

Rodcor, LLC

Dear Prospective Provider:

I would like to thank you for taking an interest in being a Contract Provider for our agency. I have enclosed an Application, Contractor Guidelines and Requirements for all Contract Providers.

Please complete the Application and return it to me along with copies of the following items:

- A. Current Driver's License
- B. Current Auto Insurance
- C. Social Security Card
- D. HS Diploma or College or GED or 3 Letters of Recommendation from non-family members

Once I receive all the items and complete the background checks I will send you the **training information**. Please be aware that each contractor must complete all necessary training in order to provide services and to be reimbursed. The training is a requirement of the state and we must make sure that each contract provider completes the training. If you have any questions or concerns please feel free to contact me at (972) 650-3527.

Thank you,

Sheryl Jones
CEO

GR PROVIDER REQUIREMENTS

1. Complete an Application
2. Agree to Criminal Background Check
3. Sign a Contract
4. Complete Form W-9 (IRS)
5. Provide copies of the following:
 - A. Current Driver's License
 - B. Current Auto Insurance
 - C. Social Security Card
 - D. HS Diploma or College or GED or 3 Letters of Recommendation from non family members
6. Complete the following training or provide proof it has been completed:
 - A. Client Rights
 - B. Abuse and Neglect
 - C. PMAB
 - D. CPR/First Aid
 - E. HIPPA
7. Complete Community Support Notes
8. Complete Respite Notes
9. Complete Timesheet
10. Fax or Mail-every other Friday of the provided service to RODCOR, LLC for payment.
 - A. Community Support Notes
 - B. Respite Notes
 - C. Timesheet

CONTRACT PROVIDER GUIDELINES

Contract Providers must be at least age 18, have a valid social security number, and are required to complete a Form W-9 and a Contract Form. The Contract Provider **must** complete an Authorization to Release Criminal History Background and all required-Training. Providers who are referred by the consumer to RODCOR, LLC are also required to complete an Authorization to Release Criminal History Background. Serious offenses confirmed by the background check will result in the disqualification of the Contract Provider.

The Internal Revenue Service requires Contract Providers to complete a Form W-9, which includes such information as name, address, and social security number at year-end. RODCOR, LLC will issue a Form 1099-Misc. to Contract Providers who provide services totaling \$600.00 or over per calendar year.

A separate contract form must be completed for each consumer served and for each service provided. The contract must include the Contract Provider's name, consumer's name, type of service provided and rate of pay. The contract must also include a signature of the consumer's family (i.e. parent, guardian, etc.). It is the Contract Provider's responsibility to obtain the family member's signature on the contract. Contracts received by RODCOR, LLC without a family member's signature will not be accepted and will be returned, by mail, to the Contract Provider. A new contract must be completed and signed by all parties if pay rates change or services provided are added or deleted.

All forms (Contract Form W-9 and if necessary, the Authorization to Release Criminal History Background) must be submitted to the Rodcor Program Director and approved by the CEO at RODCOR, LLC prior to services being provided to the consumer. Form W-9's, Contracts, and Authorization to Release Criminal History Background forms may be hand delivered, mailed, or faxed to RODCOR, LLC. Reimbursement checks for services provided will not be processed until all of the necessary paperwork (**this includes Timesheet, Respite Notes and Community Support Notes, when applicable**) is received in a timely manner and approved by RODCOR, LLC.

***Please note all Providers' 1st check may take longer to process, but all subsequent checks should be processed as stated above provided all documents have been approved.**
All reports must meet RODCOR, LLC's standards before payment will be rendered. Invoices should be sent to:

Rodcor, LLC
4545 Fuller Drive # 415
Irving, Texas 75038

Contract Provider address changes must be submitted in writing to RODCOR, LLC and may be hand delivered, mailed or faxed.

PLEASE LIST ANY SPECIAL SKILLS OR EXPERIENCE:

LANGUAGES:

_____ Speak Write Read
 _____ Speak Write Read

EMPLOYMENT HISTORY:

Please give accurate complete full-time and part-time employment record. Start with your present or most recent employer. **You may attach a resume, certificate, discharge papers, letters of recommendation or any other documents as part of your application.**

1.

Company Name _____ Address _____ Name of Supervisor _____ State Job Title and Duties _____ _____	Telephone _____ Employed - (month and year) From _____ To _____ Monthly Salary Start _____ Last _____ Reason for Leaving
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2.

Company Name _____ Address _____ Name of Supervisor _____ State Job Title and Duties _____ _____	Telephone _____ Employed - (month and year) From _____ To _____ Monthly Salary Start _____ Last _____ Reason for Leaving
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3.

Company Name _____ Address _____ Name of Supervisor _____ State Job Title and Duties _____ _____	Telephone _____ Employed - (month and year) From _____ To _____ Monthly Salary Start _____ Last _____ Reason for Leaving
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DRIVING RECORD/TRAFFIC VIOLATIONS:

1. Do you have a valid Drivers License? _____ If Yes, List State Issued in _____

License No: _____ Class C Class A-CDL Class B-CDL

2. Have you received three (3) or more convictions for moving traffic violations during the last 36 months (3 years)? Yes No

3. Have you received a Driving While intoxicated (DWI) or Driving Under Influence (DUI) citation during the last 36 months (3 years)? Yes No

4. Is your driver's license currently suspended? Yes No

CONVICTIONS:

Have you been convicted of a crime in the past ten (10) years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?

Yes No If "Yes," describe in full. _____

SIGNATURE: _____

I represent and warrant that the answers I have given are full and true to the best of my knowledge and belief. I understand that failure to answer all questions fully and truthfully may result in disqualification or dismissal.

I understand that acceptance of an offer of employment/a contract does not create a contractual obligation upon the employer to continue to employ/contract (with) me in the future.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

I understand that employment/contract is contingent upon satisfactory completion of reference checks and **all** background checks, and that, upon my written request, information on the nature and scope of an inquiry, if one is made, will be provided to me.

Applicant's Signature

Date

CONSENTS FOR BACKGROUND CHECKS

CRIMINAL HISTORY CHECK:

In connection with my application for employment/contract I understand that a Criminal Background Check must be completed. I acknowledge by signing this consent that I am giving permission for Rodcor, LLC or its agents to conduct the background check. I hereby authorize, without reservation any law enforcement agency or other entities to furnish the requested information.

I acknowledge that a telephonic facsimile (FAX) or photocopy shall be as valid as the original.

The following information is required by law enforcement agencies for positive identification purposes when checking records. It is confidential and will not be used for any other purposes.

Please Print Name: First Middle Last Date of Birth Gender

Social Security # Driver's License # State Issuing Name as it appears on License

Signature

Date

EMPLOYEE MISCONDUCT REGISTRY and NURSES AIDE REGISTRY CHECKS:

In an effort to better serve and protect facility residents and consumers the 76th Legislature passed Senate Bill 967 creating the Employee Misconduct Registry (E.M.R.), creating Chapter 253, Health and Safety Code.

The Employee Misconduct Registry (E.M.R.) is being implemented to track acts of misconduct by unlicensed or uncredentialed employees/contractors who provide direct care by capturing substantiated findings of:

- * Abuse
- * Neglect
- * Exploitation
- * Misappropriation of resident or consumer property

SF5 is required to access the E.M.R. to determine if an individual is eligible for employment/a contract in:

- * Nursing facilities
- * Intermediate care facilities for the mentally retarded that are licensed by the department
- * Assisted living (personal care) facilities
- * Adult foster care (Type C) facilities
- * Adult day care facilities

In compliance with the statutory language and rules implementing the E.M.R., all facilities are now required to reference both the E.M.R. and the Nurse Aide Registry prior to hiring all employees/contractors and deny employment/a contract to any person who is listed on the registries as unemployable.

I, _____, acknowledge that I have read the Employee Misconduct Registry statement. I further understand that if I am listed in the registry I may be denied employment/contract or could be terminated from SF5.

Applicant

Date