

Independent Contractor Caregiver Document Requirements – Internal Use Only

Name: _____ **D.O.B:** _____

Referred By: _____ Date: _____ CHECK ONE CNA HHA LPN Companion

Level 2 background screening result (If needed, schedule appointment at (800) 528-1358 or online at

*www.L1enrollment.com) And PROVIDE ORI Number for AHCA licensure/employment: **EAHCA020Z***

DCF background screening result ___ Yes ___ No (To be added to rosters by Administrator or Recruiter)

Driving Record Check - Valid: ___ Yes ___ No _____ Date

CAREGIVER PROVIDES -----

License or HHA Certificate _____

Driver's License # _____ **Exp. Date** _____

Social Security Card or Federal Tax ID # _____

Professional Liability Insurance (If needed, it can be obtained for \$108.00 www.cmfgroup.com 800-221-4904, or www.nso.com (Date _____))

Auto Insurance (Date _____)

Auto registration (Date _____)

CPR certification (Date _____)

First Aid certificate (Date _____) APD (check list of accredited providers; must be LIVE)

Physical to show free and clear of Communicable Diseases & signed by Physician within 6 months (Date _____)

COVID-19 vaccination (Date _____)

Voided check or equivalent (with Grandma Fee-Fees Direct Deposit Request Form)

Local background check (obtain from the Police Dept or Sheriff's Dept in the city or county where you live)

High School Diploma or GED (Date _____) **ID Pass** _____

CEU's Continuing Education Units of 12 hours minimum of in-service training each calendar year Date _____.

Examples: **HIV/Aids/Infection** **Assisting with Self-Medication** **HIPAA** **Communicating with the**

Cognitively Impaired Alzheimer's & Related Disorders Infection Control / OSHA Resident Rights Dementia

APD required registration and courses via www.train.org Zero Tolerance Direct Care Core Competency HIPAA HIV/Aids Requirements for all Waiver Providers Course Certificate

Grandma Fee-Fee's DOCUMENTS

Grandma Fee-Fee's Registration Form – Date Completed _____

W-9 IRS Form with SS # or Federal Tax ID #

Grandma Fee-Fee's Contractor Agreement Executed (Date _____)

Grandma Fee-Fee's Arbitration Agreement Executed (Date _____)

Attestation of Compliance - AHCA background screening requirements (Date _____)

Affidavit of Good Moral Character (APD form1649) (Date _____)

Grandma Fee-Fee's Representations Form

Current Head Shot Photo (can be taken at the office) Upload into Matrix _____)

Administrator Signature _____ Check List Completed by _____ Approved by Administrator _____