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| **PALADIN ADULT HOME CARE LLC** **Document** | **Notes** |
| Application |  |
| Resume |  |
| Job related references: (2) employee (3) sponsor |  |
| Valid driver’s License |  |
| Social security card |  |
| Letter of Occupancy |  |
| Floor plan |  |
| Medication 32 hour w/task sheet\*\* |  |
| Medication Refresher\*\* |  |
| Sponsor Questionnaire |  |
| Driving record |  |
| Vehicle Registration |  |
| Auto insurance |  |
| Homeowners/Renter’s insurance |  |
| Sponsor Responsibilities (job description) |  |
| Sponsor Agreement Upon placement |  |
| 3 Month Household Budget |  |
| 3 Month Financial Reserve |  |
| PPD screening/TB testing |  |
| Central Registry  |  |
| Background appt confirmation |  |
| Background disclosure |  |
| Background rights |  |
| Background ROI |  |
| Background disclosure |  |
| DSP test |  |
| DSP Assurance certificate |  |
| Human Rights Test |  |
| HCBS Rights Acknowledgement |  |
| Blood Borne Pathogens  |  |
| Person Centeredness |  |
| CPR/First Aid |  |
| Therapeutic Options |  |
| I-9 Verification |  |
| Confidentiality |  |
| Coercion & Restraint  |  |
| Job description |  |
| After hours contact |  |
| Serious Incident |  |
| Infection control/flu epidemic/Pandemic Precautions |  |

YELLOW SECTION; POTENTIAL SPONSOR RESPONSIBILITY

\*\*IF YOU ARE UNABLE TO PRODUCE THE 32 HOUR MEDICATION CERTIFICATION OR THE 4HR REFRESHER CERTIFICATION PCP WILL SCHEDULE FOR YOU TO ATTEND THESE TRAININGS.