to the office annually, a completed vehicle inspection sheet and evidence of regular servicing. _____
- I have provided a photocopy of my current driver’s license and it is my responsibility to provide a photocopy of all renewals to ensure a current copy is always on file at the office. Any changes to my license conditions will be reported to the office immediately. _____
- I have provided a photocopy of my current registration, date of vehicle passing NYS inspections and my vehicle insurance and it is my responsibility to provide photocopy of all renewals to ensure a current copy is always on file at the office. Any changes to my registration will be reported to the office immediately (ex: change of vehicle or the use of a second care for work purposes). _____
- I have provided a photocopy of my vehicle insurance or comprehensive insurance, and it is my responsibility to provide a photocopy of all renewals to ensure a current copy is always on file at the office. _____
- I have checked with my insurer that I can use the vehicle for work purposes, including carrying clients, and have complied with any requirements in this regard. _____
- I am fully responsible for my vehicle in the event of any claim that arises as a result of an accident, in conjunction with my insurer. _____

All use of private vehicles for work purposes must be part of the Service Agreement and approved by the appropriate coordinator before you use your vehicle.

Print Name: _____

Employee Signature: _____ Date: _____

Approved by NEO Trainer/HR Representative: _____ Yes _____ No

NEO Trainer/HR Representative Signature: _____

Date: _____

CC: Human Resources for Personnel File



**TRINITY ASSISTANCE CORPORATION
POLICY & PROCEDURES
Timesheet Processing Policy**

Policy:

When submitting time sheets/service notes, there are only three (3) acceptable ways they will be accepted by the business office. This will ensure all Trinity Staff maintains Confidentiality of all client information and ensures we as an organization do not violate any HIPAA protocol.

Trinity Assistance Corporation requests that ALL Trinity Hired and Client Self-Hired staff complete his/her time sheets and service notes DAILY as **TRAINED**; **the documents may then be turned in for payroll processing one (1) of the following three (3) ways, and must be done by 12:00pm on the MONDAY ending each two-week pay period.**

1. **In Person** at the Gates Building located at 3545 Buffalo Road Suite #2 to the Fiscal Intermediaries (Anastasia/Julia/Erica). After office hours: Drop off in the locked mailbox outside the Trinity Entrance (the one facing Buffalo Road).

2. **Fax from Home** to Trinity Assistance administrative staff:

Self-Hired Staff

Attn: Anastasia Bazzett (585) 978-3553

All Other Programs

Attn: Jennifer McCormick (585) 978-3555

3. **Via U.S. Mail addressed to:**

Trinity Assistance Corporation 3545

Buffalo Road Suite #2

Rochester, NY 14624

Attn: Payroll Processing

Please make sure that there are NO other copies made, as the time sheets/service notes contain client information.

Thank you for your continued efforts to maintain confidentiality and the clients' privacy.

Reminder that the following is NOT an acceptable process

- Taking pictures of time sheets and/or service notes and emailing to Trinity Staff from your personal cell phone.
- Scanning to your personal computer and then emailing to Trinity staff from your personal computer (even if using Trinity Email).

If you are not using a **Trinity Email Account AND a computer at the Gates Building**, the emails may be secure, but the information is stored on a non-Trinity computer, leaving it unprotected.



**TRINITY ASSISTANCE CORPORATION
POLICY & PROCEDURES
Timesheet Processing Policy
Acknowledgement**

I have read and understand the Trinity Assistance Corporation Timesheet Processing Policy.

Printed Name

Signature

Date



**TRINITY ASSISTANCE CORPORATION
POLICY & PROCEDURES**

CPR and FIRST AID TRAINING

It is a requirement for all new employees to be CPR/FIRST AID certified before working with Trinity. You must provide proof of completion of a CPR/FIRST AID course. This is both a CPR and a FIRST AID requirement. They do not have to be a combined class, but can be. Please send your certifications to Human Resources at **HR@trinityassistance.org**. If you have not completed them yet, you must get trained before you are able to start working at Trinity Assistance Corporation. If you do not comply, we will not be able to hire you.

The cost of CPR/FIRST AID training is about \$25. There is an online portion that must be completed, along with a hands-on training that takes place at your local fire department.

If you are not working directly with clients, you may not be required to complete CPR/FIRST AID training



TRINITY ASSISTANCE CORPORATION
POLICY & PROCEDURES

CPR and FIRST AID TRAINING

Acknowledgement

I have read and understand the Trinity Assistance Corporation CPR/FIRST AID Policy. I acknowledge that I will provide certification of CPR/FIRST AID training before I start working.

Printed Name

Signature

Approved/Reviewed

Date