

GRACE'S TLC HOME, INC.

4501 Cartwright Road

Suite # 503

Missouri City, TX 77459

We are an equal opportunity employer. It is our policy to abide by all federal, state, and local laws concerning discrimination in employment. No question in this application is intended to elicit information violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

EMPLOYMENT APPLICATION

Application Date:		Position Applying For:			
Email:					
Last Name:		First Name		M.I.	Maiden Name:
Address:		City		State	Zip:
Telephone # ()		Social Security #		Drivers License#	Date of Birth:
Date Available For Work:			Employment Type: _____ Full Time _____ Part Time _____ Contract		
Were you previously employed by this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO				Date:	Department/Position:
List any relative or friends Working for this organization:		NAME		RELATIONSHIP	
WORK EXPERIENCE LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH MOST RECENT					
COMPANY NAME AND ADDRESS			TELEPHONE	FROM	TO
POSITION HELD			DESCRIBE YOUR WORK		
SUPERVISOR AND TITLE		LAST WAGES PER _____		REASON FOR LEAVING	
COMPANY NAME AND ADDRESS			TELEPHONE	FROM	TO
POSITION HELD			DESCRIBE YOUR WORK		
SUPERVISOR AND TITLE		LAST WAGES PER _____		REASON FOR LEAVING	
COMPANY NAME AND ADDRESS			TELEPHONE	FROM	TO
POSITION HELD			DESCRIBE YOUR WORK		
SUPERVISOR AND TITLE		LAST WAGES PER _____		REASON FOR LEAVING	
COMPANY NAME AND ADDRESS			TELEPHONE	FROM	TO
POSITION HELD			DESCRIBE YOUR WORK		
SUPERVISOR AND TITLE		LAST WAGES PER _____		REASON FOR LEAVING	
COMPANY NAME AND ADDRESS			TELEPHONE	FROM	TO
POSITION HELD			DESCRIBE YOUR WORK		
SUPERVISOR AND TITLE		LAST WAGES PER _____		REASON FOR LEAVING	
MAY WE CONTACT THE ABOVE EMPLOYERS? _____ YES _____ NO If "no", indicate which one(s) you wish us to contact.					
Have you served and apprenticeship? _____ NO _____ YES				Type of Trade	Date

If yes where?

SPECIAL SKILLS AND QUALIFICATION - MEDICAL AND/OR TECHNICAL EXPERIENCE AND ABILITIES

EDUCATION

NAME	ADDRESS	YEARS COMPLETED	DID YOU GRADUATE	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				MAJOR
OTHER				

REFERENCES

NAME AND ADDRESS	TELEPHONE	YEARS KNOWN

MISCELLANEOUS INFORMATION

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 7 YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED, OR SEALED BY A COURT? (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT.)

YES NO

IF "YES" PLEASE EXPLAIN AND DESCRIBE IN FULL DETAIL: _____

CAN YOU VERIFY YOUR LEGAL RIGHT TO WORK IN THE U.S. BY PROVIDING A BIRTH CERTIFICATE, PROOF OF U.S. CITIZENSHIP, OR BY SOME OTHER MEANS? YES NO

IF YOU ARE UNDER 18 CAN YOU FURNISH A WORK PERMIT? YES NO

APPLICANT'S CERTIFICATION- PLEASE READ CAREFULLY BEFORE SIGNING.

I certify that, to the best of my knowledge and belief, the answer given by me to the foregoing questions the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of this application may result in my discharge. If employed, I understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract but is at -will.

I hereby give the employer the right to investigate all references unless otherwise stated herein.

APPLICANT'S SIGNATURE _____ DATE _____

DO NOT WRITE BELOW- FOR COMPANY USE ONLY

INTERVIEW _____ NO _____ YES _____	ACCEPTABLE FOR EMPLOYMENT? _____ YES _____ NO _____
DATE _____ TIME _____	DEPT. _____
INTERVIEWED BY _____	OCCUPATION _____ RATE _____

REFERENCE CHECK FORM

TO: _____

Name of Applicant: _____ SS# _____ has applied for employment with our company. Please assist us in making a decision regarding employment that will best benefit this applicant and our organization by providing the requested information below.

Sincerely, _____ Date: _____

I voluntarily give **GRACE'S TLC HOME, INC.** the right to investigate my past and/or present employment and release from all liability or responsibility by all persons, companies, or organizations supplying information.

Applicant signature: _____

Employment dates: _____

Eligible for rehire? YES _____ NO _____

POSITION HELD _____

FINAL SALARY: _____

Reason for termination/separation _____

Please rate this individual on the basis off his/her employment with you:

Quality work Exceptional Satisfactory Unsatisfactory

Quantity of work Exceptional Satisfactory Unsatisfactory

Ability Exceptional Satisfactory Unsatisfactory

Attendance Exceptional Satisfactory Unsatisfactory

Reference: Information provided by: _____

Verified by: phone _____ mail _____

Verified by _____

REFERENCE CHECK FORM

TO: _____

Name of Applicant: X _____ SS# X _____ has applied for employment with our company. Please assist us in making a decision regarding employment that will best benefit this applicant and our organization by providing the requested information below.

Sincerely, _____ Date: _____

I voluntarily give **GRACE'S TLC HOME, INC.** the right to investigate my past and/or present employment and release from all liability or responsibility by all persons, companies, or organizations supplying information.

Applicant signature: X

Employment dates: _____

Eligible for rehire? YES _____ NO _____

POSITION HELD _____

FINAL SALARY: _____

Reason for termination/separation _____

Please rate this individual on the basis off his/her employment with you:

Quality work Exceptional Satisfactory Unsatisfactory

Quantity of work Exceptional Satisfactory Unsatisfactory

Ability Exceptional Satisfactory Unsatisfactory

Attendance Exceptional Satisfactory Unsatisfactory

Reference: Information provided by: _____

Verified by: phone _____ mail _____

Verified by _____

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

_____ _____
Employee's signature (This form is not valid unless you sign it.) Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 1 \$ _____

- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a 2a \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b 2b \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c 2c \$ _____

- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3 _____

- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) 4 \$ _____

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income 1 \$ _____

- 2 Enter: {
 - \$27,700 if you're married filing jointly or a qualifying surviving spouse
 - \$20,800 if you're head of household
 - \$13,850 if you're single or married filing separately
 } 2 \$ _____

- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$ _____

- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information 4 \$ _____

- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 5 \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	2,220	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	3,340	4,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States

2. A noncitizen national of the United States (See Instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
----------------	----	----------------------------	----	---

Signature of Employee Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the **Preparer and/or Translator Certification on Page 3.**

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

Document Title 1	List A	OR	List B	AND	List C
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name | Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

GRACE'S TLC HOME, INC.

**AGREEMENT FOR EMPLOYEE PROTECTION OF
PRIVATE HEALTH INFORMATION**

I _____ understand that in the performance of my duties, I may possess sensitive and confidential information about patient's receiving services from the agency. In recognition of the sensitive nature of this information and the prevailing privacy laws, I agree to abide by the following.

1. If I have a fax machine in my home and receive patient information on the fax, I will place the fax machine in a private location and protect any PHI transmitted to me regarding patients in my care.
2. Upon discharge of a patient, I will return any patient information in my possession to the agency for destruction.
3. In transporting patient information to the patient's home or to the agency, I understand that I must carry the information in a closed system and in a locked vehicle.

I further understand that should I fail to honor the requirements above, that this breach may cause for my termination of employment with the agency and potentially, expose me to fines and other sanctions defined in the enforcement section of the HIPAA regulations.

Signed: _____

Date: _____

GRACE'S TLC HOME, INC.

CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION AND CLIENT'S MEDICAL RECORDS

The agency will respect the patient's rights to confidentiality of personal and medical information in accordance with applicable state, federal, and HIPAA regulations. All employees will be provided with information during orientation regarding respect for the patient's privacy and confidentiality of information obtained by the employee during the provision of services and through contact with the client's medical record. Medical records will be secured at the Agency's office in file cabinets. In the event of agency closure, see Agency Closure Policy. All office and field-based employees will maintain confidentiality of medical information and records. Access to medical records will be limited to the minimum amount necessary to accomplish the stated purpose according to professional judgment. Records will not be removed from the office. The patient's or designated legal representative's written consent will be required for the release of information as indicated in HIPAA privacy guidelines.

A patient data sheet may be kept in the patient's home for the purpose of communication between all health care providers and family and for quick reference on patient status. Example of items listed might include: vital signs, glucose levels, and concerns or problems. The patient and/or authorized family members will be educated by the skilled nurse or therapist upon admission re: the confidentiality of patient's information and the need to protect it from loss or unauthorized use. To further ensure confidentiality, any and all patients protected health information transported to and from patient's homes must be safeguarded according to agency's policies, see Transporting of Notes and Other Protected Health Information Policy.

If a patient transfers to another home health agency or healthcare setting, a transfer form will be utilized per policy. Prior to beginning employment, personnel will be requested to sign an "Agreement of Confidentiality" attesting to their understanding of and agreement to maintain confidentiality of all protected health information and other policy and security requirements required by HIPAA

AGREEMENT OF CONFIDENTIALITY

I _____ understand that in the performance of my duties, I may have contact with sensitive and confidential information about patient's receiving services from the Agency. I will respect each patient's right to privacy and will hold in confidence any private or medical information of which I may become knowledgeable of in carrying out my assigned duties.

I further understand that should I fail to honor confidential information about patients, other employees, or the agency, such breach of confidentiality may be cause for termination of employment with the agency and potentially, expose me to fines and other sanction defined in the enforcement section of the HIPAA regulations.

Signed: _____

Date: _____

GRACE'S TLC HOME, INC.

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this is not a contract, offer or promise of employment and that if hired, I can be terminated at will, with or without cause, with or without notice, at any time and for any reason, at the option of either **GRACE'S TLC HOME, INC.** or myself. I further understand that no supervisor, manager, official or representative **GRACE'S TLC HOME, INC.** and its related entities has the authority to enter into an employment contract or make any agreement, orally or in writing, contrary to the foregoing. **I have read, understand, and agree to this statement** X **(please initial here).**

GRACE'S TLC HOME, INC. in considering my applications for employment may verify the information set forth on this application related papers, or oral interviews and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, law enforcement agencies and doctors to supply any information concerning my background that they may have whether or not it is on their records. I hereby release them and their company from all liability for divulging same. A photographic copy of this authorization shall be valid as the original. If any of my given information is found to be false or misleading, I understand that I will be subject to dismissal at any time during the period of employment without liability for wages or salary except such as have been earned at date of such termination and I agree to hold **GRACE'S TLC HOME, INC.** and persons named herein blameless in that event. **I have read understand and agree to this statement** X **(please initial here).**

GRACE'S TLC HOME, INC., is an equal opportunity employer and does not discriminate in its recruiting, selecting and hiring procedure because of race, color, gender, religion, national origin, age, sexual orientation or disability status nor does it discriminate with regard to Veteran status.

DATE: X

SIGNED: X

GRACE'S TLC HOME, INC.

Verification of Employability of Unlicensed Persons

I, X, have applied for employment or am employed with GRACE'S TLC HOME, INC. 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 unlawful restraint)
- Section 21.11, Penal Code (indecent exposure 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 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 or purchase of a child)
- Section 28.02, Penal Code (arson)
- Section 29.02, Penal Code (robbery)
- Section 29.03, Penal Code (aggravated robbery)

A person may not be employed in a position the duties of which involve direct contact with a consumer in a facility before the fifth anniversary of the date 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 321, Penal Code (theft), that is punishable as a felony, may not be employed in a position of duties 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 employee/contractor as applicable first hired by the agency on or after September 1, 2001.

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 healthcare providers.

- Indecent exposure
- Improper relationship between educator and student

- Improper photography or visual recording
- Deadly contact
- Aggravated sexual contact
- Terroristic threat
- Online solicitation
- 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 conviction may bar a person from employment in the agency, the agency will notify the applicant or employee/contractor as applicable. 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/contractor as applicable if the agency:

- (1) determines, as a result of criminal history check, a person has been convicted of the automatic bars to employment
- (2) becomes informed of a persons 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 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 listed in the employee/contract as applicable 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 may employ a person pending receipt of results of a criminal history in an emergency requiring immediate employment.

A person, who is placed on deferred adjudication community supervision for any of the offenses listed in Chapter 250, successfully completes it, and received a dismissal or discharge, is not considered convicted.

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.

X

Signature of Applicant

Witness

X

Printed Name

Date

GRACE'S TLC HOME, INC
TB TARGETED MEDICAL QUESTIONNAIRE

To be completed by employee:

Name: X _____ SSN: X _____ (Please print)
YES NO

1. Have you ever had a positive TB skin test, or history of TB Infection?

If answer is yes, please answer the following:

- | | | |
|--|-------|-------|
| 2. Have you ever had the BCG vaccine? | _____ | _____ |
| 3. Do you have prolonged or recurrent fever? | _____ | _____ |
| 4. Have you recently lost weight? | _____ | _____ |
| 5. Do you have a chronic cough? | _____ | _____ |
| 6. Do you cough up blood? | _____ | _____ |
| 7. Do you have sweating at night? | _____ | _____ |
| 8. Do you have any of the following risk factors, which may substantially increase the risk of tuberculosis? | _____ | _____ |

- _____ a. Silicosis (Lung Disease)
- _____ b. Gastrectomy
- _____ c. Intestinal Bypass
- _____ d. Weight 10% or more below ideal body weight
- _____ e. Chronic Renal Failure
- _____ f. Diabetes Mellitus
- _____ g. Prolonged high-dose corticosteroid therapy or other immunosuppressive therapy
- _____ h. Hematological disorder (i.e. leukemia or lymphoma)
- _____ i. Exposure to HIV or aids
- _____ j. Other malignancies

Employee Signature: X _____ Date: X _____

To be completed by **Grace's TLC Home, Inc** Nurse:

Date PPD applied: _____ By: _____

Date PPD Read: _____ By: _____

Result: _____ mm Induration

CXR Indicated? _____

Date of CXR: _____ Result: _____

Signature of **GRACE'S TLC HOME, INC** Nurse: _____

Date: _____

GRACE'S TLC HOME, INC.

HEPATITIS B VACCINE REFUSAL FORM

Hepatitis B infection is caused by the Hepatitis B virus, which causes death in 1% to 2% of patients. Most people with Hepatitis B recover completely, but approximately 5% to 10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. The healthcare provider is at an increased risk for acquiring this infection.

Hepatitis B vaccine (recombinant) is available and requires three injections for adequate response, although some persons may not develop immunity even after three doses. The duration of immunity is unknown at this time. The vaccine has been tested extensively for safety and efficiency in large-scale clinical trials with human subjects.

Enigrex-B is non-infectious recombinant DNA Hepatitis B vaccine. It contains purified surface antigens of the virus obtained by culturing a genetically engineered yeast cell, which carries the surface antigens gene of the Hepatitis B virus. The product contains no more than a 5% yeast protein.

The vaccine side effects are very low. Tenderness and redness of the injection site and low-grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. I should not take this vaccine if pregnant or nursing because effects at this time are unknown. I further understand that I should not take this vaccine if active infection is present, an allergy to this compound is unknown, or if hypersensitive to yeast.

I have had the opportunity to ask questions about the risks and benefit of the vaccine.

I have read the above statement, and have had the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis vaccination at this time. I understand that by declining this vaccine I continue to be at increased risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or body fluids and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have previously received complete series of Hepatitis B vaccine.

DATE: _____

X _____
PRINTED NAME OF EMPLOYEE

X _____
SIGNATURE OF EMPLOYEE

X _____
DATE SIGNED

TITLE

GRACE'S TLC HOME, INC.

TRAINING INFORMATION VERIFICATION FORM

This is to verify that today, I have been given training information regarding GRACE'S TLC HOME,INC. Infection and Exposure Control Program

1. The following policies and procedures, have been presented, reviewed, and distributed:
 - A. Task Classifications
 - B. Management of Hazardous Materials
 - C. Management of Supplies
 - D. Respiratory Protection Plan (Employee Health)

2. Information regarding the location of these written policies was provided.

3. I have been given an opportunity to ask questions about Safety Guidelines aimed at protecting personnel from blood borne diseases and to have these questions answered.

I have read and understand the above statements.

X _____ X _____
PRINT NAME SIGNATURE

SUPERVISOR

DATE

GRACE'S TLC HOME, INC.
PAS ATTENDANT

NAME: X	DATE OF HIRE:
----------------	----------------------

The PAS Attendant is responsible for providing personal assistance services to the client accordance with the established service plan to enable the client to function in the home and community.

QUALIFICATIONS

The Agency shall employ a Attendant who:

1. Be at least 18 years of age.
2. Can be spouse of clients, however, if live with client then cannot have job outside the home.
3. Be neither legal nor foster parents of minor children who receive the service.
4. Free of communicable disease and open infections, wounds.
5. Must have valid Texas drivers' license, CPR card, and current automobile liability insurance if motor vehicle use is within the course and scope of employment.
6. Must have reliable transportation.
7. Must be able to read and write English.

Duties and responsibilities

1. Shall perform services as identified on the Service Plan.
2. Report to the Supervisor on the day of awareness any significant changes in client's condition.

Shall report emergency situations to appropriate individuals in accordance with the policies immediately upon awareness.

Physical/Mental/Essential Function of the Job:

1. Must be able to stand and walk throughout majority of shift on various surfaces in client's homes.
2. Must be able to lift and carry items up to 30 pounds such as mop buckets - groceries and bags with trash.
3. Must be able to push/pull up to various weights while performing tasks such as pushing client wheelchair and transferring the client.

GRACE'S TLC HOME, INC.

4. Must be able to climb stairs at various clients' houses.
5. Must be able to bend, twist, and reach when performing various job functions such as cleaning throughout the shift.
6. Must be able to handle objects such as wheelchairs, brooms, mops, dishes, and vacuum cleaner.
7. Must be able to communicate effectively with client.
8. Overall environment: must be able to work in various degrees of temperature, depending upon clients house setting. Position requires working with various cleaning solvents, fumes, dust, and odors.
9. Must be sensitive to the needs of the aged and disabled and conscientious about services client's need.
10. Must not be short tempered and must be slow to anger and be able to respond in a calm way and be able to work in an often stressful situation when dealing with patients who may be abusive.
11. Must be alert and able to identify hazards, should one occur, in order to avoid them, by reporting immediately or if directed, to take corrective actions.

I have read the above job description and agree to adhere to it, and all questions have been answered on this date regarding understanding the above job duties.

Date: X _____

Employee: X _____

Date: _____

Supervisor: _____

REPORTS TO: _____

The above listed job description has been reviewed and discussed with me and I have had an opportunity to ask questions regarding same.

X

EMPLOYEE/CONTRACTOR
SIGNATURE

SUPERVISOR SIGNATURE

DATE

GRACE'S TLC HOME, INC.

ORIENTATION STATEMENT

This is to verify that I have read, understand, and will comply with all applicable agency policies and procedures.

X _____ X
Employee Signature Title Date

Grace's TLC Home, Inc.
PAS Employee Orientation Checklist

Name: X _____

Date: X _____

Task	Completed	Reviewed	Initials	
Organization Structure for Company			}	
Received Appropriate Job Description				
Philosophy				
Confidentiality				
Scope of Services				
Complaint Resolution				
PERSONNEL POLICIES				
Equal Opportunity Employer				
Access to Personnel Files				
Harassment Sexual Harassment				
TB Plan				
Blood Exposure Plan				
Orientation				
Evaluations				
Inadequate performance or Improper Behavior/Disciplinary Action				X
Philosophy and values of community integration and consumer driven care				
Compensation Policies				
Work Hours				
Criminal History Policy				
After Office Hours Services and Emergencies				
Administrative Policies and Procedures				
Emergency Preparedness Plan				
Abuse, Neglect & Exploitation Policy				
Drug Testing Policy				
Infection Control Policies/Biohazard Waste Procedures				
HIPAA Policies and Procedures				

Employee Signature: X _____

Administrative Signature: _____

GRACE'S TLC HOME, INC.

EMPLOYEE SAFE WORKING PRACTICES AGREEMENT

As a condition of employment, I X _____ do hereby agree to

(Please print full name)

comply with the following safe working practices:

1. I have read and agree to follow established agency safety procedures.
2. I agree to report any work related accident or injury to my supervisor as soon as it occurs, but no later than the end of my duty shift or visit.
3. if I need treatment for any work related injury, I agree to:
 - a. notify my EMPLOYER of the need for treatment.
4. If my job involves the handling of patients, I agree to enlist assistance or use mechanical lifting device for all patients whom I can not safely handle by myself.
5. I agree to utilize available personal protective equipment (e.g. infection control equipment, biomedical waste, disposal items, gait belts, and lumbar belt).
6. I agree to maintain a valid driver's license and automobile insurance and to notify my supervisor if at any time the license becomes invalid.
7. I am unable to physically and mentally perform my required job duties. If at any time, my situation changes and I am unable to physically or mentally perform my job duties, then I agree to notify my supervisor of this immediately.

I UNDERSTAND THAT FAILURE ON MY PART TO FOLLOW THE ABOVE PROCEDURES COULD RESULT IN DISCIPLINARY ACTION AS OUTLINED WITHIN THE GRACE'S TLC HOME, INC. DISCIPLINARY ACTION POLICY.

X

EMPLOYEE SIGNATURE

WITNESS SIGNATURE

DATE

GRACE'S TLC HOME, INC.

FOLLOWING TASKS MAY NOT BE PERFORMED BY THE PROVIDER

(The services listed below are performed only by a person(s) with professional training)

1. Catheter Care
2. Wound Care
3. Tube Feeding
4. Give injections
5. Applying Ointment prescribed by the doctor
6. Administering prescription drugs
7. moving heavy furniture or objects
8. Washing Windows
9. Yard Work
10. Shopping for Client's Clothing
11. Giving Client a perm, or haircut
12. Cleaning floors or furniture in area(s) that the client does not use\
13. Cooking for everyone in Client's home
14. Washing/drying clothes, changing bed linen other than that of the client

DO NOT:

1. DO NOT transport client but you may arrange transportation
2. DO NOT borrow or loan money from client or to the client
3. DO NOT eat client's food or drink beverages
4. DO NOT use client's phone for local or long distance call or personal use
5. DO NOT purchase any items for client without receipt
6. DO NOT bring anyone to work or replace someone else in place of you
7. DO NOT change schedule without the permission of the supervisor
8. DO NOT work if the client is in the hospital or out of town
9. DO NOT leave before your scheduled hour
10. DO NOT smoke in the client's home
11. DO NOT cut client's hair, nail, or toe nails
12. DO NOT accept money, gifts, food from client or client's family member(s)
13. DO NOT carry concealed weapons or guns
14. DO NOT abuse, harm, harass, threaten client
15. DO NOT inquire job related matters with client or family members after termination of position.

Provider must notify agency immediately if client is in the hospital or out of town, failure to do so may lead to disciplinary action including *Termination of Employment.*

Employee Signature: X

Date: X

GRACE'S TLC HOME, INC.

TASK DESCRIPTION OF PCA (personal care assistant)

1. **BATHING:** Filling tub, sink, laying out supplies, assist in/out of tub or shower, sponge bath and dry bed bath & dry, stand by assist for safety.
2. **DRESSING:** Dress or undress client, laying out clothes, assist with buttons, zippers, putting on shoes, socks.
3. **EXERCISE:** Taking client for a walk.
4. **FEEDING:** Spoon-feeding, bottle-feeding, stand by and assist.
5. **GROOMING:** Shaving, brushing, teeth and applying make-up.
6. **HAIR/SKIN CARE:** Washing, drying, hair, assist with setting hair (does not include cutting hair, perm, or use of any chemical product) combing/brushing hair, applying non prescription cream to skin.
7. **TOILETING:** Changing diapers, changing colostomy bag, emptying catheter, assist on/off bedpan, assist with clothing during toileting, assist with toilet hygiene, toilet paper, and washing hands, stand by to assist when getting up from toilet.
8. **TRANSFER/AMBULATION:** Assist client when rising to stand from sitting position, position cane or walker, assist with putting on or taking off leg braces or prosthesis, assist client in changing position in bed, stand by and assist with ambulation.
9. **CLEANING:** Cleaning up after personal care tasks, clean bathroom, change bed linens, make up bed, vacuuming, mopping, dusting, carrying out trash, wash dishes, clean stove top and counters.
10. **LAUNDRY:** Gathering & sorting clothes, going to laundry mats, use washer/dryer at home, folding & putting away clothes.
11. **MEAL PREPARATION:** Cooking full meals, warming up prepared food, planning meals, serving food, grinding or pureeing food, cutting for clients.
12. **ESCORT:** Arrange transportation, going with client to doctor's office or clinic (does not include driving the client)
13. **SHOPING:** Prepare shopping list, going to store and purchasing items, picking up medication, putting food away, return change and give receipt to client.
14. **ASSIST WITH MEDICATION:** Remind, bring glass of water, bring medication container to client, put medication in clients hand and allow the client to take the pill by him/her self. **DO NOT PUT MEDICATION INTO CLIENT'S MOUTH.**

Employee Signature: X

Date: X

GRACE'S TLC HOME, INC.

RECEIPT OF PERSONAL PROTECTIVE EQUIPMENT (OSHA KIT)FORM

I have received the following Personal Protective Equipment (PPE):

Gloves
Gown
Goggles/Protective Eye Wear
Resuscitation Device
Biohazard Bag

PLEASE NOTE:

REPLACEMENT OF THE ABOVE ARE AVAILABLE AT THE AGENCY OFFICE.. I HEREBY ACKNOWLEDGE RECEIPT OF THE ABOVE PERSONAL PROTECTIVE EQUIPMENT AND UNDERSTAND THAT IF I TERMINATE MY EMPLOYMENT OR IT IS TERMINATED THAT ALL UNUSED ITEMS MUST BE RETURNED TO THE AGENCY PRIOR TO THE ISSUANCE OF MY LAST PAYCHECK OR A FEE OF \$ 20.00 WILL BE DEDUCTED FROM MY LAST PAYCHECK.

X

EMPLOYEE SIGNATURE AND DATE

GRACE'S TLC HOME, INC.

NOTICE REGARDING WORKER'S COMPENSATION

This is to notify you that our agency does not provider Worker's Compensation Insurance.
Please sign below indicating that you have read this information

X _____
Employee Signature

X _____
Date

Witness Signature

Date

GRACE'S TLC HOME, INC

CONFIDENTIALITY/NON-SOLICITATION AGREEMENT

As a condition to my employment by GRACE'S TLC HOME, INC., I hereby agree as follows:

1. CONFIDENTIALITY. During the course of my employment with GRACE'S TLC HOME, INC., I have had and/or will have access to confidential information relating to GRACE'S TLC HOME, INC., and its clients, including but not limited to insurance information, client name, clients date of birth, clients address, etc... During the course of my employment and thereafter, I will keep secret and retain in strictest confidence all of such confidential information, and will not disclose, disseminate or use such information to my own advantage or for the advantage of any party other than GRACE'S TLC HOME, INC..

2. NON-SOLICITATION. GRACE'S TLC HOME, INC..

I will not call on, solicit, perform services for, interfere with or attempt to entice away from GRACE'S TLC HOME, INC., any client to whom GRACE'S TLC HOME, INC provided services at any time during my employment, or any private pay patient to whom GRACE'S TLC HOME, INC serviced and I worked for.

3. GENERAL. During the term of my employment with GRACE'S TLC HOME, INC., I will not become employed by or render any services to any patient of GRACE'S TLC HOME, INC. I acknowledge that in the event I violate any provisions of this agreement in addition to its other rights and remedies, GRACE'S TLC HOME, INC shall be entitled to immediate termination.

I have read this agreement and have been allowed to ask question and have full understanding of the agreement and consequences of my violation to the agreement with GRACE'S TLC HOME, INC.

Printed Name of Employee: X _____

Signature of Employee: X _____

Date: X _____

Signature of Witness/Supervisor: _____

GRACE'S TLC HOME, INC.

4501 Cartwright Road Suite # 503
Tel: Missouri City, TX 77459
Tel :281-499-0705 Fax:281-499-0757

COMMUNICATION NOTE

AS OF _____ EMPLOYEE _____ CAN NOT PROVIDE
AUTO INSURANCE FOR HIS/HER EMPLOYEE FILE. DUE TO EMPLOYEE NOT
HAVING A CAR AND WILL EITHER WALK OR TAKE A BUS TO PATIENT'S
HOME. I INFORMED THE EMPLOYEE I WOULD TYPE A STATEMENT WHERE
THE EMPLOYEE IS TO SIGN STATING THAT THE ABOVE INFORMATION THAT
THE EMPLOYEE HAS GIVEN US IS CORRECT AND TRUE, EMPLOYEE HAS
BEEN GIVEN A CHANCE TO ASK QUESTIONS.

BY SIGNING BELOW, YOU ATTEST TO THE ACCURATENESS AND TRUTH TO
THE ABOVE STATEMENT

X _____
SIGNATURE OF EMPLOYEE

X _____
DATE

SUPERVIOR SIGNATURE

DATE

GRACE'S TLC HOME, INC.

NURSE AIDE REGISTRY (NAR) AND EMPLOYEE MISCONDUCT REGISTRY (EMR) DOCUMENTATION

Employee Name: X

Before the agency hires or rehires an unlicensed employee whose duties would or do involve face-to-face contact with a client, and on an annual basis thereafter, the agency must search the nurse aide registry (NAR) and the employee misconduct registry (EMR) by searching the **DADS' Employability Status Search at website at <http://www.dads.state.tx.us/providers/employability/eseach.cfm>** to verify the applicant is not listed with a finding concerning abuse, neglect or exploitation or mistreatment of a client of an agency of a facility, or misappropriation of a client's property as required by Texas Health and Safety Code § 253.008.

A person listed in the EMR will not be offered employment at this agency.

As required by Texas Health and Safety code § 253.003, the agency shall immediately terminate a person's employment if the agency becomes aware an employee is designated in the NAR or the EMR with:

- A finding concerning abuse, neglect, or exploitation or mistreatment of a client of any agency or a facility, or misappropriation of a client's property; or
- Whose criminal history check reveals conviction of a crime that bars employment of that the agency determines is a contraindication to employment.

The NAR and the EMR report was verified by using DADS'S Employability Status search website at <http://www.dads.state.tx.us/providers/employability/eseach.cfm> Initial Search Annual Search

No reports were on file

See attached reports

Comments: _____

X

Employee Signature

X

Date

Supervisor Signature

Date

Revised 08/2009, rev. 9-10

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GRACE'S TLC HOME, INC.

Criminal History Check: Notification and Statement of Employability

I acknowledge that I have been informed by the Agency that a criminal history and Employee Misconduct or Nurse Aide Registry check will be performed on my name. I have informed this Agency of all names (for example, maiden name, aliases) that I have used in the past. I also understand that if I have been listed either registry or convicted of the following offenses, that I cannot be employed by this Agency.

A. I have not ever been convicted of the following crimes:

- An offense under Chapter 19 Penal Code (criminal homicide);
- An offense under Chapter 20 Penal Code (kidnapping and unlawful restraint)
- An offense under Section 21.02 Penal Code (continuous sexual abuse of a young child or children);
- An offense under Section 21.11 Penal Code (indecenty with a child);
- An offense under Section 22.011, Penal Code (sexual assault);
- An offense under Section 22.02, Penal Code (aggravated assault);
- An offense under Section 22.04, Penal Code (injury to a child, elderly individual or disabled individual);
- An offense under Section 22.041, Penal Code (abandoning or endangering child);
- An offense under Section 22.08, Penal Code (aiding suicide);
- An offense under Section 25.031, Penal Code (agreement to abduct from custody);
- An offense under Section 25.08, Penal Code (sale or purchase of a child);
- An offense under Section 28.02, Penal Code (arson);
- An offense under Section 29.02, Penal Code (robbery);
- An offense under Section 29.03, Penal Code (aggravated robbery); or
- An offense under Section 21.08, Penal Code (indecent exposure);
- An offense under Section 21.12, Penal Code (improper relationship between educator and student);
- An offense under Section 21.15, Penal Code (improper photography or visual recording);
- An offense under Section 22.05, Penal Code (deadly contact);
- An offense under Section 22.021, Penal Code (aggravated sexual assault);
- An offense under Section 22.07, Penal Code (terroristic threat)
- An offense under Section 33.021, Penal Code (online solicitation of a minor);
- An offense under Section 34.02, Penal Code (money laundering);
- An offense under Section 35A.02, Penal Code (Medicaid fraud);
- An offense under Section 36.06, Penal Code (obstruction or relation);
- An offense under Section 42.09, Penal Code (cruelty to livestock animals), or under Section 42.092, Penal Code (cruelty to nonlivestock animals); or
- A 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 an offense listed in this section, and
- An offense that the Agency determines to be a contra-indication to employment with the consumers the Agency serves.

B. I have no been convicted of the following crimes within five years of this date:

- An offense under section 22.01 Penal Code (assault) that is punishable as a Class A misdemeanor or as a felony
- An offense under section 30.02 Penal Code (burglary)
- An offense under section chapter 31, Penal Code (theft), that is punishable as a felony;
- An offense under section 32.45 Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or as a felony.
- An offense under section 32.46 Penal Code (securing execution of a document by deception) that is punishable as a class A misdemeanor or a felony;
- An offense under section 37.12 Penal Code (false identification as a police officer); or
- An offense under section 42.01 Penal Code (a) (7), (8) or (9) Penal Code (disorderly conduct).

I understand that all information obtained by this Agency regarding my criminal history will remain confidential. I certify that the information on this form contains no willful misrepresentation and that the information is true and complete to the best of my knowledge.

Printed Name X _____ Date X _____

Applicant Signature X _____