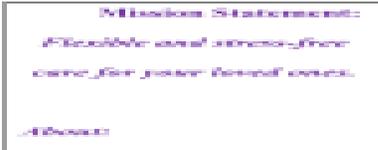


No Cross-No Crown Homecare Agency

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0940-05-38-.01 No Cross-No Crown Definition of Services

A complete application will have to be filled out to work for No Cross-No Crown Homecare Agency as well as a background check. Termination criteria are due to but not limited to the patient no longer needing service, insurance reason, patient admitted to rehabilitation and/or mental status change.

(1) The CEO will manage all the affairs until the agency increases.

(2) No Cross- No Crown has a plan of action for callouts, late visits and no call-no show to be followed if for any reason a scheduled Caregiver is unable to work or is late. The Supervisor will notify the patient and/or family immediately.

(3) No Cross-No Crown Homecare Agency will check the sex abuse and abuse register along with background checks.

(4) No Cross-No Crown Homecare Agency will conduct an annual evaluation on each staff member.

No Cross-No Crown Homecare Agency will perform:

- (a) Self-care assistance with tasks such as eating, dressing, toileting, bathing, mobility, transfer assistance and other services and supports to maintain health and wellness.
- (b) Household assistance with tasks such as light housekeeping, laundry, meal preparation, shopping, bill paying, and use of telecommunication devices;
- (c) Personal assistance to service recipients to access community activities such as transportation, social, recreational or other personal activities; and/or

No Cross-No Crown Homecare Agency

(d) No Cross-No Crown Agency is a sole proprietorship (someone who owns an unincorporated business by him or herself), partnership, corporation, limited liability company or limited partnership providing personal support services. No Cross-No Crown Homecare Agency includes all entities that employ or subcontract with individuals who provide personal support services to service recipients.

0940-05-38-. 02 Personnel Requirements

(1) "Medication Assistance" means providing medication reminders and opening medication packaging but does not mean giving the service recipient injections or any form of medication or medication administration that would be appropriate and acceptable for persons who are authorized to do so by Title 63, chapter 7. No Cross-No Crown Homecare Agency caregivers will follow these guidelines in assisting recipients with their medication in which includes, but is not limited to any of the following:

- (A) Loosening the cap on the pill bottle for oral medication
- (B) Opening pill reminder box if the box is filled by the service recipient or authorized representative or licensed medical personnel practicing within the scope of their license;
- (C) Placing medication within reach of the service recipient;
- (D) Holding a service recipient hand steady to help them with drinking liquid medication;
- (E) Guiding the service recipient's hand when the individual is applying eye/ear/nose drops and wiping the excess liquid;
- (F) Helping with a nasal cannula or mask for oxygen, plugging the machine in and turning it on;
- (G) Applying non-prescription cream and lotions purchased over the counter to external parts of the body.

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(2) 'Self- administration of medication' means the ability of a service recipient to take prescribed or over-the-counter medications without assistance from another person. 'Written' means, as applied to licensee's records, any generally accepted form, including electronic or paper, used for retaining business or client record.

(1) No Cross-No Crown Homecare Agency will maintain written policies and procedures contract that include the following:

(a) Independent Contractor Release Waiver of Liability AndCovenant Not to Sue

I fully understand that I have agreed to provide services, as an independent contractor, for No Cross-No Crown Home care Agency. As an independent contractor, I understand that I am responsible for all income/self-employment taxes for fees received from No Cross-No Crown Home care Agency for services provided. In addition, I acknowledge that I am solely responsible for any medical or other cost arising out of any bodily injury or property damage sustained while providing services as an independent contractor. I certify that it is up to me to have adequate insurance coverage, including health and accident, for any injuries I may sustain while providing said services.

I further covenant and agree that I will not sue No Cross No Crown Home care Agency its successors, assigns and licensees, agents, or employees for any claim for damages, for bodily injury or other, arising while performing services for No Cross No Crown Home care Agency as an independent contractor.

I certify that I am _____ years of age and suffering no legal disabilities that would interfere with me administering the job required. I understand that this job requires but is not limited to: lifting (50) or more pounds, bending, reaching, stretching, pulling, and pushing. Self-care assistance with tasks such as eating, dressing, toileting, bathing, mobility, transfer assistance and other services and supports to maintain health and wellness. Household assistance with tasks such as light housekeeping, laundry, meal planning, meal preparation, shopping, bill paying, and use of telecommunication devices.

No Cross-No Crown Homecare Agency

We (No Cross-No Crown Homecare Agency) will also provide personal assistance to service recipients to access community activities such as transportation, social, recreational or other personal activities. I have read the above statement carefully and agree to the terms and condition is suffering no disabilities. All staff members will sign job requirements.

This _____ day of _____, 20__.

_____ Signature of Manager Signature of Indep. Contractor

_____ Print Name _____ **Date of Birth/Last 4 of Social**

- (1) No Cross-No Crown Homecare Agency caregiver will fill out a “data” sheet daily’ charting the care that was provided to the recipient on that day.
- (2) No Cross-No Crown Homecare Agency administrator/CEO will administer semi-annual (2) evaluations on all caregiver in determining what has been achieved thus far and revise area that needs attention.
- (3) No Cross-No Crown Homecare Agency administrator/CEO will also conduct a monthly assessment with the recipient to determine if his/her daily needs are being taking care of by the caregiver.
- (4) All caregivers are required to continue a yearly training in the correct usage of equipment such as but not limited to a Hoyer lift, gait belt, and electric bath chairs.
- (5) All caregivers are required to keep their certification up-to date, such as but no limited to, nursing/medical assistance certification.

No Cross-No Crown Homecare Agency

0940-05-38-.03 Service Recipient Population

No Cross- No Crown will serve 50% or more of its client base being aged and/or having a diagnosis of mental illness and/or substance abuse.

No Cross-No Crown Homecare Agency

0940-05-38-.04 Service Recipient Rights and Confidentiality

No Cross-No Crown Homecare Agency/CEO will ensure the confidentiality of all service recipients' information in which includes but not limited to the following provisions:

- (1) No Cross-No Crown Homecare Agency caregivers will comply with applicable confidentiality laws and regulations;
- (2) The service recipient shall not be required to make public statements which acknowledge gratitude to the No Cross-No Crown Homecare Agency or for the licensee's caregivers; and
- (3) The service recipients will not be photograph without the written and signed consent of the individual or the individual's guardian and/or conservator.
- (4) Will be treated with dignity and respect as well as full recognition individuality;
- (5) To be protected from abuse, neglect and exploitation.
- (6) Will be informed daily of the care that will be provided as well as being involved in their care planning.
- (7) The recipient is not to receive any services without an informed consent and agreement.
- (8) Is not to be discriminated because of their race, gender, national origin, gender, age, religion, or disability.

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- (9) To be informed of the agency grievance policy.
- (10) Can file a grievance without fear of retaliation against them or their family member.
- (11) Have the reassurance in knowing that when a grievance is file, it will be taken care of in a timely manner.

0940-05-38-.05 Service Recipient Responsibilities

All service recipients that receive service from No Cross-No Crown Homecare Agency have the following responsibilities:

- (1) To maintain a safe environment so that the services that are provided to you may be render in a safely manner.
- (2) To report any/all changes that that will interfere with or change the way your care is being provided to you such as but not limited to your health or living conditions.
- (3) To inform the agency of any change in your schedule that will interfere with the schedule visit of the caregiver.
- (4) To cooperate with the agency/caregiver in which you are receiving care from and ask question if for any reason you don't understand/comprehend.

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0940-05-38-.06 Service Recipient Signature Acknowledgement

Signature and date:

No Cross-No Crown Homecare Agency

0940-05-38-.07 Emergency Procedures

No Cross- No Crown Homecare Agency will administer a policy/procedure guideline to follow in the event of an emergency including, but not limited to, fire evacuation and natural disaster emergencies or emergencies pertaining to the patient health such as stop breathing or loss of consciousness. If such event occurs the caregiver is to dial (911) and follow instruction of the dispatcher as well as contact their administration office/on call number. The administration staff is available (24) hours as service is render. The emergency staff will access the home for safety procedure.

- (1) **Fire:** The caregiver will safely and in a timely manner assist the recipient out of the closest exit whether or not it's a door or window; to safety.
 - (a) The caregiver will call (911) from a neighbor's phone or their phone if the fire alarm doesn't go off.
 - (b) The caregiver will take the necessary protocol in notifying the administrator and/or the on-call person that's in charge, as soon as possible.
- (2) **Natural Disaster:** In the event of bad weather that includes but not limited to a tornado, or thunderstorm, etc.
 - (a) The caregiver will put forth every effort in maintaining the safety of the recipient as well as making sure their needs or met.
 - (b) The caregiver will keep in contact with No Cross-No Crown Homecare Agency administration office for further instruction in keeping the recipient safe.

No Cross-No Crown Homecare Agency

- (c) The recipient family members will be notified of the situation.
- (d) The caregiver will listen to the radio as well as look at the television for updates regarding the weather.

(3) Recipient Health Incident:

- (a) All significant accidents that occurs such as injuries that results in hospitalization, treatment by a medical physician and/or register nurse, nurse practitioner.
- (b) The death of a recipient;
- (c) House fire
- (d) Loss of heat/air condition or other structural problems

All incidents will be reported to the Department of Mental Health and Substance Abuse Services Office of Licensure at **1-(866)-334-0858**.

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0940-05-38-.08 Service Recipient Rights

No Cross-No Crown Homecare Agency is obligated to inform the service recipient of their rights/responsibilities and about any limitations on these rights imposed by the rules of the licensee before the initiation of service. No Cross-No Crown Homecare Agency will ensure the service recipient is given oral and/or written rights information that includes at least:

- (1) A statement of the specific rights guaranteed the service recipient by these rules and applicable state laws
- (2) A description of the licensee's grievance procedures
- (3) A listing of available advocacy services; and
- (4) A copy of No Cross-No Crown Homecare Agency rules and regulations pertinent to service recipient. The rules/regulation information will be presented in a manner that promoted understanding by the service recipient of his or her rights, and the individual will be given the opportunity to ask questions about the information. If for any reason the service recipient is unable to understand the information at the time of admission to service but later becomes able to do so, the information will be presented at that time. If the lack of understanding becomes indefinitely; No Cross-No Crown Homecare Agency will attempt to provide the required rules/regulation to a guardian or other appropriate person or an agency responsible for protecting the service recipients' rights.

No Cross-No Crown Homecare Agency

- (5) Service recipients have the right to voice grievances to No Cross-No Crown Homecare Agency and to outside representatives of their choice with freedom from restraint, interference, coercion, discrimination, or reprisal.
- (6) Service recipients have the right to be treated with consideration, respect and full recognition of their dignity and individuality.
- (7) Service recipients have the right to be protected by No Cross-No Crown Homecare Agency from neglect, physical, verbal, and emotional abuse (including corporal punishment), and from all forms of misappropriation and/or exploitation.
- (8) Service recipients have the right to be assisted by No Cross-No Crown
- (9) exercise of their civil rights.

0940-05-38-.09 Incident and Investigation Report

No Cross- No Crown Homecare Agency/CEO will provide policy and procedures to be followed in the reporting and investigation/or incident of suspected or alleged abuse or neglect of a services recipient, or other critical incidents. The procedures shall include provisions for corrective action, if any, to be taken as a result of such reporting and investigation, and reporting to the department licensure **(CEO)** and to any authority as required by law;

(A) No Cross- No Crown Homecare Agency **(CEO)** will ensure that their caregivers will comply with procedures for detection and prevention of communicable diseases according to procedures of the Tennessee Department of Health.

(B) No Cross-No Crown Homecare Agency **(CEO)** will investigate all allegations and determine if any rules have been broken. If No Cross-No Crown Homecare Agency staff has violated the rules, they will be dismissed from services of the client.

(C) No Cross-No Crown Homecare Agency **(CEO)** will contact the Department of Mental Health and Substance Abuse Services Office of Licensure after any incident at **1(866) 334-0858**.

No Cross-No Crown Homecare Agency

(D) The Department of Licensure Staff will be granted access to all investigation and intendents reported by the CEO, clients, contractors and employees.

No Cross-No Crown Homecare Agency

0940-05-38-.10 Grievance Procedures

No Cross-No Crown Homecare Agency aim is to ensure that employees/service recipients with a grievance relating to their employment/or care can use a procedure which can help to resolve grievances in a timely manner and as fairly as possible.

- (1) If a service recipient/employee has an issue with their care/employment, they should discuss it “informally” with an immediate supervisor promptly in which will be documented, and all necessary steps will be taken in order to solve the matter.
- (2) If the service recipient/employee feels as if the matter needs further attention, contact the administration office by filling out a grievance form;
- (3) All grievance information will be documented and investigated as well placed in the employee/service recipient file;
- (4) A decision will be made, and a copy of the will be discussed with the service recipient/employee as well as a copy of the decision;
- (5) If the service recipient/employee is dissatisfied with the decision, they may contact the **Department of MHSAS Licensure Office at 1(888) 344-0858 or Adult Protective Services at 1(888)-APS-TENN**

No Cross-No Crown Homecare Agency

0940-05-38-.11 Safety Precaution

Safety is very essential and an asset to the safety of the service recipient as well as the caregiver. It is very important that the caregiver practice infection control and universal precautions procedures in order to protect themselves and the recipients from infectious diseases. All accident, injuries, potential safety hazards, and health/ safety issues will be reported to the administration office or the person on call. No Cross -No Crown Home Care Agency caregivers will comply with the procedures for detection and prevention of safety precautions according to the Tennessee department of health guidelines.

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0940-05-38-.12 No Cross-No Crown Homecare Agency's Administration Office

Department of MHSAS Licensure Office: 1-866-344-0858

Adult Protection Services: 1-888-APS-TENN

No Cross-No Crown Homecare Agency

0940-05-38-.13 Media Policy

The No Cross No Crown team are not to use or suggest media content to clients. This means only to power on media devices when requested by the client; including channel selection. Policies such as this one helps maintain a comfortable environment for our clients.

No Cross-No Crown Homecare Agency

0940-05-38-.14 Contractor Buy Outs, Penalties and Fees

In the event of soliciting clients or contractors previously acquired by No Cross-No Crown Homecare there will be an arbitrament. When signing on with No Cross-No Crown Homecare Agency clients and contractors are agreeing to this policy and submission of required penalty fees. The penalty fee is a payment of \$5,000 to No Cross-No Crown Homecare Agency from soliciting parties. Failure to adhere to the terms of this policy and standing contracts are subject to the pursuit of legal action. If you decide not to proceed with the buyout, you can hire the caregiver after one year of his/her separation from No Cross No Crown Home Care Agency.

1. Service Recipients are subject to fees for additional services:
 - (1) Sitter/Homemaker service fees may differ
 - (2) Travel fees/travel reimbursement fees may be applicable.
 - (3) Overnight service fees may differ
 - (4) Holiday service fees may differ

Please see contract for additional details.

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0940-05-38-15. Investigation Procedures

No Cross-No Crown Homecare Agency will actively cooperate with any investigations held by the Department of Licensure Staff.

No Cross-No Crown Homecare Agency

0940-05-38-16. Government Access to Investigations

The Department of Licensure Staff will be granted access to all investigation and incidents reported by the CEO, support service agents and service recipients.

No Cross-No Crown Homecare Agency

0940-05-38-17. Support Advocate Services

2. Support Advocate Services for Service Recipients

i) Abused Women Services YWCA

Address: 766 S Highland St, Memphis, TN 38111

Phone: [\(901\) 725-4277](tel:(901)725-4277)

ii) Memphis Crisis Center- Social Services

[\(901\) 274-7477](tel:(901)274-7477)

iii) Fire and Medical Emergency

Dial – 911

iv) Shelby County TDHS -Social Services

Address: 2003 Corporate Ave, Memphis, TN 38132

Phone: (901) 320-7200

v) Methodist University Hospital

1265 Union Ave, Memphis, TN 38104

Phone: (901) 516-7000

vi) Methodist North Hospital

Address: 3960 New Covington Pike, Memphis, TN 38128

Phone: (901) 516-5200

No Cross-No Crown Homecare Agency

vii) Methodist South Hospital

Address: 1300 Wesley Dr, Memphis, TN 38116

No Cross-No Crown Homecare Agency

0940-05-38-18. Performance Reviews

Affiliates of No Cross-No Crown Home Care Agency are subject to semi- annual and/or annual Performance Reviews. These reviews give the opportunity for our Caregivers to exchange feedback with our Director of Operations. Performance reviews highlight on the job areas of opportunities that our Caregivers may have and wins that that have accomplished throughout the previous year. It's our way of keeping the company running smoothly and setting great examples for those who join the team in the future. Depending on contract terms and agreements, contractors and employees may be subject to raises in compensation.

No Cross-No Crown Homecare Agency

0940-05-38-19. Open Door Policy

At No Cross-No Crown Home Care Agency we offer a line of direct communication from clients, contractors and employees directly up to the CEO. Our Open-Door Policy welcomes all questions, concerns, and feedback when a member of our team feels uncomfortable about any specific interaction or exposed to an unsafe environment. Contractors and clients are encouraged to reach out to the area supervisors immediately if any form of conflict occurs. We also offer the option to give anonymous tips through to our Human Resources Department via phone or email. The Open-Door policy is open to, but not limited to, any threats, sexual misconduct, racial or cultural discrimination, substance abuse or theft. Any questions or concerns please feel free to reach out to our Human Resources Department.

Email: nocrossnocrownhrc@outlook.com

Phone: 901.303.9386

No Cross-No Crown Homecare Agency

0940-05-38-20. Service Worker Requirements

1. Service worker must be 18 years or older.
2. Complete Background Check (every 2 years)
3. Up to date TB Skin Test (every 2 years)
4. Ability to work flexible hours, weekends, and holidays.
5. Reliable transportation.

Additional requirements:

(a) All personal support service workers shall practice infection control procedures and standard precautions that will protect the service recipient from infectious diseases.

(b) All support service workers should submit to a criminal background check within 10 days of employment and continue to submit every two years throughout employment. Background checks may also be required if there is a change in responsibilities.

(c) All support service workers must provide the status of reports from the Tennessee Sexual Offender Registry annually.

(d) All support service workers must provide evidence of language skills sufficient to reading and understanding instructions.

Language skills sufficient to communicate with service recipient. Documented training specific to service recipient needs such as, but not limited to, self-care, household management, community living, and methodologies of service delivery.

CPR and First Aid certifications are preferred but NOT required.

No Cross-No Crown Homecare Agency

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0940-05-38.21 Receipt and Disbursement of money on behalf of the service recipients.

At this time, No Cross-No Crown Homecare Agency Caregivers are not handling receipts or receiving funds on behalf of service recipients.

Providing grocery and essential item services must be handled through No Cross-No Crown Homecare Agency Management team. No cash, debit cards, or checks should be exchanged between the client and the Caregiver. Special arrangements may be requested through Management for grocery and essential item services.

1) Clients may order products online and request pick up services from the Caregiver on duty.

Receipts are to be turned into No Cross-No Crown Homecare Agency. Receipt copies will be issued to client in addition to their service invoice.

Clients are encouraged not to share sensitive information with Caregivers including but not limited to pin numbers, account numbers and/or passcodes.

No Cross-No Crown Homecare Agency

0940-05-38.22 Service Worker Transportation & Vehicle Maintenance Requirements

IF Service Workers are providing transportation to service recipients, they must meet the following requirements:

- 1) All vehicles used to provide transportation to clients shall be maintained and operated in a safe manner.
- 2) Service Workers providing transportation shall possess an appropriate driver's license from the Tennessee Department of Safety and documentation of such license shall be maintained in the licensee's records.
- 3) All vehicles used for Service Recipient (Client) transportation and owned by the Service Worker's shall be adequately covered by vehicular liability insurance for personal injury to occupants of the vehicle, and documentation of such insurance shall be maintained in the facility's record.

No Cross-No Crown Homecare Agency

0940-05-38.23 Service Workers Accepting Gifts and Monetary Contributions

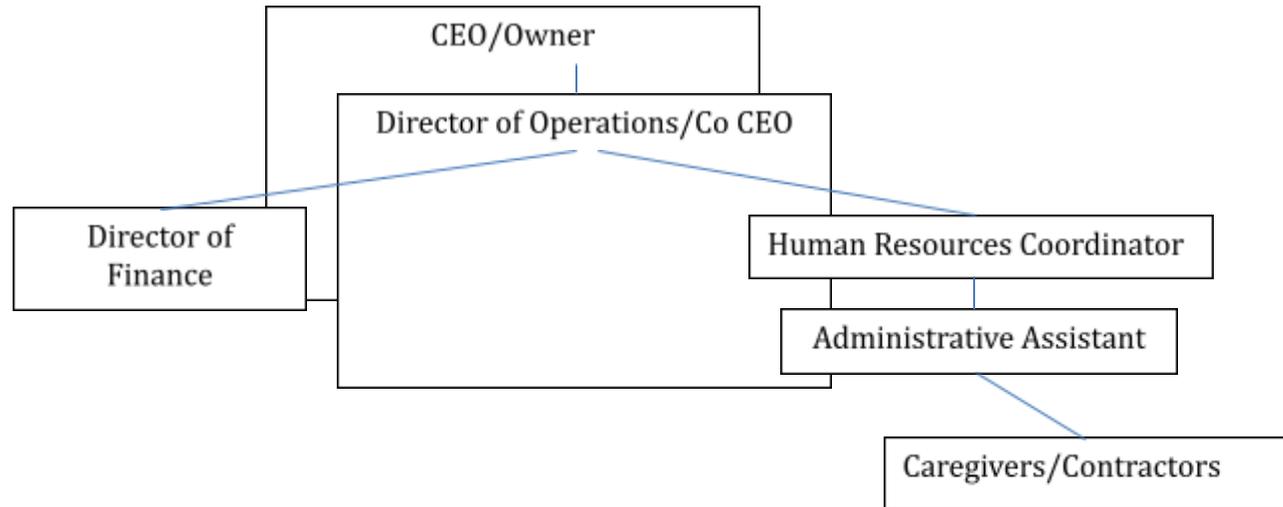
Generally, Service Workers may not accept anything of cash value from Service Recipients including but not limited to gifts or monetary contributions. Service Workers shall neither borrow, receive, nor take funds or other personal property from the service recipient; this includes both prescription and over the counter medication.

Misappropriation and exploitation of clients are strictly forbidden. Failure to comply with this policy, 0940-05-38.23 Service Workers Accepting Gifts and Monetary Contributions, could result in a Class B and/or Class C felony under the Elderly and Vulnerable Adult Protection Act of 2019.

No Cross-No Crown Homecare Agency

0940-05-38-24. Organizational Chart

3. Organizational Chart



No Cross-No Crown Homecare Agency

0940-05-38-.25 Office Hours & Location

3238 Players Club Circle Ste. 76 Memphis, TN 38125

Email: Nocrossnocrownhrc@outlook.com

Website: <https://nocrossnocrownhrc.wixsite.com/nocrossnocrowhcr>

Office Hours: Monday, Tuesday & Friday 9am – 2pm.

CLOSED: Wednesday, Thursday, Saturday & Sunday

Client & Contractor Support: 24 hours a day. Monday through Sunday (901)303-9386.

No Cross-No Crown Homecare Agency



0940-05-38-.26 Service Recipient REGISTRATION FORM

(Please Print)

Today's date:				PCP:					
PATIENT INFORMATION									
Patient's last name:		First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div. / Sep / Wid	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?			(Former name):		Birth date: / /		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:				Social Security no.:			Home phone no.: ()		
P.O. box:		City:			State:		ZIP Code:		
Occupation:		Employer:				Employer phone no.: ()			

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Chose clinic because/Referred to clinic by (please check one box):					<input type="checkbox"/> Dr.	_____	<input type="checkbox"/> Insurance Plan	<input type="checkbox"/> Hospital
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other				
Other family members seen here:								
INSURANCE INFORMATION								
(Please give your insurance card to the receptionist.)								
Person responsible for bill:		Birth date:		Address (if different):			Home phone no.:	
		/ /					()	
Is this person a patient here? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Occupation:		Employer:		Employer address:			Employer phone no.:	
							()	
Is this patient covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Please indicate primary insurance <input type="checkbox"/> [Insurance]								
<input type="checkbox"/> [Insurance] <input type="checkbox"/> [Insurance] <input type="checkbox"/> [Insurance] <input type="checkbox"/> Welfare (Please provide coupon) <input type="checkbox"/> Other								
Subscriber's name:		Subscriber's S.S. no.:		Birth date:	Group no.:		Policy no.:	Co-payment:
				/ /				\$
Patient's relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other								
Name of secondary insurance (if applicable):			Subscriber's name:			Group no.:		Policy no.:
Patient's relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other								
IN CASE OF EMERGENCY								
Name of local friend or relative (not living at same address):				Relationship to patient:		Home phone no.:	Work phone no.:	
						()-	()	
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Cross-No Crown Homecare Agency or insurance company to release any information required to process my claim.								
_____						_____		
<i>Patient/Guardian signature</i>						<i>Date</i>		

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No Cross-No Crown Homecare Agency

0940-05-38-.27 Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

No Cross-No Crown Homecare Agency

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

No Cross-No Crown Homecare Agency

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

No Cross-No Crown Homecare Agency

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Do you have a reliable source of transportation? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
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: _____

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0940-05-38-. 28 Employee Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

SSN or Gov't ID: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

No Cross-No Crown Homecare Agency

Spouse's Employer: _____ Spouse's Work Phone: _____

Job Information

Title: _____ Employee ID: _____

Supervisor: _____ Certifications: _____

Work Location: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Start Date: _____ Salary: \$ _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

No Cross-No Crown Homecare Agency

0940-05-38-.29 Standardized Training and Continuing Education Requirements

Performance dialogue

Employee Name:		Evaluation for the period:	
Title:			
Supervisor:		Field Location(s):	
Date:			

Goals and objectives during this evaluation period	
Achievements, accomplishments, and responsibilities <i>(completed by employee)</i>	
Evaluation <i>(completed by supervisor)</i>	
Strengths and areas for development	

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Career development plan	
Goals and objectives for next evaluation period	
Employee Signature	Supervisor Signature
<i>Date</i>	<i>Date</i>

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0940-05-38-.30 Call-out, Late Visit, and No Call-No Show

During an assessment with the client a schedule is determined based on the care plan and client's needs. It is No Cross No Crown Home Care Agency expectation that the hired Caregiver works the schedule according to the plan of care. In the event a Caregiver is unable to report to work or is going to be late, the Caregiver must notify the Supervisor. The Supervisor will then notify the client immediately.

-The Supervisor will attempt to contact a substitute Caregiver as available and needed. If a Caregiver would like to perform substitute work, he or she must notify the Supervisor directly.

-If the schedule needs to be changed, the Caregiver must notify the Supervisor as soon as possible and any updates must be approved by all parties before Caregiver may change schedule.

Call-off policy: Call-offs must be made two hours prior to scheduled shift. No Cross-No Crown HCA is a small agency which means staffing is limited- the sooner you call the better. Caregivers must call if running a few minutes late. No texts allowed. VM acceptable.

Call-off infractions: Caregivers are only allowed 3 call-offs in a 60-day period. Violations of the policy could result in contract termination.

No Call-No Show: Results in immediate contract termination.

Request off policy: Time of requests are subject to approval. No Cross-No Crown HCA is a small agency which means staffing is limited.

24-Hour Clients: If you agree to pick up a 24-hour client you may not leave the clients home until relieved. If your relief has not arrived give the office or emergency line a call. If your relief has called-off last minute you must remain with client until we find a replacement Caregiver.

- **Office Number:** 901.623.3220

-Must be used during business hours for general information, emergencies, and call offs. (Business hours are Monday, Tuesday, and Friday 9am-2pm)

No Cross-No Crown Homecare Agency

- **Emergency Number:** 901.303.9386
-Must be used outside of regular business hours for emergencies, clocking in/out and call-offs.