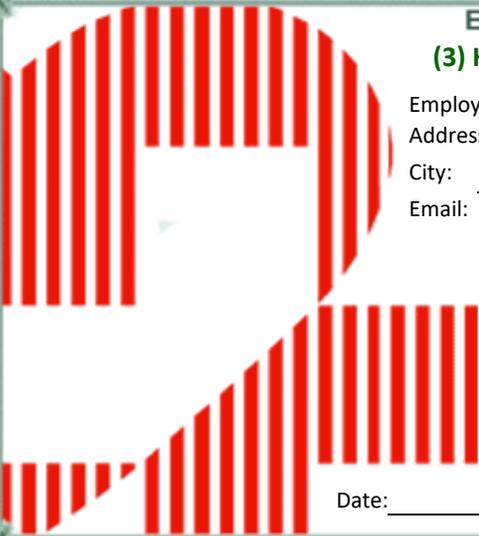


EUROPEAN SERVICE AT HOME, INC.

(3) Hours of ___ Qtr. 20___ In-Service Training



Employee Name: _____
 Address: _____
 City: _____ State: _____ Zip-Code: _____
 Email: _____

Date: _____

Topics	Hours
Confidentiality and Privacy of Client Information	0.25

Quarterly Employee Evaluation (FOR OFFICE USE ONLY)

Ongoing Competence Assessment	(3) Job Requirements are exceeds expectations	(2) Job Requirements are meets expectations	(1) Job Requirements are needs improvement
Quality of Work: Delivers satisfactory service while providing accuracy and thoroughness and using time wisely.			
Dependability: Follows instructions, goes above and beyond task requirements, and holds exemplary attendance and punctuality.			
Cooperation: Cooperates with the company's needs through the supervisor and respects and works well with clients.			
Initiative: Excels in creativity and ingenuity, while consistently being ambitious and self-reliant.			
Self-Improvement: Observes situations and learns from them, and has visibly improved throughout employment.			
Personality: Appears friendly and confident, while being courteous and keeping a neat appearance.			
Employee's competency test <input type="checkbox"/> pass <input type="checkbox"/> fail (when total score 6 or less)	Total Score:		/18
Employee's job requirements are met or exceeded <input type="checkbox"/> Yes <input type="checkbox"/> No			
Increase wages apply <input type="checkbox"/> Yes <input type="checkbox"/> No			

Availability form (EMPLOYEE MUST COMPLETE)

	from		until	
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

If you have received influenza vaccine by January 31 of this calendar year? Yes No
 If no, explain the reason a declining of vaccination. Health limitation allergy other _____

Do you have any complaints or problems that may affect your working ability? Yes No If so, _____

I am currently serving: _____

Are you interested in more hours, yes or no? _____

I UNDERSTAND THAT MY WORK SCHEDULE WILL BE BASED ON THE DAYS AND TIMES THAT I HAVE INDICATED I AM AVAILABLE TO WORK. I HAVE READ, UNDERSTAND AND AGREE TO FOLLOW THE AVAILABILITY POLICIES.

Employee Signature _____

Supervisor Signature _____

Quarterly Conference (EMPLOYEE MUST COMPLETE)

Please initial next to each statement indicating that you have read the following, understand its contents, been given the opportunity to ask questions, and agree to the terms as stated below.

1. Job responsibilities:

- the client must be present in his/her home in order to receive service(s);
- HCA **CANNOT** provide services for client(s) if the client admitted to the Emergency room, the Hospital, the Rehabilitation Center and etc.
- the Plan of Care must be followed without any variations;
- any temporary changes or deviations from the Plan of Care (POC) must be reported to the Supervisors;
- medical related tasks are not allowed;
- receipt or solicitation of money, donations, gifts, help in any form from the clients are not allowed;
- scheduled hours cannot be changed without authorization from the Supervisor;
- Home Care Aid (HCA) must report to the Supervisor as soon as possible with any absences and/or coming late, but **no later than two hours before the regularly scheduled start time.**

2. Electronic Visit Verification (EVV) Rules:

- when you arrive and leave the client's home, you dial **844-329-0795** or utilize the **HomeTrak mobile App**
- you will be prompted to enter **your ID** number, and **follow the prompt**, if the call is a **Clock In (1)** or **Clock Out (2)**
- **and press one (1)** on the phone to verify that action.
- you **must** use the client's home/land line phone to place your calls, as the system recognizes the employee and the client or
- **use the Home Trak mobile App**. The App is web-based and GPS based.
- this App can be used instead of EVV (i.e. you can clock-in and out with your App and do not need to call and use EVV) or it can be
- used in conjunction with the EVV, i.e. you can clock-in with the App and then use your client's phone to clock-out or vice-versa.
- If you arrive or leave the client's home earlier or late for more than 5 (five) minutes, your call will not be merge with the schedule. If it doesn't match it appears as if the employee did not work, in which case the employee would not get paid.
- you **must** report to the Supervisor as soon as possible, **on the same day**, with any changes in your schedule to get paid according to the payroll schedule.
- if you forget to Clock In or Clock Out, you **must** notify the supervisor **immediately**. In addition to notifying, according to the Supervisor's approval, you must submit a time-sheet with the Client's signature (original) ASAP, but no later than 5:00 P.M. the payroll scheduled due day to attest to the fact that the time was worked.

3. In case of Health/Injury/Death threatening emergency CALL 911.

4. HCA that wishes to resign should give advance written notice, fourteen (14) calendar days prior to the resignation date.

5. The undersigned HCA shall not solicit, accept, undertake or perform any service(s) done while working with EUROPEAN SERVICE AT HOME, INC. For two (2) years from the date on which employment with the company ended.

6. The Employee is knowledgeable that if he/she is not currently working on an assignment for the Company, he/she MUST call his/her Supervisor each week with his/her availability for future assignments, and let the Supervisor know that he/she is able, available for work, and willing to take job offer. The Employee **MUST return the phone calls from the Company about job offers as soon as possible on that same day. The Employee understands that **if he/she will not call** with availability each week, the Employee will **be considered voluntarily unavailable for assignments** effective the day following her/his last assignment. It is up to the employee to keep in constant contact with the Company when not currently working on an assignment by letting the Company know that he/she is available to work and willing to take an assignment.**

7. Update Contact information. To better communicate with HCA the Supervisor needs to have correct cell phone number as well as the current email address.

8. Update Insurance Forms. If you qualify (30+ hours weekly) you must fill out new insurance forms OR fill out a new waiter form.

9. New HCA Employee Referral Program. It's Easy - Refer a New HCA to us to hire. If the referral stays 90 days, YOU will receive \$100, and the New HCA received \$50!

10. I'm not Power of Attorney for the client(s) that I'm serving.

I have received, read, and understood the above Quarterly Conference and can perform the essential functions of the job with or without reasonable accommodation. In the event, I need a reasonable future accommodation(s) it is my responsibility to submit that request in writing to management for review.

Employee Signature _____ Supervisor Signature _____

Print Employee Name: _____