

DOCUMENTS FOR PRE-HIRE:

	OIG Check Report
	Employee Checks
	Employment Application
	TB Questionnaire
	PA Criminal Check Attestation

DOCUMENTS FOR GENERAL HIRE:

	Orientation Instruction Sign Off
	Two Reference Forms
	Do's and Don'ts of Home Care
	Statement of Driving Status
	Employee Acknowledgement of Handbook Reading
	Orientation for DCW Employees
	Confidentiality Agreement
	Employee Sign Off Regarding HIPAA
	Incident/Accident Reporting Acknowledgement
	Acknowledgement and Understanding of Zero Tolerance Sexual Abuse Policy
	Conflict of Interest Statement
	Equal Employment Opportunity (EEO) Policy
	Non-Discrimination/LEP Statement
	What to do in an Emergency
	Employment Eligibility Verification - USCIS I-9 Form
	Employee's Withholding Allowance Certificate - W4 Form
	Form 8850
	ETA Form 9062
	Residency Certification Form: Local EIT Withholding
	Interview Conducted Acknowledgement
	Employee ID Acknowledgement
	Job Offer Letter

Employee Name: _____

Checked by: _____

Revised by: _____

EMPLOYEE CHECKS



Employee: _____ Social Security#: _____

LICENSE CHECK: All licensed professionals must produce their current professional license and the agency must also check their credentials online to verify the licensee is listed as “in good standing”. The online statement must be printed and placed in their personnel file along with a copy of the current license presented.

<http://www.licensepa.state.pa.us/>

Professional Licensure checked online: YES
Professional license “in good standing”? YES NO
Printed and placed it in personnel file: YES

OIG FRAUD CHECK: Every employee has an OIG Fraud/Exclusions check at:
<http://exclusions.oig.hhs.gov/>

CHECK completed: YES NO
Printed and placed the findings in the personnel file: YES

PA MEDICHECK LIST: <http://www.dpw.state.pa.us/dpwassets/medichecklist/>

CHECK completed: YES NO
Printed and placed the findings in the personnel file: YES

EPLS CHECK: <https://www.epls.gov>

CHECK completed: YES NO
Printed and placed the findings in the personnel file: YES

Person conducting pre hire screening

CREATIVE HOMECARE, LLC



EMPLOYMENT APPLICATION FORM:

Last Name First Middle Initial

Street Address City State Zip Code

Phone Number: _____ Cell Landline Work Phone

Email (If available): _____

Social Security #: _____ Date of Birth: _____ Languages Known: _____

Have you ever been employed by Creative HC? If yes, When? _____

Are you a US Citizen? If NO, are you legally eligible to work in the US?

Date of Application: _____ Date Available for Employment: _____

Position Applying for: _____ Weekly hours desired: _____

Type of Employment Desired: Per Diem Part Time Full Time

Availability for Work: Check all that you could work.

Sun	Mon	Tue	Wed	Thur	Fri	Sat
Morning	Afternoon	Evening	Overnight	Live-in		

REFERRAL INFORMATION: HOW DID YOU HEAR ABOUT US?

Newspaper Ad (Name): _____ Internet Website name: _____

Current Employee name: _____ Other; Describe: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone #: _____ Cell Phone Other

Creative Homecare LLC is an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated based on race, creed, color, gender, age, national origin, handicapped condition or military status.

Employment History - Please begin with your most recent or current place of employment.

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

Education	Name & Location	Course of Study	Years Completed	Date Graduated
High School:	_____			
College:	_____			
Other:	_____			
Other:	_____			

Military Service
Branch of Service: _____ Dates of Service: _____
Highest Rank Achieved: _____ Currently in a Reserve Unit? Yes / No
Special Schooling and/or Duties: _____

Licenses and Certifications	License or Certification	ID Number	Expiration Date	State
1.	_____			
2.	_____			
3.	_____			

Criminal History
Have you ever been convicted of violating any law? (Please omit minor traffic violations.)
 Yes No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Employee Candidate Signature Date

Tuberculosis Questionnaire

Employee Information

Print Name _____

Signature _____

Social Security # _____

Date completing form _____

TUBERCULOSIS QUESTIONNAIRE

TB History

Early Detection of Tuberculosis

This questionnaire gives guidance in identifying individuals with suspected or confirmed TB so that appropriate controls can be promptly initiated.

The questionnaire has two parts:

1. Reviewing the individual's TB history
2. Assessing current symptoms

INSTRUCTIONS:

- Circle each answer given by employee.
- Add your comments as the evaluator at the bottom of the page.
- Institute AMS exposure control measures outlined in AMS Exposure Control Plan,
- Respiratory Protection and Medical Surveillance Program and refer the individual for further evaluation if the individual has:
 - (1) A persistent cough lasting 3 or more weeks and two or more symptoms of active TB.
 - (2) Had a positive TB test on mucous that he/she coughed up.
 - (3) Been told that he/she had TB and was treated, but never finished the medication.

TB HISTORY (Part 1)

1. Have you ever had a positive TB skin test?
Yes No Don't know
2. Have you ever had an abnormal chest x-ray?
Yes No Don't know
If yes, how long ago?
3. Have you recently had the mucous you cough up tested for TB?
Yes No Don't know
If yes, were you told it was positive?
Yes No Don't know

- 4. Have you ever been told you have Infectious Tuberculosis?
 Yes No Don't know
 If yes, how long ago?
- 5. Have you ever been treated with medication for Infectious TB?
 Yes No Don't know
 If yes, how many medications?
 One Two Over two
- 6. Are you still taking TB medicine?
 Yes No
 Did you take all the TB medicine until the health care professional told you that you were finished?
 Yes No
- 7. Do you live with or have you been in close contact with someone who was recently diagnosed with TB?
 (e.g. shelter roommate, close friend, relative).
 Yes No Don't know

CURRENT SYMPTOMS (Part Two)

- 1. Do you have a cough that has lasted longer than three weeks?
 Yes No
- 2. Do you cough up blood or mucous?
 Yes No
- 3. Have you lost your appetite? Aren't hungry?
 Yes No
- 4. Have you lost weight (more than 10 pounds) in the last two months? Without trying to?
 Yes No
- 5. Do you have night sweats (need to change the sheets or your clothes because they are wet)?
 Yes No

Evaluator Comments:

Exposure Control Methods Implemented?

Yes No

Referred for Further Evaluation?

Yes No

Evaluator's Signature: _____

Date: _____

PENNSYLVANIA CRIMINAL CHECK ATTESTATION

By signing this document, I acknowledge that I have been told by the Agency that a criminal history check will be performed on my name. I have informed that Agency of all alias used (maiden name, aliases). I understand that I have been employed on a provisional basis that is temporary pending the results of the PA criminal history check. I also understand that it is the Agency's policy not to hire an individual who has been convicted of the offenses enumerated below. I also understand that the Agency will search any Employee Misconduct Registry and Nurse Aide Registry to determine whether any acts of abuse, neglect or exploitation have occurred and whether my name is designated on the registry. If my name is on the registries, I understand the Agency will deny me employment.

PART I: CONVICTION OF EITHER A FELONY OR MISDEMEANOR CHARGE FOR ANY OF THE OFFENSES LISTED BELOW


CC2500	Criminal Homicide	CC3127 Indecent Exposure
CC2502A	Murder I	CC3301 Arson and Related Offenses
CC2502B	Murder II	CC3502 Burglary
CC2502C	Murder III	CC3701 Robbery
CC2503	Voluntary Manslaughter	CC4101 Forgery
CC2504	Involuntary Manslaughter	CC4114 Securing Execution of Documents by Deception
CC2505	Causing or Aiding Suicide	CC4302 Incest
CC2506	Drug Delivery Resulting in Death	CC4303 Concealing Death of a Child
CC2702	Aggravated Assault	CC4304 Endangering Welfare of a Child
CC2901	Kidnapping	CC4305 Dealing in Infant Children
CC2902	Unlawful Restraint	CC4952 Intimidation of Witnesses or Victims
CC3121	Rape	CC4953 Retaliation Against Witness or Victim
CC3122.1	Statutory Sexual Assault	CC5903C Obscene or Other Sexual Materials to Minors
CC3124.1	Sexual Assault	
CC3123	Involuntary Deviate Sexual Intercourse	CC5903D Obscene or Other Sexual Materials
CC3126	Indecent Assault	CC6301 Corruption of Minors

PART II: CONVICTION OF A FELONY CHARGE FOR ANY OF THE OFFENSES BELOW

CC5902B	Promoting Prostitution	CS13A35(i),(ii),(iii) Illegal Sale of Non-Controlled Substance
CS13A12	Acquisition of Controlled Substance by Fraud	CS13A36 Designer Drugs Felony
CS13A14	Delivery by Practitioner	CS13Axx* Any Other Felony Drug Conviction Appearing On PA Rap Sheet
CS13A30	Possession with Intent to Deliver	

Part III: CONVICTION OF EITHER ONE (1) FELONY CHARGE OR TWO (2) MISDEMEANORS CHARGES FOR ANY OF THE OFFENSES LISTED BELOW

CC3901	Theft	CC3929 Retail Theft
CC3921	Theft By Unlawful Taking	CC3929.1 Library Theft
CC3922	Theft By Deception	CC3929.2 Unlawful Possession of Retail or Library Theft Instruments
CC3923	Theft By Extortion	CC3929.3 Organized Retail Theft
CC3924	Theft By Property Lost	CC3930 Theft of Trade Secrets

CC3925	Receiving Stolen Property	CC3931 Theft of Unpublished Dramas or Musicals
CC3926	Theft of Services	CC3932 Theft of Leased Properties
CC3927	Theft By Failure to Deposit	CC3933 Unlawful Use of a Computer
CC3928	Unauthorized Use of a Motor Vehicle	CC3934 Theft From a Motor Vehicle
<p>I, _____ (print name) hereby confirm that I have not been convicted of any felony or misdemeanor listed in PART I; that I have not been convicted of any felony listed in PART II or PART III, and; that I have not been convicted of any two misdemeanors listed in PART III of this document. I further confirm that there are no charges currently pending against me with respect to the above in PA or any other state.</p>		
Name:		Maiden name or Alias:
Address		
Social Security #:		Drivers Lic #:
Signature		Date

Orientation Instruction Page Sign Off For All Employees

Creative Home Care LLC uses a unique method to orient its new employees so that we are assured that every employee receives ALL the information needed on your hiring date.

We ask that you have in front of you the complete hiring packet and your job description prior to starting the exercise.

As you go through the packet, each document will be reviewed. You should have the document being reviewed in front of you and you should read through it as we proceed. As we finish each document you will sign and date each document and put it aside in the order we go through.

Use care on the document marked “Reference Request”. We require you to provide 2 written references in your file. Fill in the name of the company or person **and their address** that you would like us to send the reference request to (at the top of the document). If you don’t know the addresses during orientation please find it out as soon as you leave today and call us before the day is over.

The section called “Orientation for All Employees” and the document called “Orientation for Direct Care Employees” are in a table format. As we complete each section, you will put today’s date and your initials in the right hand column indicating that you had that section reviewed with you.

Please inform us right away if you suspect that something negative will come back on your Criminal Background Check. Not all convictions will eliminate you from working in homecare but you must understand that we are responsible for assuring the safety of vulnerable Consumers (elderly and children). Speak to the Agency Director privately if you suspect a problem will be identified.

Many homecare employees work for more than one company at the same time. It is essential that you let us know if you are working for another agency. Remember that any Consumers you service for us are **OUR** Consumers. Should you ever decide to leave us for any reason, Consumers you are servicing for us **MAY NEVER** be encouraged to transfer to another company where you might be working. This is clearly a conflict of interest and will not be tolerated. Our legal department will be notified immediately should this occur.

Please have your documents ready for copy before Orientation begins:

Drivers License, Car registration, Social Security Card, Legal Immigration documents (if applicable), Current Professional license, copy of professional liability insurance (if contractor), training certificates, TB test results.

Employee Signature and Date

Orientation Performed by/ Date

Reference Form

Reference Name _____

Address: _____

Phone: _____

The individual listed below has applied for a position with Creative Home Care LLC

Name: _____ Social Security # _____
Last First Middle initial

The position being applied for is: _____

Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				

Comments:

Signature/Title of Reference

Date

Creative Home Care LLC
745 Harvest Drive, Harrisburg, PA 17111

(800) 587-1531

Reference Form

Reference Name _____

Address: _____

Phone: _____

The individual listed below has applied for a position with Creative Home Care LLC

Name: _____ Social Security # _____
 Last First Middle initial

The position being applied for is: _____

Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____

Date _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

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Would you rehire? _____ If no, why not? _____

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EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				

Comments:

Signature/Title of Reference

Date

Creative Home Care LLC
745 Harvest Drive, Harrisburg, PA 17111
(717) 558-4300

Do's And Don'ts of Home Care


While making your assigned visits please be aware that the following guidelines are always in place:

Do's

- Be courteous and pleasant at all times.
- Wear your Agency issued ID Badge while making all visits.
- Try to do all you can to bring joy to your Consumers (positive attitude).
- Report any unusual occurrence to the office immediately.
- Call the office immediately if the Consumers does not answer their door for a scheduled visit. Failure to notify the office may be considered abandonment, especially if the Consumers has had a medical emergency and is on the floor without your knowledge. **DON'T** assume they aren't home. **CALL THE OFFICE.**
- Follow your schedule at all times **WITHOUT MAKING ANY CHANGES.**
- Interact with the scheduling coordinator often, especially if you are available to work but do not have scheduled visits.

Don't

- Do not bring your own personal issues to your Consumers.
- Do not use a Consumer's phone for personal calls.
- Do not ever borrow money from a Consumers for any reason or enter into any type of legal or financial agreement.
- Do not agree to lifting or moving furniture.
- No scrubbing of floors on hands and knees.
- No window washing (except an occasional wipe down of a window the Consumers commonly sits and looks out from).
- No drapes or curtain washing.
- No hauling heavy trash barrels.
- No raking leaves or snow shoveling.
- No transporting Consumer's in your car unless you have a signed consent/authorization.


Employee Signature

Date

Statement Of Driving Status

I, _____, am currently
licensed to drive a motor vehicle in the state of PA,

I carry auto insurance on my vehicle and I have supplied Creative Home Care
LLC
a current copy of my license and auto insurance.

Signature

Date

NO CURRENT LICENSE

I, _____, declare that I do not have a driver's
license in the state of PA and therefore will find other forms of transportation to get
to my scheduled visits (i.e. public transportation)

Signature

Date

Employee Acknowledgement That They Have Read The Employee Handbook

Below are some pertinent references to employee policies from the Creative Home Care 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 business casual clothing. NO JEANS, scanty tops, see-through clothing etc allowed.
2. You are required to wear your Agency Issued photo ID badge to all Consumers visits.
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 Consumer'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 consumer.
7. NEVER discuss your rate of pay with your Consumers or any other employee of Creative Home Care LLC.
8. Visit notes must be filled out correctly and completely and are signed by the consumer AT THE TIME 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 Creative Home Care LLC employee/Consumers must be reported to our office immediately. If you are injured and unable to make the call have one of your family 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 Consumers must be removed from your schedule, the office requires a minimum of one week's notice to arrange a change of worker. 2 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.

Employee Signature

Date

Orientation for Direct Consumer Service Employees



TOPICS COVERED	DATE AND INITIALS
Review of Job Duties	
Scheduling Guidelines	
Ethnic Diversity/Ethics	
Conflict of Interest	
Consumers Rights & Responsibilities	
Reporting PT status changes/issues	
OSHA: Safe and appropriate use of equipment: Office/Community/Home SAFETY: Bathroom safety Fire safety/Environmental safety/Electrical safety Adverse Events/Incident reports	_____ _____ _____ _____
Management of hazardous/infectious materials Universal Precautions policy Hand washing policy Visit Bag Technique policy	_____ _____ _____ _____
Exposure Control Plans Infection Control Blood borne Pathogens TB	_____ _____ _____ _____
Infection Reporting	
Advance Directives	
Abuse Reporting (mandatory reporters)	
Emergency preparedness: Consumers medical/ non-medical emergencies Employee role in disasters Disaster planning	_____ _____
Do's and Don'ts of Home Care	
Competency skills testing (if appropriate to position)	
Nutrition Basics	
Documentation/Assessments (for Qualified Supervisor)	
Supervision & Performance Evaluation	
Case Conferencing & Staff Meetings	
ISP Training	
DO NOT USE abbreviation list (for Qualified supervisors)	

Employee Printed Name	Date
Employee Signature _____	Title
Trainer Printed Name	Date
Trainer Signature	Title

Confidentiality Agreement

This agreement is made between _____ (the “Employee”) and Creative Home Care LLC, (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 divulges 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 Consumers 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 PA, 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.

Employee Signature:

Title

Date

Employer Signature:

Title

Date

Conflict Of Interest

POLICY:

No employee or member of the Governing Body or other individual, committee, or entity shall derive any profit or gain directly or indirectly by reason of their association with the agency, without the prior knowledge and approval of the Governing Body. All GB members and/or employees, at the discretion and specific request of the board, will be required to submit a disclosure statement annually.

If a matter arises in which a member of the board or employee has a conflict of interest, it shall be promptly disclosed to the Agency Director and Governing Body.

In matters involving a conflict of interest, a board member must disclose any known significant reasons why a transaction might not be in the best interest of the agency and a board member shall not participate in discussions unless requested by the board nor vote on such transactions. The abstention and the reason for it shall be recorded in the minutes.

Field staff in any capacity understands that all Consumers are Consumers of the Agency not personal Consumers of the field staff. Consumers may never be serviced privately by an employee of Our Agency for the financial gain of the employee. Should an employee terminate employment with Creative Home Care LLC, the field staff understands that the Consumers may not be encouraged or otherwise moved from our Agency to another agency.

INDIVIDUAL STATEMENT REGARDING 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:

Employee Signature

Date

Equal Employment Opportunity (EEO) Policy

Organization: Creative Home Care LLC

Creative Home Care LLC complies with nondiscrimination regulations under Title VII, Civil Rights Acts of 1964; Vietnam-Era Veterans Readjustment Assistance Act of 1974; Section 504 of the Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990; the Age Discrimination in Employment Act of 1967; Executive Order 11141, the Equal Pay Act, the [state] Labor Code, and other applicable statutes, ordinances and regulations. Our Agency complies with affirmative action regulations under Executive Order 11246, the Vietnam-Era Veterans Readjustment Assistance Act, and the Federal Rehabilitation Act.

Our Agency will recruit, hire, train, and promote people in all job classifications without regard to race, color, religion, national origin, age, disability, or history of disability (except where physical or mental abilities are a bona fide occupational requirement and the individual is not able to perform the essential functions of the position even with reasonable accommodations), or sex (unless gender is a bona fide occupational qualification), status as a veteran or other protected characteristic.

Managers and supervisors of the company will base decisions on employment so as to further the principle of equal employment opportunity.

The company is pledged to develop and support an environment of affirmative action toward this policy including affirmative action recruitment of candidates for positions at all levels. This policy applies to all employees and applicants for employment.

All weekly employment opportunity bulletins (which specify job titles, salary/wage rates, and job duties and requirements) will continue to be sent to the [state] Unemployment Commission for inclusion on its job availability listing. In addition, the bulletin is sent to the [state] Rehabilitation Commission and other sources of minority, female, veteran, and applicants with a disability including organizations that specialize in the referral of minority applicants.

Recruitment literature, newspaper advertising, magazine advertising, and position announcements will contain clear statements of the Equal Employment Opportunity Policy. Each advertisement for a vacant position will continue to affirm the company's commitment to affirmative action by including a statement such as "Equal Employment Opportunity through Affirmative Action" or "An Affirmative Action/Equal Opportunity Employer Committed to Diversity" in clearly distinguishable type. It may also include a statement such as: "Women and Minorities Are Encouraged to Apply."

When employees are pictured in consumer or help-wanted advertising, both minorities and non-minority men and women are shown. The Agency Director will continue to ensure that employment handbooks, brochures, and other printed materials include references to equal employment opportunity for minorities, women, individuals with a disability, and covered veterans, and that artwork therein, as appropriate, includes representatives of groups covered in the company's affirmative action plan.

On first contact, all applicants (prospective employees) will be informed that the company is operating under an Affirmative Action Program (AAP) that provides equal opportunities to qualified employees and prospective employees without regard to race, color, religion, pregnancy, sex, sexual orientation, age, national origin, veteran status, or physical or mental disability or other protected characteristic. This information will be made known to applicants as they come into the employment office of the human resources department by making available to them the company's EEO/AA policy statement on

the employment application, on posters displayed in the area where they complete their applications for employment, and on the company's Web page.

Vietnam veterans, special disabled veterans, and individuals with disabilities who wish to avail themselves of the provisions of the company's Affirmative Action Program are invited to identify themselves to company administration for this purpose. Persons with disabilities, special disabled veterans, and veterans of the Vietnam Era choosing not to identify themselves for this purpose at the time of application or employment will not be discriminated against and will be able to identify themselves at any time.

Subcontractors, vendors, and suppliers are notified in writing of our EEO policy and are requested to practice the appropriate action on their part in their operations and in their relationship with our company.

Public groups are kept informed of EEO policy development where appropriate. The vice president of human resources will continue to communicate the company's affirmative action policy to community agencies and leaders, as well as to organizations representing minorities, women, individuals with a disability, and covered veterans on a periodic basis.

Managers and supervisors of the company will ensure that promotion decisions are in accord with principles of equal employment opportunity by imposing only job-related requirements for promotional opportunities.

The company will ensure that all personnel actions, including compensation, benefits, transfers, layoffs, return from layoff, company-sponsored training, education, tuition assistance, and social and recreation programs will be administered without regard to race, color, religion, national origin, age, disability, or history of disability (except where physical or mental abilities are a bona fide occupational requirement and the individual is not able to perform the essential functions of the position even with reasonable accommodations), veteran status, pregnancy, sex, (unless gender is a bona fide occupational qualification) or other protected characteristic. For example, employees with the same job title will receive pay within the salary range provided for that position with variances based upon education and experience and without any salary differentiation based on pregnancy, sex, religion, national origin, age, ethnicity, veteran, disability status, or other protected characteristic.

The company will reasonably accommodate the religious observances and practices of an employee or prospective employee unless such accommodation creates an undue hardship on the conduct of the business. As part of this accommodation, the company will make reasonable accommodations to the religious observances and practices of an employee or prospective employee who regularly observes Friday evening and Saturday, or some other day of the week, as his or her Sabbath, and/or who observes certain religious holidays during the year, and who is conscientiously opposed to performing work or engaging in similar activity on such days, when such accommodations can be made without undue hardship on the conduct of the business. The following factors shall be considered: (a) business necessity, (b) financial costs and expenses, and (c) resulting personnel problems. Any employee who requires a religious accommodation should speak with a human resources representative.

Any employee with a disability who requires accommodation should speak with his or her human resources representative. Generally, disability refers to a physical or mental impairment that substantially limits one or more of the major life activities of an individual. The company will seek to reasonably accommodate qualified individuals with a disability. The employee has the responsibility to provide adequate information to the company as part of the accommodation process. A qualified person with a disability means an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the position. Such reasonable accommodation

may take the form of making existing facilities readily accessible to or usable by individuals with a disability, restructuring jobs, modifying schedules, acquiring or modifying equipment, adjusting training materials, adjusting employment policies, and the like. Generally, such reasonable accommodation will be made unless it creates an undue hardship for the company.

Our Agency shall review its employment practices to determine whether any individuals with protected characteristics are receiving fair consideration for job opportunities. The company will annually review its personnel policies to ensure that all such policies apply equally to all employees and that care has been exercised to ensure that such policies comply with this policy.

Our Agency ensures that the physical and mental job qualification requirements are related to the specific job or jobs for which the person is being considered and are consistent with business necessity and safe performance of the job. The company regularly reviews its personnel procedures to ensure that careful and thorough consideration is given to the job qualifications of individuals with disabilities, disabled veterans, and Vietnam-era veteran applicants and employees.

Our Agency disapproves of sexual, racial, disability, national origin, age, veteran, religious, and all other forms of harassment of any employee, whether it is by a co-worker, a manager, a customer, or a vendor. Sexual advances; requests for sexual favors; sexual or racial jokes; racial, ethnic, national origin, or disability slurs; and other harassing language or conduct have no place in our business. In addition, physical conduct of a sexual nature will not be tolerated.

It is expected that employees will treat one another with mutual respect for their dignity. Harassment, of any type, by any employee, is grounds for immediate termination.

Employees or applicants are protected from coercion, intimidation, interference, or discrimination for filing a complaint or assisting in an investigation under the laws covering these individuals. Periodic reviews will ensure that personnel decisions are in full accord with the principles and spirit of equal employment opportunity law.

The AGENCY DIRECTOR has overall responsibility for this Equal Employment Opportunity Policy. Implementation of the policy in this establishment is the responsibility of the Agency Director/Manager.

This policy will be posted and disseminated as widely as possible. Such dissemination shall include periodic meetings with supervisory personnel, periodic meetings with all employees, inclusion in employee-orientation sessions, inclusion in management-training programs, inclusion in company publications, posting on company bulletin boards, the company Web page, and the like. An equal opportunity clause will be inserted in all purchase orders, leases, contracts, and the like as required by applicable law, including Executive Order 11246.

Requests to review a copy of the company's Affirmative Action Program should be directed to our AGENCY DIRECTOR at (800) 587-1531.

Any person who believes he or she may have been discriminated against in violation of these principles or who observes any discrimination in violation of these principles or who needs a reasonable accommodation should discuss the matter with a human resources representative or the Agency Director. If for any reason you do not want to discuss the matter with these individuals, you may discuss the matter any member of the Senior management Team, the EEO-AAP coordinator, or any officer of the company.

Managers or supervisors who receive any complaint or concern involving discrimination or observe any discrimination must bring the matter to the attention of the EEO-AAP coordinator or the Manager. That individual will initiate an appropriate investigation. Employees have a responsibility to cooperate in any investigation of unlawful discrimination. All employees are to cooperate fully with the investigation and resolution of all discrimination and affirmative action complaints.

The EEO-AAP coordinator will report quarterly to the Agency Director and the vice president for human resources on all concerns or complaints concerning discrimination brought to her or his attention during the preceding quarter. The report will include recommendations for changes to company policies, practices, or procedures appropriate to the company's compliance with this EEO Policy.

If the appropriate human resources representative or the EEO-AAP coordinator is not able to resolve a concern or complaint of discrimination, the EEO-AAP coordinator will investigate the matter and recommend a solution to the Manager or an officer of the company, who will decide how the concern or complaint will be resolved.

Any person who believes that the Agency Director has not resolved a concern or complaint in accordance with this EEO policy may bring the matter to the attention of the vice president for human resources, or any other officer of the company, who may reopen the investigation, continue the investigation, or decide how the complaint will be resolved.

The Agency Director and owners of our company fully support this equal employment opportunity policy and specifically require each employee to act in accordance with its principles.

Employee Name: _____

Employee Signature: _____

Date: _____

Non-Discrimination/LEP Statement

NON-DISCRIMINATION/LEP STATEMENT 6.2016

Creative Home Care LLC complies with applicable Federal civil rights laws and does not discriminate in hiring or admissions, on the basis of race, color, national origin, age, disability, or sex. Our Agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Creative Home Care LLC:

- > Provides free aids and services to patients with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).

- > Provides free language services to patients whose primary language is not English (LEP) such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact Nabindra Acharya.

If you believe that Creative Home Care LLC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Agency Name: Creative Home Care LLC
Agency Civil Rights Coordinator: Nabindra Acharya
Agency Address: 745 Harvest Drive, Harrisburg, PA 17111
Agency Phone: (800) 587-1531

You can file a grievance in person or by mail or fax. If you need help filing a grievance, Nabindra Acharya is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F
1-800-368-1019, 800-537-7697 (TDD)

Employee Signature

Date

WHAT TO DO IN AN EMERGENCY

Creative Home Care LLC
(717) 558-4300

Pre-Disaster

In an effort to triage all high-risk patients in preparation for possible disaster, the police and fire departments will be notified by our Agency in advance if you are servicing a high-risk patient.

Inclement Weather

All administrative and supervisory staff is expected to contact the Agency Director directly for instructions regarding operations and patient care. All patient care employees are expected to check with the answering service regarding the opening of the office. All office staff that can report to the office is expected to do so. If inclement weather conditions exist prior to the opening of the office, the Agency Director will advise the answering service, at least one (1) hour before the office opens if possible, if the office will be open, closed or if opening will be delayed. If the office is open, all staff will be expected to report to work unless otherwise directed by their supervisor.

If inclement weather develops during the workday the Agency Director will make a decision regarding closing our Agency early. Field staff is expected to call their supervisor for further instructions. According to the disaster plan, high-risk patients will be notified of the emergency situation to arrange for supervision or care of patients. Instructions or assistance may be provided with transportation to hospitals or shelters. Lower priority patients will be contacted to re-schedule the day's visit to a different day after the storm has passed.

Loss of Office Telephone Service

If the office telephone service is out of order, operations will be maintained out of an alternate location designated by the Agency Director, and the answering service will be contacted to alert them of the need for priority service. Cellular phones may be used in lieu of an alternate location. If no telephone service is available in the area, state and local police, fire stations, hospitals and patient's physicians will be notified of high-risk patients. Our Agency will attempt to assist high-risk patients to obtain shelter and safety.

Interruption of Public Transportation

Staff who uses public transportation will be instructed to arrange for transportation from relatives or friends or carpool to patient's homes if possible. At the discretion of the Agency Director, staff may be provided with assistance with transportation by supervisors, taxi, and/or state police to high-risk patients. Patients who rely on public transportation will be assisted by our Agency with alternate arrangements. State and local police, emergency medical services and fire departments will be notified to assist with emergency services to meet the patient's needs.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

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

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px; min-height: 200px;"> <p align="center">Additional Information</p> </div>		<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p align="center">QR Code - Sections 2 & 3 Do Not Write In This Space</p> </div>
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name Creative Homecare, LLC		
Employer's Business or Organization Address (Street Number and Name) 745 Harvest Dr	City or Town Harrisburg	State PA	ZIP Code 17111	



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Employee Name from Section 1:	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
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Section 3. Reverification and Rehires (*To be completed and signed by employer or authorized representative.*)

A. New Name (<i>if applicable</i>)			B. Date of Rehire (<i>if applicable</i>)
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial	Date (<i>mm/dd/yyyy</i>)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (<i>if any</i>) (<i>mm/dd/yyyy</i>)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 alien's nonimmigrant status 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

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

Refer to the instructions for more information about acceptable receipts.

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.**

2022

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 widow(er) <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, when to use the estimator at www.irs.gov/W4App, 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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	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 and 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)
	Creative Home Care LLC 5620 Derry St. Ste. 102 Harrisburg, PA 17111		81-3352151

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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 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, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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 these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead 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 2022 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.

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; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2022 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
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 possessions 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.



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION RESIDENCE LOCATION													
NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
STREET ADDRESS (No PO Box, RD or RR)													
SECOND LINE OF ADDRESS													
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER										
MUNICIPALITY (City, Borough or Township)													
COUNTY	RESIDENT PSD CODE <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									TOTAL RESIDENT EIT RATE			

EMPLOYER INFORMATION EMPLOYMENT LOCATION											
EMPLOYER BUSINESS NAME (Use Federal ID Name) Creative Homecare, LLC			EMPLOYER FEIN <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR) 745 Harvest Dr											
SECOND LINE OF ADDRESS											
CITY Harrisburg	STATE PA	ZIP CODE 17111	PHONE NUMBER (717) 558 - 4300								
MUNICIPALITY (City, Borough or Township) Lower Paxton											
COUNTY Dauphin	WORK LOCATION PSD CODE <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									WORK LOCATION NON-RESIDENT EIT RATE	

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE <div style="background-color: yellow; width: 200px; height: 20px; display: inline-block;"></div>	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com



Interview Conducted Acknowledgment

I (Name) _____ declare that I had an on site
interview with (title) _____ of **Creative Homecare** on
(date) ____ / ____ / ____.

Employee Signature _____

Employer Signature _____ Title _____



Acknowledgment of Employee ID.

I, _____, designation _____ from

Creative Homecare acknowledge that I have received an employee badge on date

____ / ____ / _____ and understand that I am to wear it at all times during my shift.

Signature



Date:

Name:

Address:

Direct Care Worker Job Offer Letter

Dear *Mr/Ms/Mrs.*

We are pleased to offer you the position of **Direct Care Worker**, effective / / for our office in Harrisburg, PA. We are serving Dauphin, Erie, York, Perry, Schuylkill, Lebanon, Lancaster, Juniata, Cumberland, Adams, Union, Snyder, North Cumberland, Allegheny, Lackawanna, Warren, and Crawford counties. Your payroll start date will start after we receive the service authorization from the assigned client's service coordinator.

1. Employment:

The employee agrees that he/she will at all times faithfully, passionately and to the best of his/her skill, ability, and experience, perform all of the duties required of their position. In carrying out these duties and responsibilities, the Employee shall comply with all agency policies and procedures, both written and oral. It is also understood and agreed to by the Employee that his/her assignments, duties, responsibilities and reporting arrangements may be changed by the agency employer in its sole discretion without causing termination of this agreement.

2. Responsibilities:

The employee's responsibilities are summarized below, but are included in greater detail in the attached job description; which is a vital part of this offer of employment:

Our business is primarily focused in providing in-home non-medical services, and the employee will also have responsibility as a compassionate caregiver to provide quality non-medical home care services. You will be assisting consumers with daily activities such as cooking, cleaning, medication reminders, respite, companion/sitter, housekeeping chores, errands, shopping, social services, dressing, feeding, bathing, grooming, oral care, ambulating and other services based on client's need. The exact services required for the clients will be on their service authorization plan.

As a direct care worker, you are required to making observations and report changes in consumer's conditions. Having a good attitude and being passionate to help others is key to performing the job successfully and efficiently.

While performing the job; you “the employee” will be required to:

- a. Report safety hazards near consumers or in their home immediately.
- b. Observe if the client is in need of anything or is at potential risk.
- c. Follow HIPPA guidelines. Adhere to company’s privacy policies and procedures.
- d. Follow instruction from the service plans and from the client. (Be thoughtful of what the client is asking for)
- e. Report to your manager if anything is abnormal, i.e. health condition, erratic behavior or sudden changes.

Compensation:

Your pay rate is \$ [redacted] per hour, as a direct care worker. Our agency payroll is done bi-weekly, which means you will be paid every other week. You will be provided with the bi-weekly payroll dates every year. You may work additional hours if the client permits and the client case requirements changes. Unfortunately we are not able to offer 401k plans. However, we offer basic medical and dental coverage for all employees that work at least 32 hours a week.

Contingency of offer:

This letter of employment offer is contingent to your current and future credentials. You may be ineligible for employment at any point of employment because of the changes in the agencies or state laws changes.

5. Probation Period

The employee understands and agrees to the probationary period. This means that the first three months of employment shall be called probationary period, which gives the employer right to terminate employees at our discretion for any reason, without notice or cause.

6. Performance Review

You will receive a performance review, be it verbally or written once every year. You may ask for a review if you would like to discuss anything regarding the employment.

7. Termination

This is a “**At Will**”, which means that either the employee or employer (Creative Homecare) has the right to terminate this agreement at anytime, for anything that is legal. This can be done with or without notice from both parties.

8. Solicitations and Non-compete Clause:

If for any reasons the employee no longer works with Creative Home Care, he/she agrees not to solicit and manipulate any of Creative Home Care’s clients to transfer them to another agency. The employee agrees to abide by this non-compete clause for at least 6 months after his/her termination from Creative Home Care. If he/she shall breach the non-compete clause, the employee will be liable for the liquidated damages of up to 6 months of service fees or \$2,500.00 per client, whichever is

greater. Employee strictly agrees that if a client transfers his/her services to a different agency, “the existing employees” (transferred client’s current caregivers) cannot provide paid personal care assistance services for that client for at least 12 months. Employee agrees the terms and conditions of this job offer letter.

9. PA and Federal Laws

Creative Homecare as “the employer” is and will abide by the standard laws set by the state and federal labor standards act. The state laws of Pennsylvania govern this agreement.

10. Legal Advice

The employee may seek for legal advice about this agreement with their representatives. The employer will give plausible time/opportunity to seek independent legal advice or help if the employee desires.

11. Services Cancellation

The employee agrees to the agreement that, Creative Home Care will not pay the employee if the client cancels the services for any reasons, such as family visits, hospitalizations, end of services through their service coordination, consumer transfer or relocation etc.... However, the employer will try to find other assignments to the best of their ability (This is not guaranteed by any means).

IN WITNESS WHERE OF, both parties “the employee” and “the employer” have read understood and agree to all the terms of this contract.

Yours truly,
Signature

_____ Date :

Nabindra Acharya
Agency Director
Creative Home Care, LLC
745 Harvest Dr, Harrisburg, PA 17111

I agree and willingly accept this offer of employment.

Employee signature _____ Date:

Print Name: _____

Date of Birth: