

*Beyond Homecare llc*

31 1/2 Monument Square  
Urbana, Ohio 43078  
937-704-4002



[www.BeyondHomecarellp.com](http://www.BeyondHomecarellp.com)

**Prior to employment ALL employees must receive & review copies of the following policies and procedures:**

Organization Chart  
Employee Handbook  
Standards of Conduct/Ethical Behavior  
Base Wage & 60 Day Wage Evaluation  
Clear Care (*Time Clock & Documentation*)  
Community Integration & Self-Determination  
ISP Training & Verification  
Person Centered Planning & Documentation  
8-Hour DSP Training  
Grievance Procedure  
Termination Policy/Separation Procedure  
MUI/UI Reporting requirements  
Health & Welfare Alerts

Standards of Performance (See Employee Handbook)

Policies and Procedure

Continuing Education/Required Training

Signed Copies of--

- Confidentiality
- Non-discrimination and grievances
- No pending criminal charges/Attestation Form
- Job descriptions and expectations
- Initial Rights Training
- Abuser Registry
- Universal Precautions

*My signature indicates that I have completed orientation training with Beyond Homecare & signed the above required documentation. I understand that I am conditionally employed pending the results of my BCI background check.*

Employee Signature \_\_\_\_\_  Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**\*\*OFFICE USE ONLY\*\***

Date of Orientation _____	Staff Initial _____ Date _____
Date Eight Hour DSP Training _____	Staff Initial _____ Date _____
CPR & First Aid Certification Date _____	Staff Initial _____ Date _____
Renewal Date _____	Staff Initial _____ Date _____

*Beyond Homecare llc 12/2019*



## **CODE OF CONDUCT**

**Your conduct has a great deal to do with the reputation of our agency. If you are dependable, trustworthy and considerate of your client, you will be a valuable asset to our agency. Being respectful, cheerful and courteous add to your value also. A sense of humor is good to have when you are working with your clients.**

*You must follow certain common sense rules of conduct. The penalty for violating the rules may result in your termination and notification to the state board. Some examples follow:*

1. Negligence and inconsiderate treatment of a client and/or responsible person(s).
2. Abandoning a client - leaving a client unattended.
3. Divulging confidential information.
4. Falsifying records, reports or information of any nature.
5. Theft, misappropriation or unauthorized possession or use of property belonging to the agency, the client or any other employee.
6. Use or possession of intoxicating beverages or reporting to work under the influence of intoxicants.
7. Illegal use or possession of narcotics or drugs.
8. Possession of a weapon while on assignment or on agency premises.
9. Insubordination.
10. Conduct unbecoming to the reputation of the agency.

**Please remember to remain professional at all times. Bear in mind you are ambassadors of Beyond Homecare. Your conduct reflects directly on the entire agency. Thank you for being here & willing to make a difference.**

Caregiver name: \_\_\_\_\_

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



## EMPLOYEE ACKNOWLEDGEMENT/AGREEMENTS (Part 1)

\_\_\_\_ INITIAL

### Notice of Privacy Practices / HIPPA

I have read and understand the HIPPA Privacy Act. I understand that I may not discuss patient information with anyone not involved in the patient's care. If I observe any suspected violations, I will report the violation to my supervisor immediately.

\_\_\_\_ INITIAL

### Infection Control

**Beyond Homecare** uses a coordinated process to reduce the risk of endemic and epidemic hospital acquired infections in the patients and the **Beyond Homecare** employees. Universal precautions call for employees to handle every patient encounter as if the patient had a blood borne disease. If employees wash their hands frequently, including before and after each patient encounter, many common hospital-acquired infections can be prevented from spreading. Special care must be taken when handling needles, scalpels, and other sharp objects. All **Beyond Homecare** employees will be trained on proper hand washing techniques during initial training, as well as on an as needed basis.

\_\_\_\_ INITIAL

### Employee/Contractor Abuser Registry

Employee or Contractor or the Contractor's Employees may be placed on the Abuser Registry. This requirement is for each employee, contractor and employees of contractor who is engaged in a direct services position to report in writing to **Beyond Homecare** if he or she is ever formally charged with, convicted of, or pleads guilty to any of the offenses listed or described in divisions (A)(3)(e) or section 109.572 of the Revised Code within fourteen (14) days after the date of such charge, conviction, or guilty plea.

\_\_\_\_ INITIAL

### National Sex Offender Registry & Background Check Consent Form

I, \_\_\_\_\_, have had no prior convictions of an offense which would potentially bar employment. I understand that I have the right to a copy of the background check report. I understand I have the right to challenge the accuracy and completeness of the report. I understand that the home health agency is required to conduct a background check before offering me employment. I, the undersigned, hereby authorize Beyond Homecare to conduct and verify my criminal history by performing a background check.

### Statement of Driving Status

I, \_\_\_\_\_, am currently licensed to drive a motor vehicle in the state of Ohio. I carry auto insurance on my vehicle and I have supplied Beyond Homecare a current copy of my license and auto insurance. – Or –

I, \_\_\_\_\_, declare that **I DO NOT HAVE** a valid driver's license in the state of Ohio, and therefore will find other forms of transportation to get to my scheduled visits (i.e. public transportation)

\_\_\_\_ INITIAL

### No Injury Acknowledgement

I am an employee of **Beyond Homecare**. My job is \_\_\_\_\_ ("the job"). I understand that **Beyond Homecare** provides workers' compensation coverage for employees who experience work-related injuries and or illnesses. As an employee of **Beyond Homecare**, I recognize and understand that I must immediately report to **Beyond Homecare** any accident, injury, or illness related to the job. I acknowledge that since the first day of my employment and until the date of my signature on this form, I have not:

- Been injured while working on the job; or
- Suffered any illness that I believe resulted from the job; or
- Consulted a doctor or other health care provider about a pain condition injury, accident, or illness that I believe resulted from the job; or
- Been hospitalized because of a pain, injury accident, or illness that I believe resulted from the job; or
- Told anyone that I suffered an injury or accident while working on the job or believed was caused by the job.

By signing below, I hereby acknowledge that I have received, read and understand the terms of this document

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

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

**EMPLOYEE ACKNOWLEDGEMENT/AGREEMENTS** (Part 2)

\_\_\_\_ INITIAL

**Incident/Accident Reporting**

I, \_\_\_\_\_, have been thoroughly informed by Beyond Homecare LLP that I **MUST** report **ALL** incidents/accidents and any medical, physical, or mental changes in my clients immediately to the Supervisor and or any office Administrative Staff. I further understand that in the event that I become injured, even a minor injury, I am required to report that incident to my office as soon as possible after an injury.

**OUR AGENCY IS AVAILABLE BY 24 HOURS A DAY.**

\_\_\_\_ INITIAL

**Acknowledgement and Understanding of Zero Tolerance**

**Sexual Harassment and 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 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.

\_\_\_\_ INITIAL

**Conflict of Interest**

I, \_\_\_\_\_, have read and am fully familiar with the agency's policy statement regarding conflict of interest. I am not presently involved in any transaction, investment, or other matter in which I would profit or gain directly or indirectly as a result of my membership on the agency's governing body or its committees or my employment.

Furthermore, I agree to disclose any such interest which may occur in accordance with the requirements of the policy and agree to abstain from any vote or action regarding the agency's business that might result in any profit or gain directly or indirectly, for myself.

I also work for another homecare agency: ☐ Yes ☐ No

I am disclosing the name of the agency/agencies: \_\_\_\_\_

By signing below, I hereby acknowledge that I have received, read and understand the terms of this document

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

**SIGN HERE**

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

## Confidentiality Agreement

This agreement is made between \_\_\_\_\_ (the "Employee")  
and *Beyond Homecare* (the "Employer") on the \_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_

The Employee agrees to the terms of this Agreement:

- 1.) As a condition of employment, the employer requires that all new employees agree to enter into this Confidentiality Agreement (the Agreement). The Employee acknowledges that employment with Employer is sufficient consideration for the Employee to entering into the Agreement.
- 2.) The Employee acknowledges that, in the course of employment, the Employee will, and may in the future, come into possession of certain confidential information belonging to the Employer including but not limited to trade secrets, data, materials, products, technology, computer programs, specifications, manuals, business plans, software, marketing plans, financial information, and other information disclosed or submitted. This confidential information may be embodied in hand written notes by the Employee, computer disks, tapes, paper, or any other media.
- 3.) **The Employee hereby covenants and agrees that she or he will at no time, during or after the term of employment with the Employer, use for his or her own benefit or the benefit of others, or discloses or divulge to others, any such confidential information.**
- 4.) Upon termination of employment, the Employee will return, retaining no copies or notes, all documents relating to the Employer's business including, but not limited to, reports, lists, correspondence, information, computer files, computer disks, and all other material and all copies of such material, obtained by the Employee during employment nor will the employee attempt to contact or solicit any clients that the employee may have worked with during employment.
- 5.) The Employee recognizes that the Employer may be irreparably damaged by breach of this Agreement and that the Employer shall be entitled to seek an injunction to prevent such competition or disclosure, and will entitle the Employer to other legal remedies, including attorney's fees and costs.
- 6.) The obligations of Recipient herein shall be effective from the date the Owner last discloses any Confidential Information to Recipient pursuant to this Agreement.
- 7.) If any part of this Agreement is adjudged invalid, illegal or unenforceable, the remaining parts shall not be affected and shall remain in full force and effect.
- 8.) This instrument, including any attached exhibits and addenda, constitutes the entire Agreement of the parties. No representation or promises have been made except those that are set out in this Agreement. This Agreement may not be modified except in writing signed by all parties.
- 9.) This agreement shall take effect as a sealed instrument and shall be construed, governed and enforced in accordance with the laws of the State of Ohio, without regards to its conflicts of law provisions.
- 10.) The descriptive headings used herein are for convenience of reference only and they are not intended to have any effect whatsoever in determining the rights or obligations under this agreement.

SIGN HERE

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

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

WITNESS

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

## Handbook Acknowledgement

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

1. You are encouraged to wear scrubs to all your visits. However, if you do not have scrubs, you may wear clothing suitable for your work assignment, position and responsibilities. Appropriate appearance includes being neat, clean and devoid of strong body odors, and includes appropriate hair style, accessories and cosmetics. NO JEANS with holes, scanty tops see-through clothing, ect., allowed.
2. You are required to wear your Agency Issued photo ID badge to all initial client visits until the client is familiar with you.
3. You are expected to arrive on time for ALL assignments. Our Agency must be notified if:
  - a. An emergency or situation arises which causes you to be late by five or more minutes.
  - b. You will be absent from your assignment.

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

4. Once you have been given an assignment, no more than 2 cancellations will be tolerated.
5. When on assignment, DO NOT make or accept any personal calls from a client's telephone. Keep your cell phones off during all visits.
6. Under No circumstances should you take property, money or "borrow" anything that belongs to a client.
7. NEVER discuss your rate of pay with your clients or any other employee of **Beyond Homecare**.
8. Visit notes must be filled out correctly and completely and are signed by the client AT THE END OF THE VISIT.
9. If you are not scheduled but are available to work, please call our coordinator to see if there are cases to be covered.
10. If any problem arises on your assignment, you must call your scheduling coordinator/supervisor immediately.
11. NEVER leave any assignment early without first calling your scheduling coordinator/supervisor immediately.
12. Any incident/accident involving a Beyond Homecare employee/client must be reported to our office immediately. If you are injured and unable to make the call, have one of your family members call us right away.
13. The agency currently does not perform drug testing but may at their discretion.
14. Cancellation Policy: A minimum of eight (8) hours cancellation notice must be given at all times, unless you are involved in an emergency. 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. Two weeks' notice is preferred.

My signature acknowledges that I have received and have read the Employee Handbook. The above are just pertinent highlights from the handbook that I MUST be aware of.

SIGN HERE

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

Employee Printed Name: \_\_\_\_\_

Beyond Homecare LLP

Verification of Driver's License & Vehicle Insurance

**Purpose:** To advise all employees who are required to use their vehicles to carry out the duties of their jobs and that continued employment depends on possession of both a valid Ohio Driver's license and automobile liability insurance.

**Policy:** Current employees who use their vehicles to carry out the duties of their job are required to show current proof of a valid driver's license and a valid auto liability insurance policy. Copies will be maintained in a confidential personal file. The employee is responsible for keeping the agency updated with a current driver's license and a current liability insurance policy ID card. The employee is subject to immediate termination if his/her liability insurance or driver's license is not kept current.

**Driver's insurability:** The employee will be advised that is he/she becomes uninsurable due to a violation received on or off the job during the term of employment (regardless of fault), termination of the employee may result.

Authorization for a driver's record check will also be obtained and a copy kept in a confidential file.

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's license Number: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

SIGN HERE

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



## Attestation and Agreement to Notify Employer



I hereby attest that I have not been convicted of, pleaded guilty to, or been found eligible for intervention in lieu of conviction for any of the disqualifying offenses listed below and agree that I will notify my employer, Beyond Homecare llc, within 14 calendar days, if while employed I am formally charged with, convicted of, plead guilty to, or found eligible for intervention in lieu of conviction for any of the disqualifying offenses.

I understand that failure to make this notification may result in termination of employment.

SIGN HERE

(Applicant's Signature)

(Date Signed)

(Applicant's Name Printed)

*Beyond Homecare* LLP

### Tier 1 Disqualifying Offenses (Permanent Exclusion):

2903.01 (aggravated murder)
2903.02 (murder)
2903.03 (voluntary manslaughter)
2903.11 (felonious assault)
2903.15 (permitting child abuse)
2903.16 (failing to provide for a functionally impaired person)
2903.34 (patient abuse and neglect)
2903.341 (patient endangerment)
2905.01 (kidnapping)
2905.02 (abduction)
2905.32 (human trafficking)
2905.33 (unlawful conduct with respect to documents)
2907.02 (rape)
2907.03 (sexual battery)
2907.04 (unlawful sexual conduct with a minor, formerly corruption of a minor)
2907.05 (gross sexual imposition)
2907.06 (sexual imposition)
2907.07 (importuning)
2907.08 (voyeurism)
2907.12 (felonious sexual penetration)
2907.31 (disseminating matter harmful to juveniles)
2907.32 (pandering obscenity)
2907.321 (pandering obscenity involving a minor)



2907.322 (pandering sexually oriented matter involving a minor)
2907.323 (illegal use of minor in nudity-oriented material or performance)
2909.22 (soliciting/providing support for act of terrorism)
2909.23 (making terrorist threat)
2909.24 (terrorism)
2913.40 (Medicaid fraud)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
A conviction related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct involving a federal or state-funded program, excluding the disqualifying offenses set forth in section 2913.46 of the Revised Code (illegal use of supplemental nutrition assistance program [SNAP] or women, infants, and children [WIC] program benefits).
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

## Tier 2 Disqualifying Offenses (Ten-Year Exclusion):

2903.04 (involuntary manslaughter)
2903.041 (reckless homicide)
2905.04 (child stealing) as it existed prior to July 1, 1996
2905.05 (criminal child enticement)
2905.11 (extortion)
2907.21 (compelling prostitution)
2907.22 (promoting prostitution)
2907.23 (enticement or solicitation to patronize a prostitute, procurement of a prostitute for another)
2909.02 (aggravated arson)
2909.03 (arson)
2911.01 (aggravated robbery)
2911.11 (aggravated burglary)
2913.46 (illegal use of supplemental nutrition assistance program [SNAP] or women, infants, and children [WIC] program benefits)
2913.48 (workers' compensation fraud)
2913.49 (identity fraud)
2917.02 (aggravated riot)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2923.12 (carrying concealed weapon)
2923.122 (illegal conveyance or possession of deadly weapon or dangerous ordnance in a school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone)
2923.123 (illegal conveyance, possession, or control of deadly weapon or dangerous ordnance into courthouse)
2923.13 (having weapons while under disability)
2923.161 (improperly discharging a firearm at or into a habitation or school)
2923.162 (discharge of firearm on or near prohibited premises)
2923.21 (improperly furnishing firearms to minor)
2923.32 (engaging in pattern of corrupt activity)
2923.42 (participating in criminal gang)
2925.02 (corrupting another with drugs)
2925.03 (trafficking in drugs)
2925.04 (illegal manufacture of drugs or cultivation of marihuana)
2925.041 (illegal assembly or possession of chemicals for the manufacture of drugs)
3716.11 (placing harmful objects in food or confection)
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

### Tier 3 Disqualifying Offenses (Seven-Year Exclusion):

959.13 (cruelty to animals)
959.131 (prohibitions concerning companion animals)
2903.12 (aggravated assault)
2903.21 (aggravated menacing)
2903.211 (menacing by stalking)
2905.12 (coercion)
2909.04 (disrupting public services)
2911.02 (robbery)
2911.12 (burglary)
2913.47 (insurance fraud)
2917.01 (inciting to violence)
2917.03 (riot)
2917.31 (inducing panic)
2919.22 (endangering children)
2919.25 (domestic violence)
2921.03 (intimidation)
2921.11 (perjury)
2921.13 (falsification, falsification in theft offense, falsification to purchase firearm, or falsification to obtain a concealed handgun license)
2921.34 (escape)
2921.35 (aiding escape or resistance to lawful authority)
2921.36 (illegal conveyance of weapons, drugs, or other prohibited items onto grounds of detention facility or institution)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2925.05 (funding of drug or marihuana trafficking)
2925.06 (illegal administration or distribution of anabolic steroids)
2925.24 (tampering with drugs)
2927.12 (ethnic intimidation)
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

### Tier 4 Disqualifying Offenses (Five-Year Exclusion):

2903.13 (assault)
2903.22 (menacing)
2907.09 (public indecency)
2907.24 (soliciting after positive human immunodeficiency virus test)
2907.25 (prostitution)
2907.33 (deception to obtain matter harmful to juveniles)
2911.13 (breaking and entering)
2913.02 (theft)
2913.03 (unauthorized use of a vehicle)
2913.04 (unauthorized use of property, computer, cable, or telecommunication property)
2913.05 (telecommunications fraud)
2913.11 (passing bad checks)
2913.21 (misuse of credit cards)

2913.31 (forgery, forging identification cards)
2913.32 (criminal simulation)
2913.41 (defrauding a rental agency or hostelry)
2913.42 (tampering with records)
2913.43 (securing writings by deception)
2913.44 (personating an officer)
2913.441 (unlawful display of law enforcement emblem)
2913.45 (defrauding creditors)
2913.51 (receiving stolen property)
2919.12 (unlawful abortion)
2919.121 (unlawful abortion upon minor)
2919.123 (unlawful distribution of an abortion-inducing drug)
2919.23 (interference with custody)
2919.24 (contributing to unruliness or delinquency of child)
2921.12 (tampering with evidence)
2921.21 (compounding a crime)
2921.24 (disclosure of confidential information)
2921.32 (obstructing justice)
2921.321 (assaulting/harassing police dog or horse/service animal)
2921.51 (impersonation of peace officer)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2925.09 (illegal administration, dispensing, distribution, manufacture, possession, selling, or using any dangerous veterinary drug)
2925.11 (drug possession other than a minor drug possession offense)
2925.13 (permitting drug abuse)
2925.22 (deception to obtain dangerous drugs)
2925.23 (illegal processing of drug documents)
2925.36 (illegal dispensing of drug samples)
2925.55 (unlawful purchase of pseudoephedrine product)
2925.56 (unlawful sale of pseudoephedrine product)
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.



*Beyond Homecare llc*  
**Abuser Registry Annual Notice**



The Ohio Department of Developmental Disabilities ("Department") maintains an Abuser Registry which is a list of employees who the Department has determined have committed one of the Registry offenses listed below. If your name is placed on the Registry you are barred from employment as a Developmental Disabilities employee in the state of Ohio. Because other state agencies require employers to check the Abuser Registry, placement on the Registry also prohibits you from being employed (1) by a Medicaid agency, being an owner (5 percent or more) of an agency or having a Medicaid Provider Agreement as a non-agency provider; (2) in a position to provide Ombudsman services or direct care services to anyone enrolled in a program administered by the Ohio Department of Aging; and (3) by a home health agency in a direct care position and may prevent you from being hired in a nursing home or residential care facility in a direct care position.

After 1 year, the person may petition the Department for removal of their name from the Registry. If the petition is denied, the name remains on the Registry.

The name of any "Developmental Disabilities (DD) employee" may be placed on the Registry. DD employee includes any Department employee, any employee of a county board of DD, an independent provider under Ohio Revised Code section 5123.16, and any employee providing specialized services to an individual with developmental disabilities. A specialized service is a program or service designed to primarily serve individuals with developmental disabilities including services by an entity licensed or certified by the Department.

**Abuser Registry Offenses:**

- **Physical Abuse** - the use of any physical force that could reasonably be expected to result in physical harm.
- **Sexual Abuse** - unlawful sexual conduct (unprivileged intercourse or other sexual penetration) and unlawful sexual contact (unprivileged touching of another's erogenous zone).
- **Verbal Abuse** - purposely using words to threaten, coerce, intimidate, harass, or humiliate an individual.
- **Prohibited Sexual Relations**- Consensual touching of an erogenous zone for sexual gratification and the individual is in the employee's care and the individual is not the employee's spouse.
- **Neglect** - when there is a duty to do so, failing to provide an individual with any treatment, care, goods, or services necessary to maintain the health or safety of the individual.
- **Misappropriation (Theft)** - obtaining the property of an individual or individuals, without consent, with a combined value of at least \$100. Theft of the individual's prescribed medication, check, credit card, ATM card and the like are also Registry offenses.
- **Failure to Report Abuse, Neglect, or Misappropriation** - the employee unreasonably does not report abuse, neglect, or misappropriation of the property of an individual with developmental disabilities, or the substantial risk to such an individual of abuse, neglect, or mishap reprobaton, when the employee should know that their non-- reporting will result in a substantial risk of harm to such individual.
  - **Conviction or plea of guilty to:** Offense of Violence – R.C. 2901.01, including convictions for the offense of Assault, Menacing, Domestic Violence or Attempting to commit any offense of violence; Sexual Offenses – R.C. Chapter 2907; Theft Offenses – R.C. Chapter 2913; Failing to provide for a functionally impaired person – R.C. 2903.16; Patient Abuse or Neglect – R.C. 2903.34; Patient Endangerment – 2903.341; and/or Endangering Children – 2919.22.

Signature

Print Name

Date



## New Hire EEO-1 Data Sheet

Please complete this New Hire EEO-1 Data Sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision.

Name \_\_\_\_\_ Social Security # (last 4 digits) \_\_\_\_\_  
                     Last                      First                      Middle

### EEO-1 Self-Identification

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the EEO identification Group that best applies to you:

☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

- OR -

☐ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

☐ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

☐ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

Gender: ☐ Male ☐ Female

Signature \_\_\_\_\_



Date \_\_\_\_\_

If you should have any questions regarding this form, please contact Human Resources



## Procedures and Instructions for On-The-Job Injuries

1. The employee must report all work-related injuries, including incidents where no medical treatment or time off is needed at the time, to his/her supervisor immediately following the incident, but no later than the end of that shift.

All injured employees must complete an Injury/Accident/Incident Report immediately following the incident. The supervisor will fully investigate all injuries that require medical treatment.

2. An employee injured on the job should seek medical treatment from a medical provider within our managed care system. While ensuring the employee's right to choose his/her medical provider, the company will direct all injured employees to (designated provider) for prompt medical attention and/or referral to an appropriate specialist. **Our primary concern is to ensure the employee receives prompt medical attention.**

3. All employees must report to the personnel office **immediately after receiving the initial medical treatment** to submit the Physician Report Form. The only exception is a medical condition that prevents your return. In that case, we require a phone call. We will require medical proof of the exception upon return to work. In cases of ongoing medical treatment, it is the employee's responsibility to keep the personnel office updated with all subsequent medical appointments.

4. We will assign any employee who cannot return to his/her regular work to alternative or light-duty/transitional work within prescribed medical restrictions based on availability of duties and physical capabilities of the injured worker.

.....

I hereby certify the above company policy procedure and instructions for work related injuries/diseases has been explained to me. I fully understand this policy and certify I will follow the policy to the fullest extent. I hereby acknowledge receipt of a copy of this policy.



\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

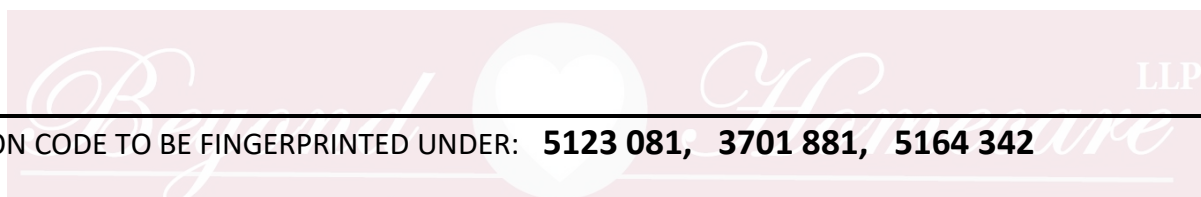
\_\_\_\_\_  
Date

**WITNESS**



## BCI DEMOGRAPHIC INFORMATION

Last Name: _____		
First Name: _____	Middle Name: _____	
Alias(s): _____		D.O.B: _____
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone: _____		



REASON CODE TO BE FINGERPRINTED UNDER: <b>5123 081, 3701 881, 5164 342</b>		
Type of Fingerprints needed: <input type="checkbox"/> BCI ONLY <input type="checkbox"/> FBI ONLY <input type="checkbox"/> BOTH		
Have you lived in Ohio for more than 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO, if no, <u>FBI ONLY</u> is needed		

<b>MAIL RESULTS TO:</b>  <b>BEYOND HOMECARE</b> 31 1/2 Monument Square Urbana, Ohio 43078  <b>OFFICE: 937-702-4002    FAX: 937-508-4343</b>
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## INDIVIDUAL GRIEVANCE PROCEDURE

*The aim of this procedure is to give an employee an opportunity to raise a grievance either informally and/or formally and to discuss this with their employer with a view to having it resolved.*

### General Principles

- Grievances should be raised as soon as possible, to allow issues to be resolved quickly.
- Employees should be given the opportunity to explain their grievance and how they think it should be resolved.
- If the employee's grievance is against their line manager, they may raise the matter with another manager in the organization, where possible.
- The employer will ensure that the timing and location of all meetings under this procedure are reasonable.
- As far as is reasonably practicable, appeal hearings will be conducted by a manager more senior than the manager who took the decision which is being appealed. This does not apply where the most senior manager attended the hearing at which the decision being appealed was taken.
- Employees will be entitled (where reasonably requested) to be accompanied to any grievance or appeal hearing by a fellow worker or Trade Union Official (who may be either a full-time official employed by a union or a lay union official who has been reasonably certified in writing by his/her union as having experience of, or as having received training in, acting as a worker's companion).
- Employers, employees and their companions should take reasonable steps to attend grievance and appeal meetings.
- Records shall be kept detailing the nature of the grievance raised, the employer's response, any action taken, the reasons for it and other information relevant to the process. These records shall be kept confidential.
- There may be circumstances where the employer and employee feel it would be beneficial to involve a third party to help in resolving the issue, through for example a process of mediation. In this instance the grievance procedure may be temporarily set aside.

Mediation is a process whereby an independent third party intervenes in a workplace dispute to assist the parties to reach a satisfactory outcome.

The *Collective Bargaining Agency* can provide a mediation service to assist the parties. The agency can be contacted via phone at (614) 466-0570. Further information is available on their website at <https://das.ohio.gov/Divisions/Collective-Bargaining>

### Dealing with a grievance informally

If an employee has a grievance or complaint to do with their work they should, in the first instance and, wherever possible, discuss it with their line manager. They may be able to agree a solution informally.



*Continued from page 1....*

**Formal grievance**

If it is not possible to resolve a grievance informally, or the employee does not feel it is appropriate to do so, they should raise the matter formally in writing to the Director. The written grievance should contain details of the nature of the grievance and how they feel it might be resolved.

**Grievance hearing**

The Director will call the employee to a meeting to discuss their grievance. This will normally be held within 5 working days from receipt of the complaint in writing. Employees should be allowed to explain their grievance and how they think it might be resolved. The employee will be entitled to be accompanied at this meeting. Following the meeting the employer (within 5 working days) will advise the employee in writing what, if any action they have decided to take along with a full explanation of how the decision was reached. The employee should be informed that they can appeal (and to whom the appeal should be made) if they feel that the grievance has not been satisfactorily resolved.

**Appeal**

If the employee wishes to appeal, they should let the Director know in writing stating their reasons(s) for appeal. This should be done within 5 working days of the grievance hearing decision being communicated in writing to them. Within 5 working days of receipt of the appeal an appeal meeting will take place. The appeal will be conducted by the Director or CEO. The employee will be entitled to be accompanied at this meeting.

*Following the meeting, the Director or CEO will advise the employee in writing of the outcome of the appeal, no later than 5 working days from the appeal being heard. This decision is final.*

*Employee's Name:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_