

PRE-HIRE CHECKS

EMPLOYEE: _____ SOCIAL SECURITY #: _____

NURSE AIDE REGISTRY CHECK

All para professionals (HHA) must have the Nurse Aide Registry Check done prior to orientation being scheduled. This is NOT optional if it is a law in your state and MUST be done before hire.

Call the Indiana Nurse Aide Registry phone number for Indiana candidates.

Nurse Aide Registry Check called on: _____ by _____

Nurse Aide Registry Check returned: Yes

LICENSE CHECK

All licensed professionals must produce their current professional license. Verify credentials online to ensure current & "in good standing". The online statement must be printed and placed in their personnel file along with a copy of the current license.

Professional licensure checked online: YES

Is professional's license listed as current/"in good standing"? YES NO

Print the online screen

OIG FRAUD CHECK: on hire & annually

Every employee will be checked through the OIG Exclusions Site at: <http://exclusions.oig.hhs.gov/>

Has this been checked: YES NO

Print the online screen

HHA ONLY CHECK: HHA TRAINING PROVIDER IN GOOD STANDING WITH CMS:

Verification to ensure source of training program is in good standing with CMS

Date Performed: _____ Performed through:

Office of Inspector General (OIG) <https://oig.hhs.gov/exclusions>

System for Award Management (SAM) <https://www.sam.gov>, etc

OTHER:

Signature/Title of Staff conducting screening _____

***** Attach printouts to this form & file in personnel folder. *****

****** COMPETENCY GUIDELINES--
Do not Provide this page to Applicant**

**Pre-Hire Home Health AIDE Read/Write/Report Competency
Signal Health Group Inc.**

SECTION A
writing ability

**** Ask the Applicant to fill in the following 4 lines.**

Name: ***** goal is that the applicant can write this information**

Position Applying for: ****** Must be able to write for hire.**

Today's Date:

Agency Name:

SECTION B
reading ability

***** The applicant to read aloud the following:**

Mary is my patient who I see every week on Monday and Thursday. Mary's plan of care includes assist with bathing, blood pressure, and reporting all skin changes to the nurse. One day you go to her home and find Mary eating an apple for lunch and when assisting her with bathing, you see a large open cut on her leg you had not seen before.

****** Here we are ensuring the applicant is able to read to performs their duties, ie. follow the plan of care, documentation in the clinical record, etc
Must be able to read for hire.**

SECTION C
ability to verbally report clinical changes

**** Ask the applicant the following 2 questions & record the answers:**

******* Here we are testing the applicants ability to complete the process of verbally reporting clinical changes**

***** must be able to verbally report clinical changes for hire.**

Is there anything you need to report about Mary:

you are looking for the applicant to answer- open cut on leg

Who will you report this to:

you are looking for the applicant to answer- the nurse

TO BE COMPLETE BY AGENCY PRE-HIRE STAFF:

SCORE (indicate 1 or 2 score for A, B & C)

Section A Score: 1. Completed 2. Unable to complete: _____

Section B Score: 1. Able to read 2. Unable to read: _____

Section C Score:

1. ID item to report & to whom 2. Unable to determine what/to whom to report clinical changes: _____

****** Must have all "1"s to meet CMS compliance & Hire.**

Agency Hiring Staff Signature _____ **Date** _____

SIGNAL HEALTH GROUP, INC.

EMPLOYMENT OFFER LETTER (Conditional Employment)

DATE: _____

RE: CONDITIONAL JOB OFFER FOR: _____

I am pleased to offer you a conditional position as _____ with Signal Health Group Inc..

This offer is conditional, pending the results/return of:

Criminal History Check

Reference Checks (2 required)

You may begin our Agency Orientation but may not have direct patient contact until the identified items above have returned and they find you meet the qualifications for permanent employment.

You will begin your conditional _____ full-time _____ part-time _____ per diem _____ or salary position on _____.

Your employment location is: _____.

Your salary offer for this position is \$ _____ per year _____ per hour _____ per visit

Pay Date: 15th of the month for services 16th to 30th or 31st

30th of the month for services 1st to 15th

Benefits are not currently offered as we are a startup agency. We will notify you immediately when we are prepared to begin offering a benefit package. Consult your employee handbook or the Administrator for other benefit information.

Sincerely,

Signal Health Group Representative

Date

Offer accepted by:

Employee

Date

SIGNAL HEALTH GROUP, INC.

EMPLOYMENT OFFER LETTER (Permanent Employment)

DATE: _____

RE: JOB OFFER FOR: _____

I am pleased to offer you a position as _____ with Signal Health Group Inc.

You will begin your full-time part-time per diem or salary
position on _____.

Your employment location is: _____.

Your salary offer for this position is \$ _____ per year per hour per visit

Pay Date: 15th of the month for services 16th to 30th or 31st

30th of the month for services 1st to 15th

Benefits are not currently offered as we are a startup agency. We will notify you immediately when we are prepared to begin offering a benefit package. Consult your employee handbook or the Administrator for other benefit information.

Sincerely,

Signal Health Group Representative

Date

Offer accepted by:

Employee

Date