



**NO CONFLICT ATTESTATION**

In order to qualify to act as the Personal Assistant for this Consumer, I attest to the ALL of following:

1. I am NOT the Consumer's Designated Representative.
2. The Consumer is NOT my child who is under 21 years of age.
3. I am NOT the Consumer's spouse.

**Do you live at the same address as the Consumer?**       Yes       No

If I answer YES to ANY of the 3 points listed above, I understand that I CANNOT act as the Personal Assistant for this Consumer and that any attempt to do so, would be considered a violation of this CDPAP agreement and an act of fraud.

In addition, I attest to understanding that my employer is the Consumer and not Edison Home Health Care.

**Personal Assistant Name:** \_\_\_\_\_

**Personal Assistant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Employment Application  
CDPAP**

**For Office Use Only:**  
DATE OF HIRE: \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle initial:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt #** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Languages:** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_

**May we send you text messages if necessary? No\_\_ Yes\_\_, please provide telephone #** \_\_\_\_\_

You understand and agree that text messages will be provided for informational purposes only. Some fees and text messaging rates may apply based on the plan you have with your cellphone carrier.

**How did you hear about Edison HHC?** Website \_\_\_\_\_; Newspaper/magazine: \_\_\_\_\_;

Training School: \_\_\_\_\_; Friend \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Education:** Do you have a High School Diploma: Yes  No

**Training:** Do you have a HHA Certificate? Yes  No

Do you have a PCA Certificate? Yes  No

*Edison Home Health Care does not discriminate because of age, sex, physical handicap, race, creed, sexual orientation and any other protected classification, or national origin.  
This agency is an equal employment opportunity employer.*

I affirm that the information in this application is complete and true. I understand that if employed, false statements will be a cause for dismissal.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**EMERGENCY CONTACT FORM**

**Your Name:** \_\_\_\_\_

**First Contact Information**

**Contact Name:** \_\_\_\_\_

**Relationship to Employee:** \_\_\_\_\_

**Emergency Contact Home Phone#:** \_\_\_\_\_

**Emergency Contact Cell Phone #:** \_\_\_\_\_

\*\*\*

**Second Contact Information**

**Contact Name:** \_\_\_\_\_

**Relationship to Employee:** \_\_\_\_\_

**Emergency Contact Phone Home #:** \_\_\_\_\_

**Emergency Contact Cell Phone #:** \_\_\_\_\_



## WORK AVAILABILITY

**NAME:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**DAYS AND HOURS:**

**COMMENTS:**

___ Saturday	___ AM	___ PM	_____
___ Sunday	___ AM	___ PM	_____
___ Monday	___ AM	___ PM	_____
___ Tuesday	___ AM	___ PM	_____
___ Wednesday	___ AM	___ PM	_____
___ Thursday	___ AM	___ PM	_____
___ Friday	___ AM	___ PM	_____

**Are Pets OK?**    \_\_\_ YES    \_\_\_ NO    \_\_\_\_\_

**Is Smoking OK?**    \_\_\_ YES    \_\_\_ NO    \_\_\_\_\_

**Kosher Experience?**    \_\_\_ YES    \_\_\_ NO    \_\_\_\_\_

**Is vehicle available for work?**    \_\_\_ YES    \_\_\_ NO    \_\_\_\_\_

**Shift Preference:**     4 hour     8 hour     12 hour     Live-In

**Location(s):**     Brooklyn     Queens     Bronx     Manhattan

Long Island     Staten Island



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



# Form W-4 (2017)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>			
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .	<b>B</b>	<u>      </u>			
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>			
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note:</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>			
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	<b>G</b>	<u>      </u>			
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>			
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%; vertical-align: top;">For accuracy, complete all worksheets that apply.</td> <td style="width: 5%; font-size: 3em; vertical-align: middle;">{</td> <td style="width: 80%;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> </tr> </table>				For accuracy, complete all worksheets that apply.	{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>
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----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2017</span>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u>      </u>	
6 Additional amount, if any, you want withheld from each paycheck . . . . .	6 \$ <u>      </u>	
7 I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ <u>      </u> <b>7</b>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)



**Notice and Acknowledgement of Pay Rate and Payday  
Under Section 195.1 of the New York State Labor Law  
Notice for Hourly Rate Employees**

**1. Employer Information**

Name:

Doing Business As (DBA) Name(s):

FEIN (optional):

Physical Address:

Mailing Address:

Phone:

**3. Employee's rate of pay:**

\$ \_\_\_\_\_ per hour

**4. Allowances taken:**

- None
- Tips \_\_\_\_\_ per hour
- Meals \_\_\_\_\_ per meal
- Lodging \_\_\_\_\_
- Other \_\_\_\_\_

**5. Regular payday:** \_\_\_\_\_

**6. Pay is:**

- Weekly
- Bi-weekly
- Other

**7. Overtime Pay Rate:**

\$ \_\_\_\_\_ per hour (This must be at least 1½ times the worker's regular rate with few exceptions.)

**8. Employee Acknowledgement:**

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.

**Check one:**

- I have been given this pay notice in English because it is my primary language.
- My primary language is \_\_\_\_\_. I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer's Name and Title

**2. Notice given:**

- At hiring
- Before a change in pay rate(s), allowances claimed or payday

**The employee must receive a signed copy of this form. The employer must keep the original for 6 years.**



**HEPATITIS B VACCINE ACCEPTANCE / DECLINATION FORM**

**ACCEPTANCE:**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of being infected by bloodborne pathogens, including Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV).

This is to certify that I have been informed about the symptoms and the hazards associated with these viruses, as well as the modes of transmission of bloodborne pathogens. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. In addition, I have received information regarding the Hepatitis B (HBV) vaccine. Based on the training I have received; I am making an informed decision to accept the Hepatitis B (HBV) vaccine.

**DECLINATION:**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B 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 materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

**CHECK ONLY ONE:**      \_\_\_\_\_ I DECLINE Hepatitis B vaccine inoculation:

OR

\_\_\_\_\_ I ACCEPT Hepatitis B vaccine inoculation.

\_\_\_\_\_  
**Employee's Name (Please print)**

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**





## Agreement between Edison Home Health Care and Personal Assistant Live-In

1. All personal assistants (PA's) assigned to live-in cases are to be present in the consumer home for 24 hours each working day.
2. During each live in day, based on a 13 hour day, PA's are to perform tasks in accordance with the verbal or written care plan. PA's may not work in excess of 13 hours in any day and no more than 5 Live in days per week
3. During each 24 hour day, PA's are to take eleven hours for personal time which will include hours of sleep, meal breaks and other personal time, remaining on premises at all such times.
  - 8 hours of sleep time
  - 2 hours meal breaks
  - 1 hours of personal time- reading, watching television, etc.
4. If any PA finds it impossible to take the specified breaks from work duties because such times are constantly interrupted by the needs of the patient, she/he must call the administrator and Edison Home Health Care.

I understand and will abide by the agency's rules stated in this agreement regarding time worked on live- in cases.

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**Signature**

---

**Print Name**

---

**Date**



**THE PERSONAL ASSISTANT'S GUIDE TO THE  
CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM**

**ACKNOWLEDGMENT OF RECEIPT**

I have received the Personal Assistant's guide and I have chosen to participate in the CDPAP as a Personal Assistant. I understand that *Edison Home Health Care* is the fiscal intermediary and I am hired, supervised, scheduled and trained by the consumer and/or designated representative.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**ACKNOWLEDGMENT OF RECEIPT OF NOTICE PRIVACY PRACTICES**

I acknowledge that I have been provided with a copy of an *Edison Home Health Care* Notice of Privacy Practices that provides a description of protected information uses and disclosures, and that I have had an opportunity to ask questions about anything that I did not understand.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **Personal Assistant Transportation**

**(Please sign only one)**

I **will** provide *Edison Home Health Care* with my driver's license and insurance card in order to transport my patient in my car and/or the patient's car.

\_\_\_\_\_  
**Personal Assistant Signature**

\_\_\_\_\_  
**Date**

**OR**

I **will not** be transporting my patient in my car and/or my patient's car.

\_\_\_\_\_  
**Personal Assistant Signature**

\_\_\_\_\_  
**Date**



**START DATE ACKNOWLEDGEMENT**

I, [REDACTED], acknowledge that I will not be able to start working as a Personal Assistant for the CDPAP program until I am specifically informed by Edison Home Health Care that I am able to begin working on the case. Any allowance to work, that does not come directly from Edison, will be considered invalid. If I work under an invalid authorization I realize that I will not be able to be paid by Edison for the time that I worked. I understand that, generally, instructions to begin working as a Personal Assistant will be provided to me along with a caregiver code and an explanation of the process for clocking in and out.

Signature: [REDACTED]



## Flu Vaccine Declination

**I will NOT be getting the flu vaccine for the 2016-2017 Flu season. I will wear a surgical mask during any time spent with any patients.**

I understand that failure to comply with these requirements will put me and the patient I care for at risk, and my employment with Edison HHC is conditional on meeting these requirements.

\_\_\_\_\_  
Name of Employee (print)

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

\_\_\_\_\_  
Date



**Acknowledgement Of**  
**HHA Mandatory Compliance Responsibilities**

I, [REDACTED], Personal Assistant, understand that I have been oriented regarding mandatory compliance responsibilities of the agency with the Department of Health. Although Edison Home Health Care reminds me of annual compliance needs 6 weeks before expiration, it is my sole responsibility to:

1. To have completed a pre-employment physical, PPD and toxicology drug screen.
2. To have obtained Rubella and Rubeola Titers prior to employment
3. To obtain an Annual physical, drug screen and PPD
4. If I have a history of a Positive PPD, I will submit an annual TB Questionnaire and a copy of a Chest X-ray report to EHHC.

I acknowledge that I am solely responsible to submit these required documentations in order to continue my employment with Edison Home Health Care. I acknowledge that for the safety of the patients whom I will service, I will not be able to work with patients if I do not have these requirements completed. I have read, understand and agree with Edison Home Health Care Personnel Policy and will abide by it.

\_\_\_\_\_  
**PA's Signature**

\_\_\_\_\_  
**Date**