

Participant: _____

Authorized Representative (if applicable): _____

REVIEW

1. Employer Tax Forms
2. Workers Compensation
3. Authorization to Release Information
4. Contact List
5. Designated Representative (if applicable)
6. Budget and/or Authorization
7. Employee Pay Schedule
8. Time and Attendance, if applicable
9. Time sheet, Service Log, Health Report
10. Privacy Notice
11. Overtime Guidelines
12. Direct Care Professional Start Date
13. Employment Agreement
14. Direct Care Professional Training Requirements
15. Backup Direct Care Professionals
16. Household Employer Guide
17. Hiring and Managing Assistance
18. Reporting of Incident(s)
 - a. Accidents
 - b. Hospital
 - c. Recipient Rights
 - d. Medicaid Fraud
 - e. Adult Protective Services
19. False Claim Act (FCA)

ORIENTATION ACKNOWLEDGEMENT

I acknowledge that I have received documentation and orientation on becoming a Household Employer. The PAS (Personal Accounting Services, Inc.) Enrollment Specialist has reviewed each of the above policies, guidelines, and forms for me to fulfill my responsibilities as a Household Employer. I further understand that I may contact my agency Support Coordinator/Care Manager, or PAS if I may have questions or need additional assistance.

Participant Signature: _____ Date: _____

Authorized Representative Signature: _____ Date: _____