

PROMPT CARE

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DSP Application

Name: _____ DOB: _____

Address: _____

City: _____ Zip: _____ County: _____ State: _____

Phone Number: _____

Email: _____

Reference Information:

X Personal 1: Name: _____ Phone Number: _____

Relation: _____

Personal 2: Name: _____ Phone Number: _____

Relation: _____

X Professional 1: Name: _____ Phone Number: _____

Relation: _____

Professional 2: Name: _____ Phone Number: _____

Relation: _____

Emergency Contact: _____ Phone Number: _____

Relation: _____

For office use only:



New Jersey Division of Developmental Disabilities

Preventing Abuse, Neglect, & Exploitation Agency Competency Assessment
Completion Verification Form
Effective February 1, 2016

Instructions: Use this document to verify that discussion took place and the staff person demonstrated understanding for each of the items. Use the accompanying supervisor question and answer guide to facilitate the discussion, determine understanding, and reinforce each of the concepts described in the answer key. This completed and signed document must be maintained by the agency for proof of completion.

Table with 2 columns: Competency Assessment Questions and Check upon demonstration of competency. Rows include questions about abuse, neglect, and exploitation, and case studies.

[] The hiree did not demonstrate understanding of the topics presented; further training is recommended.

[X] The hiree demonstrated understanding of the topics presented and relevant agency policy.

Supervisor/Authorized Agency Personnel:

(Print Full Name) (Signature) (Date)

Hiree:

(Print Full Name) (Signature) (Date)

By signing this I attest that I was trained on the above topics and agree to abide by agency policy. I am aware that if there are any questions or concerns regarding abuse, neglect, and exploitation policies or practices I should contact my supervisor or authorized agency personnel.



**The Central Registry of Offenders Against Individuals with Developmental Disabilities
Hiree Consent for Employers to Check Registry
N.J.A.C. 10:44D**

State of New Jersey Department of Human Services Office of Program Integrity and Accountability

Please Complete the Following Information.

PO Box 700 Trenton, NJ 08625

Hiree Last Name: _____ First Name: _____

Other Last/First Names Used: (please list any/all names used, including maiden name, nicknames or other)

Date of Birth: _____ Last Four (4) Digits of Social Security Number: _____

Agency/Facility Name: _____

In accordance with N.J.S.A. 30:6D-73 et seq., I understand that providing my employer/prospective employer with the above information is for the purpose of my employer/prospective employer conducting a check of my name/identity against the NJ Department of Human Services' (DHS) Central Registry of Offenders Against Individuals with Developmental Disabilities (Central Registry) for the purpose of working/volunteering at an agency/facility/program, licensed, regulated or contracted with the Department of Human Services.

I understand that while I am awaiting the results of the Central Registry check, I may not work unsupervised with individuals with developmental disabilities and that I must be accompanied by a senior staff member or supervisor in any activities involving individuals with developmental disabilities.

By signing this agreement, I attest that the information I have provided above is factual and correct, and I can be terminated from employment/volunteering for failure to provide accurate information.

I further attest that I am currently not on the NJ DHS Central Registry of Offenders Against Individuals with Developmental Disabilities. I understand that if my name appears on the Central Registry, I may not be employed or allowed to volunteer in a program licensed, contracted or funded, directly or indirectly, by the State of New Jersey to work with individuals with developmental disabilities.

I understand that also under N.J.S.A. 30:6D-73 et seq., in my capacity as an employee, caregiver or volunteer, in a program or facility licensed, regulated or contracted with DHS, or receiving state funding directly or indirectly, I am required to immediately report any/all allegations of abuse, neglect and/or exploitation against an individual with a developmental disability to the NJ Department of Human Services and that failure to do so, while having reasonable cause to believe such an act was committed, constitutes a disorderly persons offense. I understand that when making such a report, in good faith, I am immune from any civil or criminal liability that might otherwise attach from the act of making the report. I understand that in situations of discrimination or discharge from employment as a result of making a report in good faith, I may seek court relief for such actions.

I further understand that I am required to cooperate with investigations conducted by DHS or its designee(s). I have read and understand the above and hereby give my consent for my name to be checked against the Department of Human Services, Central Registry of Offenders Against Individuals with Developmental Disabilities.

Hiree/Volunteer Name (please print)

Signature

Date

Employer/Provider Agency Use Only

The above named individual has been checked against the Central Registry of Offenders Against Individuals with Developmental Disabilities in accordance with N.J.A.C. 10:44D

Registry Check Performed By: _____

Date: _____

Listed on Registry

Yes No

This document should be maintained in the employee's personnel file. Do not return to DHS.

ATTACHMENT F

COMMUNITY AGENCY HEAD AND WORKER CERTIFICATION
PERMISSION FOR BACKGROUND CHECK AND RELEASE OF INFORMATION

I hereby agree to undergo a criminal history background check and I agree to be fingerprinted in order to complete the State and Federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Children and Families. Check one of the options listed below. If Option 2 is checked or the criminal background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

- Option 1 - I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.
Option 2 - I hereby affirm that I have been convicted of the following offense listed below:

Offense on Date

FOR PROVISIONAL WORKER ONLY

As a provisional worker, I further understand that I may be engaged by the agency for a period not to exceed six (6) months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

Offenses covered under P.L. 1999, c. 358

In New Jersey, any crime or disorderly person offense:

-involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- i. Murder
ii. Manslaughter
iii. Death by auto
iv. Simple assault
v. Aggravated assault
vi. Recklessly endangering another person
vii. Terroristic threats
viii. Kidnapping
ix. Interference with custody of children
x. Sexual assault
xi. Criminal sexual contact
xii. Lewdness
xiii. Robbery

- against the children or incompetents as set forth in N.J.S.A. 2C:24-1 et seq. including the following. Endangering the welfare of an incompetent person

i. Endangering the welfare of a child
-a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.

-in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

FOR COMMUNITY AGENCY HEAD ONLY:

I understand the results of this background check will be reported to the President of the Board of my agency.

Name of Board President
Community Agency Head or Worker:

Address of Board President (Home or Business)

Witness:

Name:

Name:

Signature:

Signature:

Date:

Date:

Sign here ->

Release Form

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION - Obtain prior written authorization from the consumer. Sample language authorizing access to reports during the term of employment is shown below:

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit Prompt Care to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post - offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 3 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Prompt Care to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment. NOTE: Except for those states where an annual release is required, i.e. California (CALIFORNIA -Continuing consent concept is inapplicable and a separate authorization must be requested each time a report is ordered. - CA Civ. Code 1786.22)

Full Name _____ (Please print clearly) _____ Signature _____ Date _____

Address: _____ DOB: _____

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS. PLEASE CONTACT YOUR LEGAL OR HUMAN RESOURCE DEPARTMENT FOR YOUR SPECIFIC GUIDELINES TO YOUR ORGANIZATION.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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Employer identification number								
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.