



FORMS PACKET

for
“Your Guide to
Hiring &
Supervising
Your Own
In-Home Worker”

*Provided in Oregon by Multnomah County Aging & Disability Services and
Washington County Disability, Aging & Veteran Services,
with a federal grant from the Administration on Aging*

List of Forms

FORMS FOR CHAPTER 1: Introduction

THERE ARE NO FORMS FOR CHAPTER ONE.

FORMS FOR CHAPTER 2:

- A2 - Determining Your Needs
- B2 - Hiring & Budgeting

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- B3 - Employment Application
- C3 - Telephone Interview Questions
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FORMS FOR CHAPTER 4:

- A4 - Interviewing Agencies

FORMS FOR CHAPTER 5

THERE ARE NO FORMS FOR CHAPTER FIVE.

FORMS FOR CHAPTER 6:

- A6 - Employment Agreement
- B6 - Activities & Tasks Worksheet
- C6 - Special Dietary Needs
- D6 - Time Sheet
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FORMS FOR CHAPTER 7:

THERE ARE NO FORMS FOR CHAPTER SEVEN.

FORMS FOR CHAPTER 8:

- A8 - Emergency Health Information & Instructions

About This Forms Pack:

Please use these forms along with the training book provided. The book tells you how to use the forms effectively.

Note the letters and numbers next to the form names in this list. The packet will have these forms in order, with these number and letter combinations as labels. The book will tell you when to get out this form and what it's used for.



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Determining Your Needs

HANDOUT #A2

Name:				Date:
Daily Activity:	I can do this by myself.	Assistance is currently provided by (initials of that person)	I will need to hire a worker to help with this.	Notes:
Bathing				
Hair Care				
Face and Body Care				
Dental Care				
Dressing and Undressing				
Skin Care				
Using Toilet				
Bladder Care				
Bowel Care				
Medication Management				
Wound Care				
Exercise/Physical Therapy				

Daily Activity:	I can do this by myself.	Assistance is currently provided by (initials of that person)	I will need to hire a worker to help with this.	Notes:
Ambulation				
Transferring				
Driving and Escorting				
Meal Planning				
Shopping				
Meal Preparation				
Eating				
Cleaning kitchen and dishes				
Laundry				
Cleaning floors				
Wiping and dusting surfaces (including windows)				
Home maintenance				
Plant care - indoor/outdoor				
Pet care				
Other:				



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Hiring & Budgeting

HANDOUT #B2

Use this form to help you figure out how much you will be able to pay for. The average home worker is paid \$10.50 to \$15 an hour. Transfer the Daily Activities that you marked in Handout #A2 over to the left column.

Activity:	Needs:	How often?	How many hours?	Total Hours each week	x \$ _____ an hour in pay to a worker =
<i>Example: bathing</i>	<i>Example: Help in and out of the tub</i>	<i>Example: twice a week</i>	<i>Example: 1 hour</i>	<i>Example: 2 hours</i>	<i>Example: 2 hours x \$10.50/hr = \$21.00</i>



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HANDOUT #A3

Job Description Exercise

Job Title	
Nature of Work	
Qualifications	
Supervision	
Education	
Experience	
Duties & Responsibilities	
Expectations	
Performance Evaluation	
Work Schedule	
Salary	

- Adapted from *Personal Care Attendant Services: A Handbook for Accessing and Using Personal Care Attendant Services*. Alabama Council for Developmental Disabilities, December 2003.



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EMPLOYMENT APPLICATION

HANDOUT #B3

APPLICANT INFORMATION

Last Name	First	M.I.	Date				
Street Address	Apartment						
City	State	Zip					
Phone	E-mail						
Date Available	Drivers License/ID #	State					
Days Available	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tue.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thu.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
Times Available							
Holidays Not Available							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have an Oregon HCW Provider number?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Provider No.				
Do you have a Social Security Card?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, SSN				
Are you willing to submit to a Criminal Background Check?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you willing to drive your employer's vehicle?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you willing to drive your employer in your own vehicle?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If yes, please complete the below vehicle information:							
Insurance Co.	Policy No.						

EDUCATION (please write any additional education on a separate sheet of paper.)

School Name	City/State	Dates Attended	Degree	Major

EMPLOYMENT APPLICATION (Page 2 of 3)**REFERENCE #1 (Please list three professional references.)**

Full Name		Relationship	
Company		Phone	
Street Address & Email			

REFERENCE #2

Full Name		Relationship	
Company		Phone	
Street Address & Email			

REFERENCE #3

Full Name		Relationship	
Company		Phone	
Street Address & Email			

PREVIOUS EMPLOYMENT #1

Employer		Phone					
Address		Supervisor					
Job Title		Starting Wage	\$	Ending Wage	\$		
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

PREVIOUS EMPLOYMENT #2

Employer		Phone					
Address		Supervisor					
Job Title		Starting Wage	\$	Ending Wage	\$		
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

EMPLOYMENT APPLICATION (PAGE 3 OF 3)**PREVIOUS EMPLOYMENT #3**

Employer				Phone		
Address				Supervisor		
Job Title			Starting Wage	\$	Ending Wage	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY**VIOLATIONS**

Branch		Date Start		Date End		Have you been convicted of a crime other than a minor traffic violation? YES <input type="checkbox"/> NO <input type="checkbox"/>
Rank at Discharge		Type of Discharge				

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I give permission for references listed above to speak freely about my qualifications and work record. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

BACKGROUND CHECK

Any offer of employment is contingent upon successfully passing the criminal background check. To pass the background check, you must not have any cases of "Offenses Against the Person" or "Offenses against Morals, Decency, and Family." This includes but is not limited to crimes such as: homicide, kidnapping, sexual assault, robbery and blackmail, assault and battery, bigamy, incest, abandoning or endangering children, violation of an order of protection, or endangering children via controlled substances.

I have lived in Oregon since (Please note month/year) _____

By signing here, I authorize the criminal background check, as well as the investigation of all matters contained in this application and I understand that misrepresentations, omissions of fact or incomplete information requested in this application may remove me from further consideration for employment.

Signature: _____ Date: _____



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HANDOUT #C3

Telephone Interview Questions

Name of Applicant: _____ Date of Call: _____

1. What days are you available to work? *(Circle all applicable days)*

Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays Sundays

Notes: _____

2. Are you able to work from _____ a.m. to _____ p.m.? *(check one)* Yes No

Notes: _____

3. If additional hours were needed on other days, Yes No

would you be able to fill in? *(check one)*

Notes: _____

4. Are there any days/times you are **ABSOLUTELY** unavailable? *(check one)* Yes No

Notes: _____

5. Can you perform the following duties?:

Note: See reverse for types of things you may want to ask them about based on your specific care needs.

a. _____ Yes No

b. _____ Yes No

c. _____ Yes No

d. _____ Yes No

e. _____ Yes No

6. If you are given training, would you be willing to perform the following duties?:

Note: See reverse for types of things you may want to ask them about based on your specific care needs.

a. _____ Yes No

b. _____ Yes No

c. _____ Yes No

d. _____ Yes No

e. _____ Yes No

7. Do you have the following documents?:

- a) Proof of legal right to work (Citizenship or Work Permit) Yes No
- b) Proof of Current Residential Address Yes No
- c) Social Security Card Yes No
- d) Driver's License or State ID Yes No

8. Have you done this type of work before? Yes No

9. Can you provide me three (3) references that have either supervised you or worked with you in the past?: Yes No

10. How long have you lived in Oregon? (Ask for the duration in months and years)

Months _____ Years _____ Applicant is lifelong resident of Oregon

Asking About Skills:

Question 5 Options: Are any of these applicable to your needs? If so, fill them in on the front in question 5.	Question 6 Options: Are any of these applicable to your needs? If so, fill them in on the front in question 6.
<ul style="list-style-type: none"> a) Assisting with bathing, lifting and help with washing b) Assisting with getting in and out of the bath/shower c) Assisting with personal care (dressing, hair & nail care, toe care, shaving, etc.) d) Assisting/doing laundry e) Assisting with eating f) Assisting with or doing cooking g) Assisting with or cleaning house h) Assisting with or shopping for me i) Assisting with feeding, walking, or cleaning pets j) Assisting with or doing light yard work 	<ul style="list-style-type: none"> a) Assisting with range of motion exercises b) Assisting with transfers (lifting or supporting) to/from bath or bed c) Assisting with skin care & inspection d) Inserting & changing catheter e) Bowel care f) Preparing food specific to my diet/needs g) Assisting with medical devices such as port cleaning and care, administering insulin shots, or non-oral medications

- Adapted from *Managing Personal Assistants: A Consumer Guide*. Paralyzed Veterans of America, 2000.



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HANDOUT #D3

In-Person Interview Questions

Be sure to use the sample list of questions for each applicant. Ask additional questions during the interview to get additional information about a response they may have given. Open ended questions are suggested, i.e., questions that start with “provide me an example of when...”, “tell me about...”, “Tell me more regarding....” Requiring more than yes / no answers will help you learn more about the applicant.

Applicant’s Name _____ Phone _____

Sample Questions (you may use if you like)	Response
1. Tell me about your previous experience providing in-home care services? What did you like about it? What was difficult for you in providing the services?	
2. Think back to an employment experience that was positive for you. What made it positive?	
3. Tell me more about yourself...	
Your Unique Questions...	

Your impression of this candidate: _____

Would you consider him/her for the position? Yes No Maybe



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Suggested Reference Questions

HANDOUT #E3

Applicant's Name: _____ Type of Reference: Personal Professional

Reference's Name: _____ Phone #: _____

Company: _____ Location(city/state): _____

1. How do you know the applicant? (e.g. past supervisor, co- worker, friend, etc)

2. What was the applicant's job title and major job duties if/when you worked together?

3. How long did the applicant work for you? What dates?

4. What do you see as the applicant's strengths?

5. What do you see as areas that may need improvement?

6. What can you tell me about the quality of his/her job performance?

7. Was he or she on time to work? Were there any problems with not showing up or taking too much time off?

8. Do you consider him/her to be an ethical and honest person?

9. How well did s/he take supervision and criticism?

10. Would you recommend him/her for a job as an in-home care worker or personal worker?

Yes No Please explain why or why not:

11. Any other comments you'd like to share?

Note: Some employers, especially corporations, will only answer questions related to dates/length of employment, position title and if they would or would not rehire the individual. This limited response may not be a reflection on the past employee's performance but rather a concern for liability. Many times family and friends will tell you much more than a past employer or co-work so getting both professional and personal references may be helpful.



REQUEST FOR OREGON CRIMINAL HISTORY INFORMATION

ORS 181.555 AND ORS 181.560

INSTRUCTIONS:

1. Please complete this form (or substantial copy) when requesting criminal history information on another person.
2. Mail request with \$10.00 check or money order payable to the: **OREGON STATE POLICE**

BILLING CUSTOMERS

Identification Services Section
 Attn: Open Records
 3772 Portland Road NE
 Salem, Oregon 97303-2500

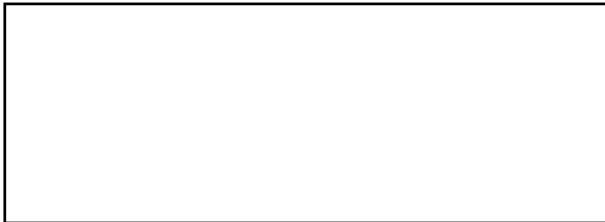
DIRECT PAYMENT CUSTOMERS

Oregon State Police
 Unit 11
 P.O. Box 4395
 Portland, Oregon 97208-4395

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. In the event a reportable record is found, subject will be advised of inquiry.

SUBJECT INFORMATION: All information is **REQUIRED**. Failure to supply complete information may effect results of inquiry.

Please **TYPE** or **PRINT CLEARLY**



(FOR OSP USE ONLY)

Name: _____
 Last First Middle Name

Alias/Maiden: _____

Date of Birth: ____ - ____ - ____ Soc Sec #: ____ - ____ - ____
 If unknown, approx age _____ (if known)

Current or Last Known Address: _____
 Street or PO Box

 City State Zip

REQUESTOR INFORMATION:

**If information is sought for employment purposes, please check one:*

Applicant has been advised of this request: **In Person** _____ **By Phone or Letter** _____

_____ Check or money order enclosed (**\$10 per request**, please submit one check for multiple requests)
 _____ Please bill my account

REQUESTOR'S NAME & RETURN ADDRESS

(please PRINT or TYPE)

Phone # () _____

Note: Established billing account customers may FAX their requests to (503) 378-2121



Hiring Offer Phone Call Script

HANDOUT #G3

Hello, may I speak with [The Applicant]? Hello again, this is [the client].

I am calling to tentatively offer you the position of In-Home Care Worker. I just need to review what we spoke about in our interview and be sure we that we both understand the terms of employment, work hours, compensation and general responsibilities.

The work schedule will be from _____ to _____ from _____ a.m. to _____ p.m. As needed, you will accompany me on an outing (theater, movie, concert, appointments, etc.) approximately one evening per week, to be negotiated on an individual basis. I will pay all expenses for such outings, as well as for your time. Do you agree to this?

Compensation will be at that the rate of \$ _____ per hour, paid _____ (weekly, bi-monthly, monthly, etc.). You need to complete and give me the IRS form W-4 with your withholding information. I will withhold federal and state income taxes, FICA (Social Security) taxes _____ (weekly, bi-monthly, monthly, etc.). I will give you a W-2 form for your use in filing your income tax statement annually. Do you agree to this?

In addition, you will have access to the _____ (restroom, kitchen, etc.). Although I have a vehicle that can be utilized for you to take me to appointments or outings, it is not reliable, therefore, having a reliable vehicle on your end will be helpful. Gas mileage will be negotiated. Do you agree to this?

Except for emergencies, both you and I must give at least two (2) days advance notice in the event of a planned absence. In an emergency, notification must be given as soon as possible. If you are expecting to be a minimum of five (5) minutes late, please contact me immediately. Do you agree to this?

Theft or unauthorized use of my property, any use of controlled substances, use or being under the influence of alcohol during working hours, or endangerment of my health or safety will result in automatic termination. We each agree to give two (2) weeks notice of termination for other causes. Do you agree to this?

My living space/home is a no-smoking environment. I do not smoke or permit smoking by anyone else in my home or any portion of the premises. We may discuss an appropriate place for you to take a smoking break off premises.

We will cooperate so that tasks required can be completed in a reasonable amount of time. We will respect each other's dignity and privacy. I look forward to a mutually rewarding relationship.



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Interviewing Agencies

HANDOUT #A4

Once you have a list of agencies, start by calling them and interviewing them on the phone. Here are some questions you may wish to ask:

SERVICES PROVIDED	
What services do you provide?	
Are services available 24 hours, 7 days a week?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Could services begin immediately? If not, how long would I wait?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Does the agency do an assessment of my service needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Do you develop a specific job description?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Will your agency honor my own support plan and job description?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Are there any services or tasks your staff are not permitted to perform?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
<i>If applicable:</i> Is there a minimum number of hours per shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

COSTS AND FEES	
What are your rates for <i>(the services I need)</i> ?	
Are there deposits, fees or any extra costs besides the hourly rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Are there sliding scale rates based on my income?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
When was your last rate increase? By how much?	
<i>If applicable:</i> Do you accept Long Term Care insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Do you bill insurance directly?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Are all cost and payment expectations in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Will you send me a copy of your contract to review before I decide?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

STAFF QUALIFICATIONS	
What kind of staff does the agency make available (nurses, physical therapists, health aides, housekeepers, etc.)?	
Can I request specific skills and experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
<i>If applicable and not mentioned in answer above: Are your staff permitted to drive me (specify in my car or theirs)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Does the agency conduct background checks on all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Am I likely to have the same worker every shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
If I'm unhappy with a worker, may I request another?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
What sort of training does the agency provide?	
Who supervises the staff?	
What should I do if a worker does not show up?	

AGENCY INFORMATION	
How long have you been in business?	
Is this agency licensed by the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Are you bonded to cover any losses?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Do you have customer references?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Are you inspected or reviewed by an outside organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Is the most recent report available for me to review?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Do you have a written quality assurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
How often will you communicate with me about my satisfaction, and how?	
What are your procedures for receiving complaints and resolving problems?	
Do you take care of payroll taxes and worker's compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:



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In-Home Care Worker Employment Agreement

HANDOUT #A6

This agreement is between	Employer:	
	Employee:	

Duties

Employee agrees to perform the following duties as instructed:
(These may be stapled to the agreement and "see attached" be written in below)

Employer will provide supplies needed to perform these duties. Employee will notify employer when supplies are running low.

Work Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours:							

Holidays needed to work:

Start date: Total Hours per week:

Changes in schedule may be negotiated with _____ (number) of days advance notice.

Salary

Rate of pay is: \$_____ Pay Schedule: Weekly Bi-weekly*
Per hour *Note: Employer may hold first check until second week of work.

Note: Unless the employee is legally an independent contractor, the employer will withhold and remit to appropriate agencies all applicable federal and state taxes. The above pay rate is before taxes. A W-2 statement will be supplied to the employee. It will be the employee's responsibility to provide current mailing address to employer.

Performance Reviews

Performance Reviews Will Be Conducted:	<input type="checkbox"/> Formal review after 6-months of employment and annually thereafter
	<input type="checkbox"/> At least monthly, informal discussions with employee for first 6 months.

Note: A pay increase may follow performance reviews, but there is no guarantee of an increase. Merit raises will not be given if employee's work is deemed unsatisfactory.

Breaks and Leave Policies

Breaks: One fifteen-minute break every (4) four hours as and one 30-minute lunch after six (6) hours of continuous work, as per Oregon Law.

Other notes:

Rules and Expectations

Vacation, holiday and sick leave policy: Employee may take vacation or sick leave without pay with two (2) weeks prior notice and permission from the employer.

Other notes:

Notification for unavoidable delays or absences: A phone call will be expected as soon as worker is aware of needed absence, as well as written note (if possible) posted to the refrigerator.

Other notes:

Making up hours missed: Please discuss with employer to make arrangements for missed time within two (2) weeks of missed time.

Other notes:

Employer confidentiality: Employee is expected to retain employer confidentiality regarding physical or psychological condition, or any other specifics of the employer.

Other notes:

Employer privacy: Employee is expected to respect employers privacy as specifically stated by employer.

Other notes:

Smoking policy: Smoking is prohibited within 20ft of the property. Please exit to smoke.
 Smoking is allowed at workplace only in designated area(s).

Other notes:

Substance free workplace policy: This is a drug and alcohol free workplace. If it is found that the employee is, at any time past or present, is consuming substances while working, employee will be immediately terminated.

Other notes:

Guests: Employees may have one guest visit for a maximum of 10 minutes.
 Employees may not at any time have visitors.

Other notes:

Cell phone: Employees may only take or make telephone calls during break periods, and only in designated areas.

Other notes:

Breaking or damaging employer's property: Property damage to employer's property may result in immediate termination and/or restitution of a fair cost of the item.

Other notes:

Grounds for termination: Absences, arriving late, and leaving early without permission may result in immediate termination. Violation of any of the above activities may also result in termination.
Other notes:

Use of Personal Property

The following is a list of person property items that the employer has **agreed** to allow the In-Home Care Worker to utilize:

Personal Property:

- Vehicle (only as employer wants used)
- Television or Radio
- Other:
- Other:

Absence Policy

Both the employer and the In-Home Care Worker **must** provide at least _____ (number) of days advance notice of an interruption to the work schedule. In case of an emergency, the employer and the In-Home Care Worker must notify each other as soon as possible.

Termination Policy

- _____ Number of days absent will result in termination.
- _____ Number of days tardy will result in termination.
- _____ Number of days absent **without** advance or proper notification will result in termination.

Other notes:

Resignation Notice Procedure

The In-Home Care Worker will provide to the employer _____ (number) weeks notice before quitting his or her position.

Other Procedures/Policies

Signing below certifies that [both the employer and the employee] and read and agree to this Employment Agreement.

Employer:	Date:
Employee:	Date:

Adapted from *Consumer-Directed Model Training Manual*, University of Arkansas for Medical Sciences, 2005.



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Activities & Tasks Worksheet

HANDOUT #B6

On or before your worker's first day, provide this to him or her as a scheduling tool. If you would like to discuss with them the best days or times for their assistance, fill it in with them. One may also want to recreate this on a wipe-board (available at office supply stores) that is displayed in an area of your home where the employee checks tasks off after finishing them.

Name of worker:		
Activity	Task and Preferences	Schedule
<p><i>Example:</i> <i>Laundry</i></p>	<p><i>Wash in cold water only, no bleach except with whites. Dry on medium heat, fold and put away.</i></p>	<p> <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input checked="" type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Every week -or- <input type="checkbox"/> Every other week At what time? ___ before 5 ___ am (pm) (circle one) <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Every week -or- <input type="checkbox"/> Every other week At what time? _____ am/pm (circle one) <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Every week -or- <input type="checkbox"/> Every other week At what time? _____ am/pm (circle one) </p>
		<p> <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Every week -or- <input type="checkbox"/> Every other week At what time? _____ am/pm (circle one) </p>
		<p> <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Every week -or- <input type="checkbox"/> Every other week At what time? _____ am/pm (circle one) </p>

Activity	Tasks and Preferences	Schedule
		<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Every week or <input type="checkbox"/> Every other week At what time?: _____ am / pm (circle one)
		<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Every week or <input type="checkbox"/> Every other week At what time?: _____ am / pm (circle one)
		<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Every week or <input type="checkbox"/> Every other week At what time?: _____ am / pm (circle one)
		<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Every week or <input type="checkbox"/> Every other week At what time?: _____ am / pm (circle one)
		<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Every week or <input type="checkbox"/> Every other week At what time?: _____ am / pm (circle one)
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CLP Options Counseling

Multnomah and Washington Counties | AoA Community Living Program Grant Initiative

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CLP Options Counseling

Time Sheet

HANDOUT #D6

Employer: Make copies of this blank time sheet form to be used weekly by employee to keep track of hours.

Employee: Please keep track of your hours on this form.

Employer: _____ **Pay period of (dates):** _____

Employee: _____

This pay period contained absences.

This pay period contained time being made up for a previous absence.

Day of Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:							
End Time:							
Total (Hours/Day):							

Total Hours/Week: _____

By signing below, both parties agree that the hours recorded here are true and correct, and will be the hours that pay to the employee is based upon.

Employer's Signature: _____ **Date:** _____

Employee's Signature: _____ **Date:** _____



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Employee Performance Review

HANDOUT #E6

EMPLOYEE INFORMATION

Name

Date:

RATINGS

	1 Poor	2 Fair	3 Satisfactory	4 Good	5 Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Communication/ Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Overall Rating <i>(Average The Rating Numbers Above)</i>					

EVALUATION

Additional comments

VERIFICATION OF REVIEW

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Employee Signature

Date

Manager Signature

Date



EMERGENCY HEALTH INFORMATION & INSTRUCTIONS

Note: We suggest you post this to your refrigerator or on the back of the front door.

NAME: _____

DATE: _____

CONTACTS, PHONE #'S & RELATIONSHIP:

ALLERGIES TO MEDICINES: _____

1. _____

DATE OF BIRTH: _____

2. _____

MEDICAL HISTORY: _____

PHYSICIAN & PHONE: _____

HEALTH CARE PLANS: _____

ADVANCED DIRECTIVES: _____

(OVER)

(cut here) →



EMERGENCY HEALTH INFORMATION & INSTRUCTIONS

Note: We suggest you post this to your refrigerator or on the back of the front door.

NAME: _____

DATE: _____

CONTACTS, PHONE #'S & RELATIONSHIP:

ALLERGIES TO MEDICINES: _____

1. _____

DATE OF BIRTH: _____

2. _____

MEDICAL HISTORY: _____

PHYSICIAN & PHONE: _____

HEALTH CARE PLANS: _____

ADVANCED DIRECTIVES: _____

(OVER)

REMEMBER TO KEEP INFORMATION ON THIS CARD CURRENT!!

CURRENT MEDICATIONS	

I certify that the information on this form is accurate and up-to-date. I also understand that the Emergency Responders may rely on this information to treat me. I agree not to hold Emergency Responders responsible for inaccurate or out-of-date information.

REMEMBER TO KEEP INFORMATION ON THIS CARD CURRENT!!

CURRENT MEDICATIONS	

I certify that the information on this form is accurate and up-to-date. I also understand that the Emergency Responders may rely on this information to treat me. I agree not to hold Emergency Responders responsible for inaccurate or out-of-date information.