

ABSOLUTE CARE PLUS

NEW Applicant Packet

- 1. Attestation of Good Moral Character**
- 2. Application**
- 3. Job Description**
- 4. Scenarios**

Attestation of Good Moral Character

Please carefully review the attached documents, if any of the listed offenses apply to you, consideration for employment may be denied.

ATTESTATION OF GOOD MORAL CHARACTER

Employee/Applicant/Contractor/Volunteer Name:

By signing this form, I affirm and attest that I meet the Moral Character requirements for employment as required pursuant to Chapter 435, Florida Statutes, and Section 393.0655, Florida Statutes.

Provider/Employer Name:

I have not been arrested with disposition pending or found guilty of regardless of adjudication, or entered a plea of nolo contendere (no contest) to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below.

Criminal Offenses listed in section 435.04, F.S.

- (a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- (b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- (c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- (d) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- (e) Section 782.04, relating to murder.
- (f) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- (g) Section 782.071, relating to vehicular homicide.
- (h) Section 782.09, relating to killing of an unborn quick child by injury to the mother.
- (i) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.
- (j) Section 784.011, relating to assault, if the victim of the offense was a minor.
- (k) Section 784.03, relating to battery, if the victim of the offense was a minor.
- (l) Section 787.01, relating to kidnapping.
- (m) Section 787.02, relating to false imprisonment.
- (n) Section 787.025, relating to luring or enticing a child.
- (o) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- (p) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- (q) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- (r) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- (s) Section 794.011, relating to sexual battery.
- (t) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- (u) Section 794.05, relating to unlawful sexual activity with certain minors.
- (v) Chapter 796, relating to prostitution.
- (w) Section 798.02, relating to lewd and lascivious behavior.
- (x) Chapter 800, relating to lewdness and indecent exposure.
- (y) Section 806.01, relating to arson.
- (z) Section 810.02, relating to burglary.

- (aa) Section 810.14, relating to voyeurism, if the offense is a felony.
- (bb) Section 810.145, relating to video voyeurism, if the offense is a felony.
- (cc) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- (dd) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- (ee) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- (ff) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- (gg) Section 825.103, relating to felony offenses for the exploitation of an elderly person or disabled adult.
- (hh) Section 826.04, relating to incest.
- (ii) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- (jj) Section 827.04, relating to contributing to the delinquency or dependency of a child.
- (kk) Former s. 827.05, relating to negligent treatment of children.
- (ll) Section 827.071, relating to sexual performance by a child.
- (mm) Section 843.01, relating to resisting arrest with violence.
- (nn) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
- (oo) Section 843.12, relating to aiding in an escape.
- (pp) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institution.
- (qq) Chapter 847, relating to obscene literature.
- (rr) Section 874.05, relating to encouraging or recruiting another to join a criminal gang.
- (ss) Chapter 893, relating to drug abuse prevention and control if the offense was a felony or if any other person involved in the offense was a minor.
- (tt) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting requirements for such sexual misconduct.
- (uu) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- (vv) Section 944.40, relating to escape.
- (ww) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
- (xx) Section 944.47, relating to introduction of contraband into a state correctional facility.
- (yy) Section 985.701, relating to sexual misconduct in juvenile justice programs.
- (zz) Section 985.711, relating to contraband introduced into detention facilities

435.04(3) The security background investigations under this section must ensure that no person subject to this section has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

Section 393.0674(2), felony offenses for the release or use of information from juvenile records of the Agency for Persons with Disabilities for any purpose other than screening for employment

Criminal Offenses listed in section 393.0655 (5), F.S.

- (a) Any authorizing statutes, if the offense was a felony.
- (b) This chapter, if the offense was a felony.
- (c) Section 409.920, relating to Medicaid provider fraud.
- (d) Section 409.9201, relating to Medicaid fraud.
- (e) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- (f) Section 817.234, relating to false and fraudulent insurance claims.
- (g) Section 817.505, relating to patient brokering.
- (h) Section 817.568, relating to criminal use of personal identification information.
- (i) Section 817.60, relating to obtaining a credit card through fraudulent means.
- (j) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
- (k) Section 831.01, relating to forgery.
- (l) Section 831.02, relating to uttering forged instruments.
- (m) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
- (n) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.

The following acknowledgements apply to all Direct Service Providers and/or Employees, Contract Providers, and Volunteers. Please initial each statement.

_____ I affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

_____ I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged.

_____ I understand that, while employed or volunteering in any position that requires an APD background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest, any notice of possible criminal prosecution including any violation or infraction mandating a court appearance. Reporting must be done immediately if during normal working hours or immediately the next business day if after normal working hours.

ONE OF THE FOLLOWING STATEMENTS MUST BE SIGNED:

I attest that I have read the above carefully and state that my attestation here is true and correct and that my record **does not contain any of the above listed offenses.** I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements to the background screening standards set forth in Chapter 435 and Section 393.0655.

Signature of Affiant

Date

OR

My record **contains one or more of the applicable disqualifying** acts or offenses listed above.

Signature of Affiant

Date

Note: If you have previously been granted an APD exemption for this disqualifying offense, a copy of the APD exemption letter must be attached.

OR

I am a licensed physician, licensed nurse, or other professional licensed and regulated by the Department of Health. I will be **holding a position that is within the scope of my licensed practice,** and I am not subject to the screening provisions of section 393.0655, Florida Statutes.

Signature of Affiant

Date

Position for Provider/Employer listed on pg. 1

INDEPENDENT CONTRACTOR APPLICATION

Applicants may be tested for illegal drugs

Name _____ Date _____

Present Address _____

How Long _____ Social Security #: _____ - _____ - _____

Telephone #:(____) _____ - _____ Date of Birth ____/____/____

Position applied for _____

Days and Hours AVAILABLE to Work: Mon ____/____/____ Tue ____/____/____

Wed ____/____/____ Thur ____/____/____ Fri ____/____/____ Sat ____/____/____

Sun ____/____/____ or No Preference _____

How many hours can you work weekly? _____ Can you work Daily? _____

Do you Desire _____ Full-Time Only _____ Part Time Only _____ Full or Part Time

When will you be available to start working? ____/____/____

Education

High School Name _____ Location (complete mailing address) _____

Number of Years Completed _____ Diploma? _____ Yes _____ No

GED? _____ Yes _____ No

College Name _____ Location (complete mailing address) _____

Number of Years Completed _____ Diploma? _____ Yes _____ No

Other School Name _____ Location (complete mailing address) _____

Number of Years Completed _____

Criminal History

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____NO _____YES

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

EMPLOYMENT HISTORY – Please list your work experience for the past four years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer _____ Name of Supervisor _____

Address _____

City, State, Zip Code _____

Phone Number _____

Employment Dates: From _____ To _____

Pay _____ Job Title _____

Reason for Leaving _____

Name of Employer _____ Name of Supervisor _____

Address _____

City, State, Zip Code _____

Phone Number _____

Employment Dates: From _____ To _____

Pay _____ Job Title _____

Reason for Leaving _____

Driving Record

Do you have a driver's license? ____ Yes ____ No

What is your means of transportation? _____

Driver's License Number _____ State of Issue _____

Expiration Date _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

References: List two (2) references

Friend/Relative

Name: _____

Address _____

Phone No. () _____ - _____

Co-Worker

Name: _____

Address _____

Phone No. () _____ - _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I CAN UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR TERMINATION OF CONTRACT. FURTHER, I UNDERSTAND AND AGREE THAT MY STATUS IS THAT OF AN INDEPENDENT CONTRATOR AND AS SUCH, I AM RESPONSIBLE FOR ALL TAX LIABILITES PERTAINING TO MONIES RECEIVED IN THE COURSE OF SERVICES THAT I PERFORM.

Signature: _____ Date: _____

INDEPENDENT CONTRACTOR JOB DESCRIPTION

Job Title: Direct Service Provider (DSP)

Job Requirements

1. Social Security Card
2. Valid Driver's License, Car Insurance and Registration
3. First Aid/CPR/Bloodborne Pathogens Training
4. Local Background Check
5. Level 2 Background Check
6. Proof of Education-High School Diploma or Equivalent
7. Able to articulate verbal and written
8. Access to a Computer-Computer Skills
9. 2-Letters of Recommendation : 1-Friend/Relative , 1-Co-Worker
10. HIPAA Training
11. Zero Tolerance Training
12. Direct Core Competencies

Qualifications

- Education: Based on Job Description
- Experience: Two years experience in Human Services

Job Duties and Responsibilities

1. Responsible for implementing the goals, objectives, and philosophy of *Absolute Care Plus*.
2. Utilizes a person centered approach and positive reinforcement while assisting individuals to achieve their personal goals.
3. Emphasis on providing support for individuals in areas such as health, safety, rights autonomy, relationships and skills to enhance the individuals quality of life.
4. Responsible to report to *agency (ACP)* on a regular basis regarding on-going activities with individual
5. Ensures that all individuals are afforded the opportunity to make informed choices and decisions.
6. Services are rendered according to established schedules agreed to by the individual and consistent with the Support Plan and IPP's.
7. Attends all meetings, trainings professional development, etc., as required.
8. Represent the agency in the community with constituents and other groups as an ambassador for people with disabilities.
9. Performs work in a confidential manner and in-accordance with policies, procedures, rules and applicable regulations of the *agency (ACP)*.
10. Accepts and performs additional duties not listed, but necessary for the smooth operation of this *agency (ACP)*.

This is to certify that I received a copy of this Job Description

Agency Representative/Date

Independent Contractor/Date

PERSONAL SUPPORTS

Personal Supports

Description

Personal supports services provide assistance and training to the recipient in activities of daily living, such as eating, bathing, dressing, personal hygiene, and preparation of meals. When specified in the support plan, this service can also include heavy household chores to make the home safer, such as washing floors, windows and walls; tacking down loose rugs and tiles; or moving heavy items or furniture. Services also include non-medical care, and supervision. This service can provide access to community-based activities that cannot be provided by natural or unpaid community supports and are likely to result in an increased ability to access community resources without paid support.

Personal supports are designed to encourage community integration. Personal supports in supported living are also designated to teach the recipient about home-related responsibilities.

This service can also include respite services to a recipient age 21 years or older living in their family home. Respite services provide relief to the caregiver and is incorporated into the personal support service. The provider, to the extent properly qualified and licensed, assists in maintaining a recipient's own home and property as a clean, sanitary and safe environment.

This service is provided in support of a goal included the support plan or an identified need to support or maintain basic health and safety and is not purely diversional in nature.

Name: _____ **Date:** _____

ABSOLUTE CARE PLUS SERVICES

P.O. Box 6003 ~ Vero Beach, FL. 32961

SCENARIOS

Describe how you would respond to the following scenarios:

1. You are at the mall with your individual. The individual has a seizure. What would you do?
2. You are at the local Target with your individual. You run into a friend of yours and begin talking. How do you introduce your individual to your friend?
3. You arrive at your individual home for their daily community, the individual is not dressed appropriately for the outing/activity. How would you encourage the individual to dress appropriately?
4. You are in your car traveling with an individual; the individual tries to jump out of the car. What would you do?
5. You are in the mall and your individual wanders off alone. You are unable to locate your individual. What would you do?
6. Your individual wants to purchase something they do not have enough money for, the individual become upset and agitated. What would you do?
7. Your individual is on a special diet, but refuses to make healthy food choices. What would you do to encourage that individual to make healthier choices?
8. You observe your individual stealing. What would you do?
9. Your individual tells you they spent the night with someone and had unprotected sex. What would you do?
10. You go to your individual's home; it is very dirty and unsanitary. What would you do?

