



REFERENCE FORM-1

Who should we send this to: _____

Address: _____

Phone: (____) _____

The individual listed below has applied for a position with Vine Homecare & Staffing.

Name: _____ Social Security Number: ____ - ____ - ____
Last First Middle initial

The position being applied for is: _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERRAL

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				

Comments:

Signature of Reference

Title

Date

Applicant's authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ Date _____

Effective Date: 04/01/2010



REFERENCE FORM-2

Who should we send this to: _____

Address: _____

Phone: (____) _____

The individual listed below has applied for a position with Vine Homecare & Staffing.

Name: _____ Social Security Number: ____ - ____ - ____
Last First Middle initial

The position being applied for is: _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERRAL

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
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Comments:

Signature of Reference

Title

Date

Applicant's authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ Date _____

Effective Date: 04/01/2010



Vine
Homecare & Staffing
AVAILABILITY LIST

EMPLOYEE NAME: _____

Phone # _____ Cell phone # _____

DATE OF HIRE (date of orientation): _____

I am available at the following days and / or hours:

AVAILABLE	FROM	TO
Mon		
Tues		
Weds		
Thurs		
Fri		
Sat		
Sun		

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Beverly Danvers Essex Everett Gloucester Hamilton Ipswich Lynn Lynnfield Malden Manchester Marblehead Medford Melrose Middleton Nahant North Reading Peabody Reading Rockport Salem Saugus Stoneham Tyngsborough	Swampscott Topsfield Wakefield Wenham Acton Arlington Ashland Bedford Belmont Boston Boxborough Braintree Brighton Brookline Burlington Cambridge Canton Carlisle Chelsea Cohasset Concord Dedham Dover West Newbury	Dorchester Foxborough Framingham Hingham Holbrook Holliston Hopkinton Hudson Hull Lexington Lincoln Littleton Marlborough Maynard Medfield Millis Milton Natick Needham Newton Norfolk Northborough Norwell Westford	Norwood Quincy Randolph Revere Roslindale Scituate Sharon Sherborn Somerville Southborough Stow Sudbury Walpole Waltham Watertown Wayland Wellesley Westborough Weston Westwood Weymouth Wilmington Winchester	Winthrop Woburn Wrentham Amesbury Andover Billerica Boxford Chelmsford Dracut Dunstable Georgetown Groveland Haverhill Lawrence Lowell Merrimac Methuen Newbury Newburyport North Andover Rowley Salisbury Tewksbury
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ONLY check towns you are willing to travel to

Statement of driving status

I, _____, am currently licensed to drive a motor vehicle in the state of Massachusetts,

I carry auto insurance on my vehicle and I have supplied Vine Homecare & Staffing a current copy of my license and auto insurance.

Signature

Date

I, _____, declare that I do not have a driver's license in the state of Massachusetts and therefore will find other forms of transportation to get to my scheduled visits (i.e. public transportation)

Signature

Date

Effective Date: 04/01/2010



CHAPTER 6, § 172 C CORI REQUEST FORM

Vine Homecare & Staffing has been certified by the criminal History Systems Board to all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172 C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation, or other services in a home or in a community based setting for any elderly person or disabled person or who will have and direct or indirect contact with

such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

APPLICANT/EMPLOYEE SIGNATURE (unless otherwise preempted by law)

APPLICANT/EMPLOYEE INFORMATION (PLEASE TYPE)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH: SOCIAL SECURITY NUMBER: - -
(Requested but not required)

MOTHER'S MAIDEN NAME:

CURRENT AND FORMER ADDRESSES:

SEX: HEIGHT: WEIGHT: EYE COLOR:

STATE DRIVER'S LICENSE NUMBER: (include state of issue)

* THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY:
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

- The CHSB Identify Theft Index PIN is to be completed by those applicants that have been issued an Identify Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.
- **All CORI request forms that include this field are required to be submitted to the CHSB via mail**



Documents needed for hire:

Please bring the following documents on your orientation day

- ❖ **Proof of car insurance (registration showing insured status) if applicable**
 - ❖ **PPD within 1 year**
- ❖ **Identification: Driver's license (current)**
- ❖ **2nd form of identification**
- ❖ **Current copy of professional license**
- ❖ **Training certificate (CNA/HHA)**
- ❖ **Social Security card**
- ❖ **CORI returned**
- ❖ **Immigration documents in order (if applicable)**
- ❖ **CPR**
- ❖ **School Transcript for Professional(Homecare Clinicians only)**

Tests to be completed with a passing score of 75%

- ❖ **HIPPA**
- ❖ **HHA Exam (Home Health Aide only)**
- ❖ **Med/Surg exam(Nurses only)**

- ❖ **Skills Checklist to be done on or before 1st visit**
Skills checklist done

Effective Date: 04/01/2010



HEALTH QUESTIONNAIRE – MEDICAL HISTORY

Name: _____ Date: _____

Address: _____ Phone #: _____

Date of Birth: _____ Height: _____ Weight: _____

Indicate by checking any diseases or illnesses you have or have had:

- | | | | |
|------------------|-------------------|-------------------|-------------------|
| _____ Asthma | _____ Allergies | _____ Arthritis | _____ HBP |
| _____ Back Cond. | _____ Fatigue | _____ Joint Pain | _____ LBP |
| _____ Bursitis | _____ Ulcers | _____ Heart Cond. | _____ Sinus |
| _____ Hernia | _____ Epilepsy | _____ Eye Cond. | _____ TB |
| _____ Diabetes | _____ Hearing | _____ Anxiety | _____ Vertigo |
| _____ Paralysis | _____ Migraines | _____ Depression | _____ Thyroid |
| _____ Drug Use | _____ Alcohol Use | _____ Bronchitis | _____ Pneumonia |
| _____ SOB | _____ Skin Rashes | _____ Hay fever | _____ Weight Loss |
| _____ HIV | _____ Hernia | | |

Have you ever been hospitalized for any of the above or had surgery? Explain:

Have you ever had an industrial accident? Explain:



Employee Information

Print Name _____ Signature _____
Social Security # _____ Date completing form _____

ANNUAL TUBERCULOSIS QUESTIONNAIRE

FOR ANY EMPLOYEE WHO HAS TESTED POSITIVE FOR TB IN THE PAST

This questionnaire is a Vine Homecare & Staffing annual employment requirement for any employee who reports that they have tested PPD positive at any time in the past. The questionnaire is a method to monitor infection control and reportable diseases. The incidence of TB and drug resistant strains of TB is an increasing occurrence in the USA.

TB History

Early Detection of Tuberculosis

This questionnaire gives guidance in identifying individuals with suspected or confirmed TB so that appropriate controls can be promptly initiated.

The questionnaire has two parts:

1. [Reviewing the individual's TB history](#)
2. [Assessing current symptoms](#)

INSTRUCTIONS:

- Circle each answer given by employee.
- Add your comments as the evaluator at the bottom of the page.
- Institute AMS exposure control measures outlined in AMS Exposure Control Plan,
- Respiratory Protection and Medical Surveillance Program and refer the individual for further evaluation if the individual has:
 - (1) A persistent cough lasting 3 or more weeks and two or more symptoms of active TB.
 - (2) Had a positive TB test on mucous that he/she coughed up.
 - (3) Been told that he/she had TB and was treated, but never finished the medication.

TB HISTORY (Part 1)

1.		Yes	No	
				Have you ever had a positive TB skin test? Don't know
2.		Yes	No	
				Have you ever had an abnormal chest x-ray? Don't know
3.		Yes	No	
				If yes, how long ago? Have you recently had the mucous you coughed up tested for TB? Don't know
4.		Yes	No	
				If yes, were you told it was positive? Have you ever been told you have Infectious Tuberculosis? Don't know
				If yes, how long ago?

5.

Yes

No

Don't know

Have you ever been treated with medication for Infectious TB?

6.

One

Two

Over two

If yes, how many medications?

Yes

No

Are you still taking TB medicine?

7.

Yes

No

Did you take all the TB medicine until the health care professional told you that you were finished?

Yes

No

Don't know

Do you live with or have you been in close contact with someone who was recently diagnosed with TB? (e.g. shelter roommate, close friend, relative).

CURRENT SYMPTOMS (Part Two)

1.

Yes

No

Do you have a cough that has lasted longer than three weeks?

2.

Yes

No

Do you cough up blood or mucous?

3.

Yes

No

Have you lost your appetite? Aren't hungry?

4.

Yes

No

Have you lost weight (more than 10 pounds) in the last two months? Without trying to?

5.

Yes

No

Do you have night sweats (need to change the sheets or your clothes because they are wet)?

Evaluator Comments:

Exposure Control Methods Implemented?

Yes No

Referred for Further Evaluation?

Yes No

Evaluator's Signature: _____

Date: _____

Unless contraindicated a purified protein derivative (PPD) of the tubercle bacillus is injected intradermally. Immuno-suppressed individuals or other health conditions may cause a TB skin test to be negative when an actual TB infection is present. Interpretation of a result and varied induration of "X" mm is based on risk factors



HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring the Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with the vaccine, at no charge to me.

HOWEVER, I DECLINE THAT VACCINATION AT THIS TIME.

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious material and want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I DECLINE BECAUSE I ALREADY RECEIVED THE VACCINE.

Employee Signature

Date

HEPATITIS B VACCINE EMPLOYEE AUTHORIZATION

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I hereby consent to the administration of the Hepatitis B vaccine series and understand this will be completed at no charge to me. I understand the risks and side effects of the

injections and release the Agency from any liability that may arise from the effects of the vaccine.

Employee Signature

Date

BY SIGNING MY NAME ABOVE, I AM STATING THAT I DO WISH TO HAVE THE HEPATITS B VACCINE. I UNDERSTAND THAT THIS IS A SERIES OF THREE (3) INJECTIONS AND THAT I MUST RECEIVE ALL INJECTIONS TO BE CONSIDERED VACCINATED AGAINST HBV INFECTION.



Permission to receive intradermal PPD (Mantoux Test)

I, _____ give my permission to Vine Homecare & Staffing designated and trained medical personnel to administer the PPD intradermal tuberculosis test and possibly administer the 2 stage test if necessary.

I further attest that to my knowledge I have never had a known positive reaction to the serum. Should I have a positive reaction when I return in 48 hours to have this test read, I will be referred to my physician or clinic where I could receive a chest X-Ray to be certain I do not have active tuberculosis.

Date of testing _____

Planting site _____

Nurse administering test _____

Date of reading of the above test _____

Reading: _____ neg _____ pos

If positive: _____ mm _____ indurated

Nurse reading the test _____

If positive, to whom was applicant referred to: _____

2 Stage Testing:

If applicant has not had tuberculosis test within 1 year, CDC guidelines recommend repeating the TB test in 2 week from the above test.

Date of testing _____

Planting site _____

Nurse administering test _____

Relationship: _____
Home Phone Number: (____) _____
Work Phone Number: (____) _____
Cell Phone Number: (____) _____

Our Agency is an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, sex, sexual orientation, age, national origin, handicap or military status.

Employment History - *Please begin with your most recent or current place of employment.*

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

Education **Name & Location** **Course of Study** **Years Completed** **Date Graduated**

High School: _____
College: _____
Other: _____
Other: _____

Military Service

Branch of Service: _____ Dates of Service: _____
Highest Rank Achieved: _____ Currently in a Reserve Unit? Yes / No
Special Schooling and/or Duties: _____

Licenses and Certifications

License or Certification	ID Number	Expiration Date	State
1. _____			
2. _____			
3. _____			

Criminal History

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)

Yes No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give Elan permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Employee Candidate Signature

Date

Effective Date: 04/01/2010