

**EUROPEAN SERVICE LLC.**  
**(3) Hours 2<sup>ND</sup> Qtr. of 2024 In-Service Training**



Employee Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_ Cell \_\_\_\_\_

Training topics	Hours
Participant Activities and Performing Personal Care Tasks for Clients, including: bathing; skin care; hair care; nail care; mouth care; shaving; dressing; feeding; assistance with ambulation; exercise and transfers; positioning; toileting	0.25 HR
Medication Reminding in Assistance with Self-Administered Medications	0.25 HR
Assistance with Activities of Daily Living related to application of simple bandages; ambulation; bathing; application of compression stockings; feeding; application of prescription shampoo; nail care; client positioning; transfer of clients	0.25 HR
Oxygen delivery systems in respiratory services	0.25 HR
Appropriate and Safe Technique in Performing and Assisting with Personal Care	0.25 HR
Universal Precautions, Blood-Borne Pathogens, and Infection Control	0.25 HR
Person Centered Care	0.25 HR
Reporting and Documentation	0.25 HR
Adult Protective Services – Abuse, Neglect, and Exploitation	0.25 HR
Use of Seclusion and Restraint	0.25 HR
Disaster Procedures and Emergency Procedures	0.25 HR
Recognizing Emergencies and Initiating Emergency Procedures, including Basic First Aid and/or CPR and Implementation of a Client’s Emergency Preparedness Prevention and Reporting Requirements.	0.25 HR



**Date of Attendance:** \_\_\_\_\_

**Availability form (please complete)**

<b>MONDAY</b>	from		until	
<b>TUESDAY</b>	from		until	
<b>WEDNESDAY</b>	from		until	
<b>THURSDAY</b>	from		until	
<b>FRIDAY</b>	from		until	
<b>SATURDAY</b>	from		until	
<b>SUNDAY</b>	from		until	

Do you have any complaints or problems that may affect your working ability? If so, explain below:

\_\_\_\_\_

I am currently service (clients): \_\_\_\_\_

Are you interested in more hours, yes or no? Explain: \_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_



## 2<sup>nd</sup> Quarter 2024 of Quarterly Conference



**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) as indicated in the *Service Plan*;
  - HCA **CAN NOT** provide services for client(s) if the client admitted to the Emergency Room, the Hospital, Rehabilitation Center, Nursing Home and etc.
  - The *Service Plan* or *Plan of Care* **must** be followed without any variations or deviations in care;
  - Any temporary changes or deviations from the *Plan of Care* or *Service Plan* **must** be reported to the Supervisors;
  - **medical related tasks are not allowed;**
  - Receipt or solicitation of money, donations, gifts, financial 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 (2) hours before the regularly scheduled start time.
- \_\_\_\_\_ 2. **I ACKNOWLEDGE I HAVE BEEN INFORMED THAT A NEW EVV SYSTEM VERVEWARE WHICH I WILL DOWNLOAD AND USE THE MOBILE APP TO CLOCK IN AND CLOCK OUT. I ACKNOWLEDGE THAT I AM AWARE THE NEW EVV SYSTEM VERVEWARE WILL GO INTO AFFECT LIVE ON MAY 20<sup>TH</sup>, 2024.**
- \_\_\_\_\_ 3. **Electronic Visit Verification (EVV) Rules:**  
When you arrive and leave the Participant's home, **dial 847-744-9055 or utilize Verveware Mobile App**. You will be prompted to enter your **ID number**, follow the prompt: to **Clock In - enter ID and press # and to confirm # then hang up; to Clock out - enter ID and press # then 2 and # to confirm and then hang up**. HCA **must** use the **Participant's cellular/land line phone to place calls**, as the system recognizes the Participants phone number only. It is **HCA responsibility** as a caregiver to contact your supervisor to confirm your clock ins and clock outs on a weekly basis. **Verveware Mobile App** is web-based and GPS based. This App can be used instead of EVV (i.e., you can clock in and out using the App instead of using EVV) or it can be used in conjunction with EVV, i.e., you can clock-in using the App and then use your Participant's phone to clock-out or vice-versa. If you arrive or leave the Participant home earlier or later for more than **5 (five) minutes**, your **call will not be merged** with the schedule. If it doesn't match, it appears as the employee did **not** work, in which case the employee would **not** get paid. You **must** inform your Supervisor on the same day (**ASAP**), on **any changes in your schedule** to get paid according to the payroll schedule. If you forget to Clock in or Out, or for any reason, you were **not** able to use EVV, you **MUST** notify the supervisor **immediately**. In addition to notifying, you **MUST** submit the **completed Two-Week Time Sheet with the Participant's and your signature within 24hr as proof of provided service, in order to get paid.**
- \_\_\_\_\_ 4. **In case of Injury, Life-Threatening Emergency or Death CALL 911 (unless informed to do otherwise).**
- \_\_\_\_\_ 5. HCA that wishes to resign should give advance written notice, **fourteen (14) calendar days** prior to the date of termination.
- \_\_\_\_\_ 6. For the period of **two (2) years** from the date on which employment with the Company shall cease, the undersigned **HCA shall not solicit, accept, undertake or perform any service(s)** of type normally undertaken or performed by **EUROPEAN SERVICE LLC** to **any** person who was serviced by our company.
- \_\_\_\_\_ 7. The Employee is knowledgeable that if he/she is **not** currently working on an assignment for European Service LLC, 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 European Service LLC 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. Employee may be terminated from employment with the European Service LLC if there was no assignment(s) for more than thirty (30) consecutive days and it is determined the Employee **did not fulfill own responsibility in following up with the Company to receive a new assignment. It is the Employee responsibility** to keep in constant contact with European Service LLC when not actively working on an assignment by letting the Company or Supervisor know that he/she is available to work and willing to take an available assignment.
- \_\_\_\_\_ 8. **Updated Contact Information.** It is the Employee responsibility to ensure all personal information is updated in the system to ensure effective communication and exchange of other vital information and forms. In order to better communicate with HCA, the Supervisor needs to have correct cell phone number, mailing address and current email address on file.
- \_\_\_\_\_ 9. **Update Insurance Forms** - if you qualify (30+ hours weekly) you **must** fill out new insurance forms OR fill out a new waiver form.
- \_\_\_\_\_ 10. **Two Weeks Timesheet** **MUST** be submitted with the **original form, including signature of the client or client representative and caregiver AT LEAST every two (2) weeks according to payroll schedule.**
- \_\_\_\_\_ 11. **I'm not Power of Attorney for the Participant's that I'm serving.**
- \_\_\_\_\_ 12. **All Employees MUST DOWNLOAD VERVEWARE MOBILE APP and have an account with INTUIT.**
- \_\_\_\_\_ 13. **All employees are responsible for completing and submitting W-4 form.**

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

Employee Name \_\_\_\_\_

Date Completed \_\_\_\_\_

Employee Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

