

*Understanding Disabilities
Creating Opportunities
in San Luis Obispo County*

Family Services/Respite
San Luis Obispo 543-7102 or 543-2039

Employment Application

(please print)

Employer: UCP/SLO 3620 Sacramento Dr #201 - SLO, CA 93401	Position: Respite Worker	Application Date:
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1. Applicant Information

Name Last First MI	DOB	Telephone
Home Address (Not P.O.Box)	City/Zip	SS#

2. Employment History

Name & Address of Employer	Job Title / Duties	Start	End
1.			
2.			
3.			

3. Education

School	Location	Start	End

4. References

Name	Address	Telephone

5. Other information

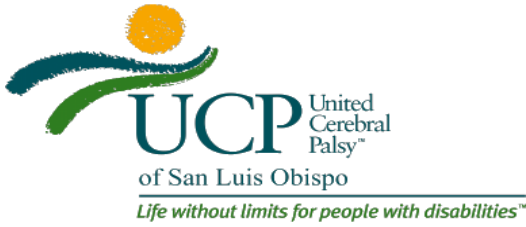
Have you ever been convicted of an offense more serious than a minor traffic violation?	Yes ___	No ___
Do you possess a valid Driver's License? State ___ Expires _____	Yes ___	No ___
Are you currently CPR and 1st Aid Certified? Expires: _____	Yes ___	No ___
Email: May we contact you for Respite information at this email?	Yes ___	No ___

Additional information, clarifications or explanations may be provided on a separate page

I certify the above statements are true and give my permission for any necessary verification

Applicant Signature

Date



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Family Services / Respite
(805) 543-2039 or (805) 543-7102

Parent/Guardian Waiver

I, _____ am the _____ parent _____ guardian of
print your name

_____, a Tri-Counties Regional Center Consumer.
print child's name

I hereby designate _____ to provide Respite Care
print worker's name
for the above named child.

I hereby hold harmless UCP of San Luis Obispo County (UCP/SLO) for the placement of the above named Respite Worker. Determination of placement is my sole responsibility and I waive any and all claims and/or actions against UCP/SLO for my decision.

This waiver may be revoked at any time upon delivery of a written revocation to UCP/SLO. At that time the above named Respite Worker will no longer provide Respite Care for my child through the UCP/SLO Respite Program.

I have read and understand the importance of this waiver. I agree to its content. I may retain a copy for my files

SIGNATURE DATE ____/____/____

SIGNATURE DATE ____/____/____



To our Respite Staff,

This notice is to inform you that you are not required to transport clients in your personal vehicle at any time. Also if you choose to do so, the mileage that you incur while the client is in your vehicle can not be claimed through respite pay.

Please also note that United Cerebral Palsy of San Luis Obispo is not liable for any accident, injury or occurrence arising out of, or in connection with transporting a respite client in your personal vehicle. Respite care staff must understand and acknowledge that if you choose to transport a respite client in your privately-owned vehicle for any reason you will accept full responsibility for any accidents, and or injuries that may occur to yourself as well as the client.

Please fill out the bottom portion of this form and return to United Cerebral Palsy of San Luis Obispo.

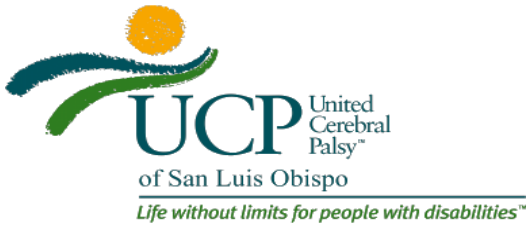
United Cerebral Palsy of San Luis Obispo
(805) 543-7102
(805) 543-2039

I _____ agree that I am fully responsible for any accident or insurance issues that may arise while doing respite work for United Cerebral Palsy of San Luis Obispo.

Name

Date

Signature



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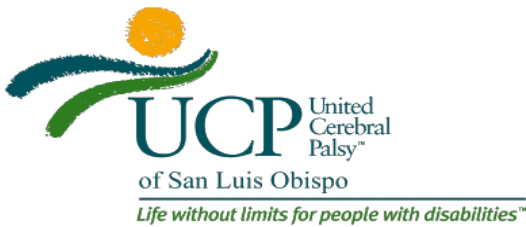
Date: _____

Dear Med Stop Personnel,

_____, Has the permission of UCP of San Luis Obispo County's administration to receive a new hire TB testing. Please fax the results of the test to (805)543-2045.

Thank You

UCP Administration



Respite Q & A

Answers to the most frequently asked questions about the UCP Respite Program

Q WHAT IS THE UCP RESPITE PROGRAM?

Respite is defined as *an interval of rest or relief*. Our respite program is designed to provide the parents of eligible children the opportunity to take a break from their day-to-day parenting responsibilities.

Q WHO IS ELIGIBLE FOR UCP RESPITE?

Authorization for UCP respite must be approved by Tri-Counties Regional Center on an individual basis. Contact your TCRC service coordinator to inquire about eligibility.

Q HOW DO I USE UCP RESPITE?

Upon receiving authorization from TCRC for UCP respite, there are two options:

- Call the UCP Family Services Office and request an on-call respite provider contact you.
- Designate someone of your own choosing to provide respite.

Q WHO ARE UCP RESPITE PROVIDERS?

Our on-call staff is comprised of dedicated, caring individuals who understand each family's needs are unique. They are at least 18 years of age, CPR and First Aid certified and have passed a DOJ background check.

Q HOW EXPERIENCED ARE THE UCP RESPITE PROVIDERS?

Several members of the UCP staff have been providing respite services for years. Others may have a sibling or other relative with a disability. Some are studying for a career in child development. There are parents, classroom aides, students and retirees. All enjoy spending time with children and find the experience as a respite provider to be truly rewarding.

Q CAN THE PARENT(S) INTERVIEW PROSPECTIVE RESPITE PROVIDERS?

Yes. We suggest an orientation meeting with any potential respite provider. This allows everyone to get acquainted and feel comfortable together. If one person doesn't meet the needs of your family we will contact others until a match is made.

Q HOW DO I DESIGNATE A PERSON?

If there is someone you prefer to provide respite (sibling, other relative, friend or neighbor) that is at least 15 years old, we can add them to our payroll with a minimum amount of paperwork. Basically, parents “hire” the person and UCP issues the paychecks.

Q SHOULD UCP BE INFORMED WHEN MY DESIGNATED PERSON IS PROVIDING RESPITE SERVICE?

Not necessarily. You can schedule respite directly with your designated person as needed. You should contact UCP prior to scheduling if you need to verify the number of available hours. UCP cannot pay a respite provider if their time exceeds the total hours authorized.

Q HOW MANY HOURS DO I HAVE?

The number of hours per month is determined with your service coordinator from TCRC. The total hours authorized would be the number of hours per month times the total number of months.

Q WHO KEEPS TRACK OF MY HOURS?

Hours used are deducted from the total hours available as UCP receives timesheets from respite providers. This allows UCP to track usage and keep an accurate balance. UCP can not pay for respite service if usage exceeds the total authorization. You can call UCP anytime to ask how many hours remain.

Q CAN I HOLD MY HOURS IN RESERVE?

Available hours can be used in any combination during the authorization period As long as the total number of hours is not exhausted prior to the authorization’s end date usage is the decision of the parent. However, unused hours cannot be carried over to the next TCRC fiscal year which runs July 1 - June 30.

Q WHAT IS THE DIFFERENCE BETWEEN UCP AND PARENT VENDORED RESPITE?

Parent vendored respite means the family pays an individual to provide respite, then submits forms with the number of hours used to TCRC for reimbursement. With UCP vendored respite the respite provider is paid by UCP, on the 8th and 24nd of each month, as timesheets are received. UCP takes care of all paperwork related to taxes, workman’s comp, etc. This program covers both on-call and designated respite providers.

Q WHO DO I CONTACT IF I HAVE OTHER QUESTIONS NOT ANSWERED HERE?

For other questions about the UCP Respite Program, contact Family Services at 543-7102 or 543-2039

Child Abuse and Neglect Reporting Law (P.C. 11166.5)

Definitions: The following situations are reportable conditions:

1) Physical abuse, 2) Sexual abuse, 3) Child exploitation, child pornography and child prostitution, 4) Severe or general neglect, 5) Extreme corporal punishment resulting in injury, 6) Willful cruelty or unjustifiable punishment, 7) Abuse or neglect in/out-of-home care.

Who Must Report: The following individuals are legally mandated reporters:

- Child visitation monitors
- Health practitioners (nurses, physicians, etc.)
- Commercial or photographic print processors in specified instances
- Specified public positions (teachers, social workers, probation officers, respite staff, etc.)
- Public protection positions (police, sheriff, CPS, etc.)
- Clergy members
- Fire fighters (except volunteer firefighters), Animal control officers, Humane society officers

When to Report: A telephone report must be made immediately when the reporter observes a child in his/her professional capacity or within the scope of his/her employment and has knowledge of, or has reasonable suspicion that the child has been abused. A written report, on a standard form (*P.C. 11166*), must be sent within 36 hours after the telephone report has been made.

To Whom Do You Report: You have a choice of reporting to the Police, Sheriff's Department, the Probation Department or Child Welfare Agency. Each County has preferred reporting procedures. **Commercial film or photographic processors report only to law enforcement.**

Individual Responsibility: Any individual whose occupation is named in the reporting law must report abuse. If the individual confers with a superior and a decision is made that the superior file the report, one report is sufficient. However if the superior disagrees, the individual with the original suspicion **must** report.

Anonymous Reporting: Mandated reporters are required to give their names. (Non-mandated reporters may report anonymously) Child protective agencies are required to keep the mandated reporter's name confidential, unless a court orders the information disclosed.

Immunity: Any legally mandated reporter has immunity when making a report. In the event a civil suit is filed against the reporter, reimbursement for fees incurred in the suit will occur up to \$50,000 (*P.C. Section 11172*). No individual can be dismissed, disciplined or harassed for making a report of suspected child abuse.

Liability: Legally mandated reporters can be criminally liable for failing to report suspected abuse. The penalty for this misdemeanor is up to six months in county jail, a fine of not more than \$1,000 or both. Mandated reporters can also be civilly liable for failure to report.

Notification Regarding Abuse: You are not legally required to notify the parents that you are making a report; however, it is often beneficial to let the parents know you are reporting for benefit of a future relationship.

I understand that I am a legally mandated reporter. I have clarified any information listed above which I did not understand, and am now aware of my reporting responsibilities, and am willing to comply. I have also requested an explanation of reporting policies within United Cerebral Palsy of San Luis Obispo and understand them.

Employee's Name (Printed)

(Signature)

Date

Supervisor's Name (Printed)

(Signature)

Date

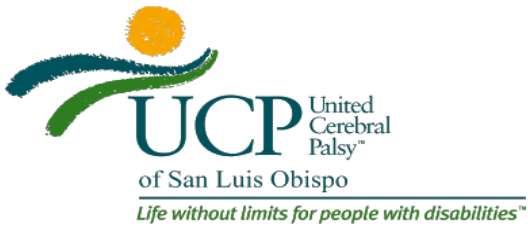
Respite Guidelines

- SCHEDULE an orientation with a new family before scheduling a respite job.
- CONFIRM respite time date and address with the family.
- GIVE your phone number to the parent(s) for scheduling.
- TRY not to cancel a respite job once it has been scheduled.
- VERIFY recipient's authorization with UCP as needed.
- TAKE a UCP timesheet with you to be signed by a parent.
- LOCATE the family's emergency contact information before the parent(s) leave.
- ALWAYS have written instructions from the parent(s) before dispensing medication.
- DO NOT bring anyone with you without prior consent of the family.
- DO NOT watch TV or read unless the respite recipient joins you.
- CLEAN UP after activities with the respite recipient.
- TRANSPORTATION of the respite recipient cannot be provided.
- SHARE any questions or concerns with the UCP Family Services Coordinator.
- RESPECT the family's privacy and maintain professional confidentiality.

**Timesheets are due by the 2nd and/or 18th of each month.
Paychecks are issued on the 8th and/or 24nd of each month.**

Mail timesheets to:

UCP/SLO Respite • 3620 Sacramento Dr - Suite 201 • San Luis Obispo, CA 93401



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Respite Worker Preferences

Name: _____

Address: _____

City & Zip: _____

Phone(s) home: _____ Other: _____

Days and Times available for respite work:

Area Preference(s)

“Client” Preference(s)

Limitations: _____

Comments: _____

Other Information: _____

**EMPLOYEE AUTHORIZATION AGREEMENT
FOR ACH TRANSACTIONS (REQUIRED BY BANK)**

I hereby authorize Total-Pay Management, Inc., acting on behalf of my employer **United Cerebral Palsy of San Luis Obispo** to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries in error to either my CHECKING _____ or SAVINGS _____ account indicated below in the DEPOSITORY named below, hereinafter called BANK, or debit the same to such account. Payments will be accepted by Electronic Funds Transfer (National Automated Clearing House only). If EFT is not available, non-signed paper items will be accepted.

BANK NAME _____

BRANCH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____ - _____

TRANSIT/ABA # _____

ACCOUNT # _____

This authority is to remain in full force and effect until Total-Pay Management, Inc. has received written notification of its termination in such time and in such manner as to afford Total-Pay Management, Inc., and Bank a reasonable opportunity to cancel it.

Print Name _____

Empl ID # _____

Signature _____

Date _____

(Affix a voided check here. A deposit slip is not acceptable)

NOTICE

EMPLOYEE RIGHTS

Instructions:

This form is intended to meet the requirements of Health and Safety Code Sections 1596.881 and 1596.882 which require that employees be informed of their rights, at the time of employment, to filing complaints against their employer for violating any licensing law or regulation. The child care facility licensee is required to give the employee this form, to have the employee complete and detach the bottom of the form, and to maintain the signed acknowledgement of receipt of the form in the employee's file.

No employer shall discharge, demote, suspend or threaten to discharge, demote or suspend, or in any manner discriminate against any employee for taking any of the following actions:

1. Making an oral or written complaint against the employer to the California Department of Social Services or other agency having statutory responsibility for enforcement of the law or to the employer or representative of the employer for the violation of any licensing law or other laws (including but not limited to laws relating to child abuse, staff-child ratios, etc.).
2. Instituting or causing to be instituted any proceeding against the employer regarding the violation of any licensing law or other laws.
3. Is, or will be, a witness or testifier in a proceeding regarding the violation of any licensing law or other law.
4. Refusing to perform work that is in violation of a licensing law or regulation after notifying the employer of the violation.

Pursuant to Health and Safety Code Section 1596.882, an employee alleging the violation by the employer of any action described above shall do the following:

1. Present the employer with a claim alleging violation of the employee's rights within 45 days after the discharge, demotion, suspension or threat thereof or for discriminating against the employee for taking such action.
2. File a claim with the Division of Labor Standards Enforcement no later than 90 days after the employer takes any of the above described actions against the employee.

Upon receipt of the employee's complaint, the Division of Labor Standards Enforcement shall do whatever investigation it deems appropriate to resolve the complaint. If it is determined that the employer has violated the employee's rights, the Division of Labor Standards Enforcement shall take action against the employer in any appropriate court. The court shall have jurisdiction of any action taken as well as to issue restraining orders and any other appropriate relief, including rehiring and reinstatements of the employee to his or her former position with backpay and benefits.

Within 30 days of receipt of a complaint from an employee as outlined above, the Division of Labor Standards Enforcement shall review the facts of the complaint and set either a hearing date or notify the employee and the employer of its decision. Where necessary, the Division of Labor Standards Enforcement shall begin the appropriate court action to enforce the decision.

Except for any grievance procedure or arbitration or hearing that is available to the employee pursuant to a collective bargaining agreement, Section 1596.882 is the exclusive means for presenting claims.

To file a claim with the Division of Labor Standards Enforcement, check the white pages of the local telephone directory under State Government Offices, California State of, Industrial relations Department, Labor Standards Enforcement-Working Conditions, for the local telephone number and address of the nearest office, or contact the headquarters office at P.O. Box 603, San Francisco, CA 94101, telephone (415) 703-4810.

(Detach Here)

(This form is to be retained in the employee's file)

EMPLOYEE RIGHTS

This is to acknowledge that I _____ have received a copy of
(PLEASE PRINT NAME OF EMPLOYEE)
 "EMPLOYEE RIGHTS" from my employer United Cerebral Palsy of San Luis Obispo, who is the
(PLEASE PRINT NAME OF EMPLOYER)
 licensee or authorized representative of United Cerebral Palsy of San Luis Obispo Respite Program
(PLEASE PRINT NAME OF FACILITY)

(SIGNATURE OF EMPLOYEE)

(DATE)

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California? YES NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? YES NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.			
FACILITY NAME		FACILITY NUMBER	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER <small>(SEE PRIVACY STATEMENT ON PAGE 2)</small>	DATE OF BIRTH	DMV LICENCE NUMBER	
SIGNATURE		DATE	

I. Instructions to Respondents:

If you have been convicted of a crime in California, another state or in federal court, provide the following information:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)

What was the offense? _____

In which state and city did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person’s statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person’s SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871) The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if someone in a licensed facility has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.