



Employee Name - Printed

HCA Registration Number

Date

Resume (if applicable)	Criminal Record Statement (LIC 508)
Employment Application - Signed & Dated	Personnel Record (HCS 501)
Evidence of Interview	Abuse Reporting Statement Signed (SOC 341A)
CDSS Registration Verification-Printed	Job Description-Signed and Dated
References (x2)	Employee Handbook-signed receipt
Reference Checks Completed	HCS 500 Registered Home Care Aide Training Log
Pre-Employment Background Check Form	Skills Competency Assessment (if required)
TB Test Clearance	Hepatitis B Accept/Waiver-Form
Drug Test Results (if required)	Confidentiality Agreement
DMV Record (if required)	Attendance & Punctuality
Medical Suitability (if required)	Tour of Office/Introduction to Organization Personnel
1-9 Employment Eligibility Form and Documents	Employee Time Sheets, Payroll and Data Information Form
Driver's License - Copied (if required)	W4-Employee Withholding Allowance Certificate
Social Security Card	EDD-Employee Withholding Allowance Certificate
CPR/First Aid Certification (if required)	Name on Employee Roster
Automobile Insurance	Name Badge
Offer Letter-Signed & Dated	Return of Company Property Form
DLSE-NTE 2810.5 Notice To Employee	

ORGANIZATION & ADMINISTRATION	Agency Mission, Values, and Expectations	Organization Structure	Operating & Service Hours
Staffing & Staff Structure	Hours of Work/Shifts	Salary/Wage Information	Paydays
Time Off & Paid Holidays Policies	Sick Leave Policy	Benefits	Payroll Deductions
Registry Membership	TB Testing/Clearance	Annual Training	Mileage
Time Cards/Telephony	Staff Meetings	Workers' Compensation Employee Notification	Cell Phones
Keys to Client's Home	Importance of Communication	HCA Recertification	Mandated Reporting
SCOPE OF SERVICES	Services Provided	Home Care Aide - Role	Respite Services
HC Services -Types of Clients	HCA Duties	HCA Services You <u>CAN</u> NOT provide	80%/20% Rule
SERVICE DELIVERY & CLIENT CARE	Referral Process	Assessing Client's Needs	Acceptance of Clients
Service Plan	Service Agreement	Consent to Receive/ Refuse Service	Consent to Release Information
Monitoring and Follow Up	Changes in Services	Withdrawal and Termination. of Service	Rights and Responsibilities
Matching Clients & HCAS	Supervision of Services	Entering Client's Home	Failure of Client to Answer Door
Client Emergencies	Weather Related Emergencies	Unstable Health Conditions	Confirmation of Service Hours
Transporting Clients	Managing Client's Finances / Property	Safe Storage of Medications	CLIENT ABUSE



Acceptance of Gifts	Confidentiality & privacy of client information	Client Satisfaction Review	Client Complaints/Grievances
Documentation & Client Records	Records Kept in Client's Home	Safeguarding Client Records	Client Access to Information
HUMAN RESOURCES			
Job Description & Employment Types	Smoking	Absenteeism	Medical Appointments
Performance Appraisals	Selection & Hiring Process	Background Checks	Licensure, Certification, and Registration
Human Rights	Training & Development	Competency Evaluation	Probationary Period
Standards of Conduct & Work Ethics	Equal Opportunity	Discrimination, Sexual Harassment	Cultural Diversity
Overtime	Conflict of Interest	Employee Benefits & Compensation	Employee Breaks
Secondary Employment	Dress Code	Privately Owned & Organization Vehicles	Drugs & Alcohol
Theft	Disciplinary Action	Termination of Employment	Grievances/Complaints
HEALTH & SAFETY			
	Personnel Records	Confidentiality of Personnel Records	Political & Religious Activities
Oxygen Safety	Employee Personal Safety	Home Environment Safety	Hazardous Household Materials
Weapons	Violence & Threats of Violence	Threats	Assaults
Missing Clients	Bomb Threats	Hostage Situations	Suicide Situations
Hurricane & Tornado	Environmental Emergencies/ Disasters	Fire	Earthquake
Exposure Control Plan for Blood-borne diseases	Power Outages	Chemical Spills	Infection Control
Universal Precautions	Clients with Blood-borne Diseases	Employees with Blood-borne Diseases	Reporting and Recording BBD
Handling & Transporting Specimens	PPE-Personal Protective Equipment	Hand Washing	Sharp Objects
Aseptic Techniques	Laundry	Blood & Body Substance Spills	Household Waste
Food Safety	Care & Handling of Equipment	Care of Urinary Catheters	Hygienic Measures in the Home
Reporting Accidents	Infectious/Communicable Diseases-ICD	Employees with ICD	Clients with ICD
Body Mechanics	Choking Precautions	Falls Precautions	When to call 911
	Hospital Bed Safety		

I certify that I have completed the orientation and have been able to have any and all questions answered regarding my role as an Affiliated Home Care Aide and the terms of my employment.

Affiliated Home Care Aide Signature

Date

Orientation Completion Date

Verified by