

New Hire/Orientation Packet Checklist

Employee Name: _____

Home: _____

All Orientation Packet Pages Signed/Dated _____

Copy of ID (Front and Back) _____

Physical Clearance: _____

TB Clearance: _____

Diploma, GED, or Graded Comp Test: _____

3 References: _____

Resume: _____

Application PT. II _____

Direct Deposit/Bank Card _____

Signed up for RR Training _____

Signed up for CPR/FA: _____

Sign on Bonus (If Applicable) _____

Entered in CHIP (If Applicable) _____

Home Supervisor Signature _____

Program Coordinator Signature _____

CSCSMI PERSONNEL AND PAYROLL MASTER (F10)
(Please Print)

Reason for F10 (Please Check One):

- New Hire Rehire Status Change Separation

Employee # _____ Effective Date: _____

Last Name:	First Name:	MI:
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New Hire/Rehire:

Address:		
City:	State:	Zip Code:
e-mail address:	DL/Other ID:	Exp:
Primary Phone:	Secondary Phone:	Other Phone:
DOB:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	If rehire, last term date:	Approved for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Title:	Work Site:	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Pay Rate: <input type="checkbox"/> Hourly <input type="checkbox"/> Annual
Training Needed: <input type="checkbox"/> ALL Training		

Status Change: (Please complete section(s) that applies.)

<input type="checkbox"/> Address Change	New Address:
<input type="checkbox"/> Salary Change	New Position Title:
<input type="checkbox"/> Promotion <input type="checkbox"/> Demotion <input type="checkbox"/> 6 mo/Eval.	New Pay Rate: <input type="checkbox"/> Hourly <input type="checkbox"/> Annual
<input type="checkbox"/> Full Time/Part Time Change	<input type="checkbox"/> Change from FT to PT <input type="checkbox"/> Change from PT to FT
<input type="checkbox"/> Name Change	Reason for Change:
<input type="checkbox"/> Work Site/House Change	New Work Site:
<input type="checkbox"/> Other	Details:

Separation:

Last Date Worked: _____

Reason for Separation:

<input type="checkbox"/> Code 1 Gave and worked two weeks' notice.	<input type="checkbox"/> Code 2 Abandoned job, list shifts missed in comments.
<input type="checkbox"/> Code 1/1 Unable to return to work after a work related injury.	<input type="checkbox"/> Code 2/1 Quit before beginning training
<input type="checkbox"/> Code 1/2 Unable to work due to a non-work related personal/family medical condition.	<input type="checkbox"/> Code 2/2 Quit during training or before beginning work in home.
<input type="checkbox"/> Code 3 Quit without notice	<input type="checkbox"/> Code 3/1 Gave and worked notice of less than 2 weeks
<input type="checkbox"/> Code 33 Conditional job offer withdrawn due to unsatisfactory OSBI or CSWR report	<input type="checkbox"/> Code 4 Termed due to violation of company policy. List complete details in comments.
<input type="checkbox"/> Code 5 Retired	<input type="checkbox"/> Code 6 Death
<input type="checkbox"/> Code 50 – Other (Abuse and Neglect) (Provide complete explanation of reason for separation.)	

Comments: _____

Authorizing Signature _____

Date _____

PC/Manager Signature _____

Date _____

PREPAID DISCLOSURES

CA IHSS Short Form

You do not have to accept this pay card. Ask your state agency about other ways to receive your wages.			
Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network \$2.75 out-of-network	\$5.95*
ATM balance inquiry (in-network or out-of-network)			\$0 or \$2.75
Customer service			\$0 per call
Inactivity			\$0
We charge 7 other types of fees. Here are some of them:			
ATM decline out of network			\$2.75
Transfer to customer bank			\$3.00
* This fee can be lower depending on how and where the card is used.			
No overdraft/credit feature			
Your funds are eligible for FDIC insurance.			
For general information about prepaid accounts, visit cfpb.gov/prepaid . Find details and conditions for all fees and services on the next page, or call 1-866-387-5146 or visit account.moneynetwork.com .			

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Employee Pay Selection

You have multiple options to receive your pay listed below. Please review them and make your selection.

Initials

- 1. Direct deposit.** I select direct deposit for disbursement of my pay. I hereby authorize my employer (Central State Community Services) to initiate deposits for my net pay to the financial institution I have designated (“Financial Institution”) and further authorize Financial Institution to credit the account indicated with the deposits. If funds to which I am not entitled are deposited to my account, I authorize debits to my account and the return of such funds. This authority is to remain in effect until Company or Financial Institution has received notification from me of termination of such authorization in such time and such manner as to afford Company and Financial Institution a reasonable opportunity to act on those instructions or until Company or Financial Institution cancels the direct deposit arrangement.

I have attached a voided personal check.
This account is for (1) checking ____ or (2) savings ____.

- 2. Money Network Pay Distribution Service Program.** I select to use either of the following options:

a. **Money Network Check.** The Money Network Check is a self-issued paycheck that can be completed each payday morning. There is no waiting to pick up your Check. It is completed by phone wherever you may be. The Money Network Check can be deposited to your personal bank account or cashed for free at Money Network check cashing partners. There is no fee for using Money Network Checks.

Initials

b. **Money Network Payroll Debit Card.** The Money Network debit card provides a dependable, safe and convenient way to receive your pay. You can get your pay through ATM withdrawals, make purchases at stores, and get cash back with those purchases. You may also transfer money to a personal or joint checking account. You can hear your balance for free at any time by calling the toll free number on your debit card. Your pay will be available on payday morning, no matter where you are, and you can start spending immediately. No waiting to get your check, no waiting to cash your check, just use your debit card to start spending your money. Every employee is eligible for the Money Network debit card. There is no application and no approval process. There is no monthly service charge for the debit card as long as you are employed by your current employer. Many debit card transactions are free but there are transaction fees for other transactions. Money Network Checks can also be used with your debit card account. All of the transaction fees are listed in your Welcome Kit.

I authorize Central State Community Services to disburse my pay by direct deposit or my Money Network debit card account according to the selection I initialed above, otherwise I will be paid using the Money Network Check. I understand that I can change my pay selection at any time in the future.

Print Employee Name

Employee Signature

Employee ID #

Date

Authorization for Direct Deposit - Employee Form

This authorizes **Central State Community Services, Inc.** (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Note: Enter your company name in the blank space above.

Account #1

Account #1 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Percentage or Dollar Amount to be Deposited to This Account

Account #2 (remainder to be deposited to this account)

Account #2 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Please attach a voided check for each account here.

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Employee ID #

Date

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer.

Employer: Please save for your files only.

List of all fees (Fee Schedule) for the Money Network® Card and MyMoneyNetwork Program			
Fees are deducted from your Account for the services and transactions below.			
All Fees	Money Network Card Program	MyMoneyNetwork Program	Details
Monthly Usage			
Account Opening, Check, and Card Receipt	\$0.00	\$0.00	No fee for Account Opening, Checks, and initial Card.
Monthly Maintenance Fee	Not Applicable	\$5.00	Fee is waived in any Monthly Statement Cycle in which Account loads total \$400 or more.
Add Money			
Payer Deposit	\$0.00	\$0.00	Funds loaded by your Payer.
ACH Deposit of Other Funds	\$0.00	\$0.00	Loads of other types of funds or payments, e.g. a tax refund.
Spend Money			
Signature Debit Transactions	\$0.00	\$0.00	Select "Credit" or sign at point-of-sale (POS). Currency Conversion Assessment Fee, International Service Assessment, and/or Cross Border Assessment may also apply to International Transactions.
PIN Debit Transactions	\$0.00	\$0.00	Select "Debit" and enter PIN at POS; cash back option at participating merchants. Currency Conversion Assessment Fee, International Service Assessment, and/or Cross Border Assessment may also apply to International Transactions.
Money Network® Check	\$0.00	\$0.00	Participating check cashing locations do not charge fees to cash Money Network Checks. To find these locations, use the locator on our Mobile App (data rates may apply) or at account.moneynetwork.com , or call Customer Service. Non-participating check cashing locations may charge fees that are not monitored by us. Check cashing locations may also limit the dollar amount of checks they will cash.
Get Cash or Send Cash			
ATM Withdrawal Fee In-Network	\$0.00	\$0.00	Withdrawal from ATM that is a part of our network. To find in-network ATMs, use the locator on our Mobile App (data rates may apply) or at account.moneynetwork.com , or call Customer Service. This is our fee.
ATM Withdrawal Fee Out-of-Network	\$2.75	\$2.75	Withdrawal from ATM that is not a part of our network. This is our fee. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
ATM Decline Fee In-Network	\$0.00	\$0.00	Decline from ATM that is a part of our network. To find in-network ATMs, use the locator on our Mobile App (data rates may apply) or at account.moneynetwork.com , or call Customer Service. This is our fee.
ATM Decline Fee Out-of-Network	\$2.75	\$2.75	Decline from ATM that is not a part of our network. This is our fee. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
Bank Teller Over the Counter Cash Withdrawal	\$0.00	\$0.00	At banks displaying the card association logo on the front of your Card. This is our fee. You may also be charged a fee by the bank. Currency Conversion Assessment Fee, International Service Assessment, and/or Cross Border Assessment may also apply to International Transactions.
Transfer to Customer Bank Fee	\$3.00	\$3.00	Domestic ACH transactions are subject to additional terms that are disclosed when a transaction is initiated.
International ACH Withdrawal Fee (Remittance Transfer to International Bank Account)	\$7.00 plus 3.5% of the exchange rate	\$7.00 plus 3.5% of the exchange rate	This transaction allows you to transfer funds via ACH to an international bank account. We charge transfer fees consisting of a flat fee of up to \$7.00 plus a mark-up on the exchange rate of up to 3.5%. The transfer fees may be less depending on the amount transferred and market conditions. Applicable transfer taxes will also be charged. The exact amount of transfer fees and transfer taxes charged by us will be disclosed to you before you complete the transaction. Your transaction is subject to an exchange rate conversion, and may be subject to additional fees and taxes, from 3rd parties. Recipient's financial institution may also charge fees and taxes. We do not monitor exchange rates or fees established by 3rd parties and these amounts are subject to change. These transactions are subject to additional terms that are disclosed when a transaction is initiated. See account.moneynetwork.com for more information. You may call Customer Service for assistance.
Information			
Monthly Paper Statement	\$0.00	\$2.95	Obtain Account activity without fee via Mobile App (data rates may apply), account.moneynetwork.com , or Customer Service.
Customer Service	\$0.00	\$0.00	24/7 toll free Account access, including Account balance inquiries.
ATM Balance Inquiry Fee In-Network	\$0.00	\$0.00	Balance Inquiry from ATM that is a part of our network. To find in-network ATMs, use the locator on our Mobile App (data rates may apply) or at account.moneynetwork.com , or call Customer Service. This is our fee.
ATM Balance Inquiry Fee Out-of-Network	\$2.75	\$2.75	Balance Inquiry from ATM that is not a part of our network. This is our fee. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
Using Your Card Outside the U.S. (International Transactions)			
ATM Withdrawal INT Fee (Non-U.S.)	\$2.50	\$2.50	This is our fee. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. Currency Conversion Assessment Fee, International Service Assessment, and/or Cross Border Assessment may also apply to these transactions.
ATM Decline INT Fee (Non-U.S.)			
ATM Balance Inquiry INT Fee (Non-U.S.)			
Visa International Service Assessment (applies if transaction is initiated in non-U.S. dollars and a currency conversion rate applies) or Visa Cross Border Assessment (applies if transaction is initiated in U.S. dollars by a merchant with a non-U.S. country code)	2% / .8%	2% / .8%	Of the U.S. dollar amount of each International Transaction made with a Visa branded card. These fees are assessed by Visa. Only one of these fees may apply to your transaction and be assessed. See <i>Using Your Account and Card - International Transactions</i> in your Agreement's terms and conditions for additional information. If these fees apply to your transaction, they will be included in the transaction amount on your statement.
Mastercard Currency Conversion Assessment Fee (applies if transaction is initiated in non-U.S. dollars) and/or Mastercard Cross Border Assessment Fee (applies if transaction is initiated with merchant with non-U.S. country code)	0.2% / 2%	0.2% / 2%	Of the U.S. dollar amount of each International Transaction made with a Mastercard branded card. These fees are assessed by Mastercard. Either or both of these fees may apply to your transaction and be assessed. See <i>Using Your Account and Card - International Transactions</i> in your Agreement's terms and conditions for additional information. If these fees apply to your transaction, they will be included in the transaction amount on your statement.
Other			
Reissuance of Lost/Stolen Card	\$5.00	\$5.00	Reissued Card shipped via U.S. mail 7-10 business days after order placed. One replacement Card provided at no charge each calendar year.
Priority Shipping Fee	\$10.00	\$10.00	Additional fee to ship replacement Card 4-7 business days after order placed. Reissuance of Card Fee also applies.
Request Secondary Account	Not Applicable	Not Applicable	Request an additional account for family or dependents.
Transfer Funds to Secondary Account	Not Applicable	Not Applicable	Transfer of funds to Secondary Account.
Money Network Check Stock Order	\$0.00	\$0.00	Shipped 7-10 business days after order placed. Up to 30 checks per order.
3rd Party Fees (We do not charge you these fees.)			
Cash Deposit at Reload Provider	\$5.95	\$5.95	3rd party fees, known to be up to \$5.95 as of 8/15/2018, may apply when reloading your Card at reload providers. To find reload providers, use the locator on our Mobile App (data rates may apply) or at account.moneynetwork.com , or call Customer Service.
Deposit Check Funds via Mobile App Standard	\$0.00	\$0.00	A 3rd party provides this service subject to its enrollment process, terms, conditions, fees, and privacy policy. Checks are subject to the 3rd party's approval in their sole discretion; dollar limits and other restrictions apply. Approved checks are loaded net of applicable fees. Expedited Service: 3rd party fees are 1% of approved check amount for preprinted payroll & government checks and 4% of approved check amount for other check types, with a \$5 minimum fee. 3rd party approval process usually takes 3-5 minutes but may take an hour. Most issuers post funds within 24 hours. Standard Service: No 3rd party fee for 10 days delayed funding. See Mobile App (message and data rates may apply) for more information.
Deposit Check Funds via Mobile App Expedited • Preprinted payroll & government checks • Other check types	Greater of: • 1% or \$5.00 • 4% or \$5.00	Greater of: • 1% or \$5.00 • 4% or \$5.00	
Additional Disclosures			
Your funds are eligible for FDIC insurance. Your funds will be held at or transferred to MetaBank®, National Association, an FDIC-insured institution. Once there, your funds are insured up to \$250,000 by the FDIC in the event MetaBank, N.A., fails, if specific deposit insurance requirements are met. See fdic.gov/deposit/deposits/prepaid.html for details.			
No overdraft/credit feature.			
Contact Customer Service by calling 1.866.387.5146, by mail at 2900 Westside Pkwy, Alpharetta, GA 30004, or visit account.moneynetwork.com .			
For general information about prepaid accounts, visit cfpb.gov/prepaid . If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint .			
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Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here		3 \$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b) \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c) \$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

MI-W4

(Rev. 12-20)

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. Read instructions on page 2 before completing this form.

Issued under P.A. 281 of 1967.

			▶ 1. Full Social Security Number	▶ 2. Date of Birth
▶ 3. Name (First, Middle Initial, Last)			4. Driver's License Number or State ID	
Home Address (No., Street, P.O. Box or Rural Route)			▶ 5. Are you a new employee? <input type="checkbox"/> Yes If Yes, enter date of hire.....	(mm/dd/yyyy)
City or Town	State	ZIP Code	<input type="checkbox"/> No	
6. Enter the number of personal and dependent exemptions (see instructions)			▶ 6.	
7. Additional amount you want deducted from each pay (if employer agrees)			7.	\$.00
8. I claim exemption from withholding because (see instructions):				
a. <input type="checkbox"/> A Michigan income tax liability is not expected this year.				
b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____				
c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____				
EMPLOYEE: If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records. See additional instructions on page 2.				
<i>Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number I am allowed to claim. If claiming exemption from withholding, I certify that I do not anticipate a Michigan income tax liability this year.</i>				
9. Employee's Signature				▶ Date

EMPLOYER: Complete the below section.			
10. Employer's Name		▶ 11. Federal Employer Identification Number	
Address (No., Street, P.O. Box or Rural Route)		City or Town	State ZIP Code
Name of Contact Person		Contact Phone Number 989-631-6691	

INSTRUCTIONS TO EMPLOYER: Keep a copy of this certificate with your records. All new hires must be reported to the State of Michigan. See www.mi-newhire.com for information.

In addition, a copy of this form must be sent to the Michigan Department of Treasury if the employee claims 10 or more exemptions or claims they are exempt from withholding. Send a copy to:

Michigan Department of Treasury
Tax Technical Section
P.O. Box 30477
Lansing, MI 48909

INSTRUCTIONS TO EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE (Form MI-W4)

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal or dependency exemptions or claimed that you are exempt from withholding.

You **MUST** provide a new MI-W4 to your employer within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent no longer qualifies under the Internal Revenue Code.

Line 5: If you check "Yes," enter your date of hire.

Line 6: Personal and dependency exemptions. The number of exemptions claimed here may not exceed the number of exemptions you are entitled to claim on a *Michigan Individual Income Tax Return* (Form MI-1040). Dependents include qualifying children and qualifying relatives under the Internal Revenue Code, even if your AGI exceeds the limits to claim federal tax credits for them.

Do not claim the same exemptions more than once or tax will be under-withheld. Specifically, **do not claim:**

- Your personal exemption if someone else will claim you as their dependent.
- Your personal exemption with more than one employer at a time.
- Your spouse's personal exemption if they claim it with their employer.
- Your dependency exemptions if someone else (for example, your spouse) is claiming them with their employer.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8a: You may claim exemption from Michigan income tax withholding if all of the following conditions are met:

- i) Your employment is intermittent, temporary, or less than full time;
- ii) Your personal and dependency exemptions exceed your annual taxable compensation;
- iii) You claimed exemption from federal withholding; and
- iv) You did not incur a Michigan income tax liability for the previous year.

Line 8b: Reasons wages might be exempt from withholding include:

- You are a nonresident spouse of military personnel stationed in Michigan.
- You are a resident of one of the following reciprocal states while working in Michigan: Illinois, Indiana, Kentucky, Minnesota, Ohio, or Wisconsin.
- You are an enrolled member of a federally-recognized tribe that does not have a tax agreement with the state of Michigan, you reside within that tribe's Indian Country (as defined in 18 USC 1151), and compensation from this job will be earned within that Indian Country.

Line 8c: For questions about Renaissance Zones, contact your local assessor's office.

EL-W-4**City of East Lansing**
INCOME TAX DEPARTMENT**EL-W-4**PLEASE TYPE
OR PRINTPLEASE TYPE
OR PRINT**Employee Withholding Registration**

PURPOSE: Complete Form EL-W-4 so your employer can withhold the correct amount of city income taxes from your pay. Consider completing a new Form EL-W-4 each year and when your personal or financial situation changes.

EXEMPTIONS: An individual taxpayer in computing his or her taxable income, is allowed a deduction of \$600 for each personal and dependency exemption under the rules for determining exemptions and dependents as provided in the federal internal revenue code. The taxpayer may claim his or her spouse and dependents as exemptions, but if the taxpayer and the spouse are both subject to the tax imposed by this ordinance, the number of exemptions claimed by each of them when added together shall not exceed the total number of exemptions allowed under this ordinance.

DEPENDENTS: To qualify as your dependent (line 3), a person must qualify as your dependent for purposes of the Internal Revenue Code.

LINE 6 INSTRUCTIONS: If you work for this employer in two or more cities or communities, print the names of the two Michigan cities or communities where you perform the greatest percent of your work. Check the box of the closest percent of total earnings for work done or services rendered in each city or community listed. The estimated percent of total earnings from this employer for work done or services performed within taxing cities (line 6) is for withholding purposes only. In determining final tax liability this estimate is subject to substantiation and audit.

CHANGES IN EXEMPTIONS: You should file a new certificate at any time if the number of your exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. Other decreases in exemptions, such as the death of a spouse or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

CHANGE OF RESIDENCE: You must file a new certificate within 10 days after you change your residence from or to a taxing city.

CHANGES IN EMPLOYMENT: You must file a new certificate by December 1 of each year if your line 6 estimate of the percent of work done or services to be rendered in cities levying an income tax will change for the ensuing year.

EMPLOYEE: File this form with your employer. Otherwise your employer must withhold City of East Lansing income tax from your earnings without exemptions.

EMPLOYER: Keep this certificate with your records. If the information submitted by the employee is not believed to be true, correct and complete, the City of East Lansing must be advised.

FORM EL-W-4		CITY OF EAST LANSING INCOME TAX – EMPLOYEE WITHHOLDING CERTIFICATE		
Residency: (check one) <input type="checkbox"/> East Lansing Resident <input type="checkbox"/> Non-East Lansing Resident		Social Security Number:		Employee ID#: (if applicable)
Full name: (first, middle and last name)		Home address: (number & street)		
City:		State:	ZIP code:	
1. Exemptions Allowed: (check all that apply) Taxpayer: <input type="checkbox"/> Self <input type="checkbox"/> age 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Permanently Disabled Spouse: <input type="checkbox"/> Self <input type="checkbox"/> age 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Permanently Disabled			2. Enter total number of Exemptions checked in box 1:	
3. Other Exemptions: _____ Number of exemptions for your children _____ Number of exemptions for your other dependents			4. Enter total number of Other Exemptions in box 3:	
5. Write the additional amount you want withheld from each paycheck, if any:			TOTAL EXEMPTIONS: Add the number of exemptions which you have claimed in box 2 & 4 and write the total below:	
6. Place of Employment: Print name of each city where you work for this employer and check the box with the closest % of total earnings in each.		City: <input type="checkbox"/> 25% <input type="checkbox"/> 40% <input type="checkbox"/> 60% <input type="checkbox"/> 80% <input type="checkbox"/> 100%		
		City: <input type="checkbox"/> 25% <input type="checkbox"/> 40% <input type="checkbox"/> 60% <input type="checkbox"/> 80% <input type="checkbox"/> 100%		
I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.				
SIGNATURE:		DATE:		13

Form FW-4 Instructions

Purpose: Complete form FW-4 so your employer can withhold the correct amount of city income taxes from your pay.

Dependents: To qualify as your dependent (line 4 below), a person

- (a) Must receive more than one-half of his or her support from you for the year, and
- (b) Must have less than \$600 gross income during the year (except your child who is a student or who is under 19 years of age, and
- (c) Must not be claimed as an exemption by such person's husband or wife, and
- (d) Must be a citizen or resident of the United States, and
- (e) Must have your home as his/her principal residence and be a member of your household for the entire year, or Must be related to you as follows: Your son or daughter, grandchild, step-son/daughter, son/daughter-in-law, father, mother, grandparent, step-father/mother, father/mother-in-law, brother, sister, stepbrother/sister, half brother/sister, brother/sister-in-law, uncle, aunt, nephew, or niece **(but only if related by blood)**.

Changes in exemptions: You **must** file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) Your wife/husband for whom you have been claiming exemption is divorced or legally separated, or claims her/his own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption will receive \$600 or more income of his/her own during the year (except your child who is a student and who is under 19 years of age).

Other Decreases: Such as the death of a wife, husband, or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

Change of Residence: You **must** file a new certificate within 10 days after you change your residence from or to a taxing city.

Employee: File this form with your employer. Otherwise your employer must withhold City of Flint income tax from your earnings without exemptions.

Employer: Keep this certificate with your record. If the information submitted by the employee is not believed to be true, correct and complete the **City of Flint** must be advised.

FORM FW-4		EMPLOYEE'S WITHHOLDING CERTIFICATE FOR CITY OF FLINT INCOME TAX	
<input type="checkbox"/> City Resident or <input type="checkbox"/> Non-City Resident		Your Social Security Number:	
Full Name: (First, Middle and Last Name)		Home Address: (Number & Street)	
City:	State:	Zip Code:	
1. Exemptions for yourself:		2. Exemptions for your spouse:	
<input type="checkbox"/> Yourself <input type="checkbox"/> age 65 or over <input type="checkbox"/> Blind		<input type="checkbox"/> Yourself <input type="checkbox"/> age 65 or over <input type="checkbox"/> Blind	
3. Enter Total number of boxes checked in 1 & 2:			
4. Other Exemptions:		5. Enter total number of Other Exemptions in box 4 below:	
Number of exemptions _____ for your children		Number of exemptions _____ for your other dependents	
6. Add the number of exemptions which you have claimed in box 3 & 5 and write the total below:		7. Write the additional amounts you want withheld from each paycheck, if any:	
Employer's Name and Address: Central State Community Services 2603 W. Wackerly St. Suite 201 Midland, MI 48640			
I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.			
SIGNATURE:		DATE:	

Form LW-4 Instructions

Purpose: Complete form LW-4 so your employer can withhold the correct amount of city income taxes from your pay.

Dependents: To qualify as your dependent (line 4 below), a person

- (a) Must receive more than one-half of his or her support from you for the year, and
- (b) Must have less than \$600 gross income during the year (except your child who is a student or who is under 19 years of age, and
- (c) Must not be claimed as an exemption by such person's husband or wife, and
- (d) Must be a citizen or resident of the United States, and
- (e) Must have your home as his/her principal residence and be a member of your household for the entire year, or Must be related to you as follows: Your son or daughter, grandchild, step-son/daughter, son/daughter-in-law, father, mother, grandparent, step-father/mother, father/mother-in-law, brother, sister, stepbrother/sister, half brother/sister, brother/sister-in-law, uncle, aunt, nephew, or niece **(but only if related by blood)**.

Changes in exemptions: You **must** file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) Your wife/husband for whom you have been claiming exemption is divorced or legally separated, or claims her/his own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption will receive \$600 or more income of his/her own during the year (except your child who is a student and who is under 19 years of age).

Other Decreases: Such as the death of a wife, husband, or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

Change of Residence: You **must** file a new certificate within 10 days after you change your residence from or to a taxing city.

Employee: File this form with your employer. Otherwise your employer must withhold City of Lansing income tax from your earnings without exemptions.

Employer: Keep this certificate with your record. If the information submitted by the employee is not believed to be true, correct and complete the **City of Lansing** must be advised.

FORM LW-4		EMPLOYEE'S WITHHOLDING CERTIFICATE FOR CITY OF LANSING INCOME TAX		
<input type="checkbox"/> City Resident or <input type="checkbox"/> Non-City Resident		Your Social Security Number:		
Full Name: (First, Middle and Last Name)		Home Address: (Number & Street)		
City:		State:	Zip Code:	
1. Exemptions for yourself:		2. Exemptions for your spouse:		3. Enter Total number of boxes checked in 1 & 2:
<input type="checkbox"/> Yourself <input type="checkbox"/> age 65 or over <input type="checkbox"/> Blind		<input type="checkbox"/> Yourself <input type="checkbox"/> age 65 or over <input type="checkbox"/> Blind		
4. Other Exemptions:			5. Enter total number of Other Exemptions in box 4 below:	
Number of exemptions _____ for your children		Number of exemptions _____ for your other dependents		
6. Add the number of exemptions which you have claimed in box 3 & 5 and write the total below:		7. Write the additional amounts you want withheld from each paycheck, if any:		
Employer's Name and Address: <div style="text-align: center;">Central State Community Services 2603 W. Wackerly St. Suite 201 Midland, MI 48640</div>				
I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.				
SIGNATURE:			DATE:	

1. Print Full Name		Social Security #		Office, Plant, Department		Employee Identification #	
2. Address, Number and Street				City, Township or Village		State MI	Zip Code
3. Predominant Place of Employment Print Name of each city where you work for this employer and circle % of total earnings of each.		City	Under 25%	40%	60%	80%	100%
		City	Under 25%	40%	60%	80%	100%
YOUR WITHHOLDING EXEMPTIONS: Check blocks which apply	4. Exemption for yourself:	<input type="checkbox"/> Regular \$600 exemption	<input type="checkbox"/> Additional exemption if 65 or over at end of year	<input type="checkbox"/> Additional exemption if blind	Enter Number of Exemptions Checked:→		
	5. Exemption for spouse:	<input type="checkbox"/> Regular \$600 exemption	<input type="checkbox"/> Additional exemption if 65 or over at end of year	<input type="checkbox"/> Additional exemption if blind	Enter Number of Exemptions Checked:→		
EMPLOYEE: File this form with your employer. Otherwise he must withhold City of Lapeer Income Tax from your earnings without exemption. EMPLOYER: Keep this certificate with your records. If the information submitted by the employee is not believed to be true; correct and complete the form, and the City must be advised.	6. (a) Exemptions for your children	Number	6. (b) Exemptions for your other dependents	Number	Enter total of Line 6 (a+b) →		
	7. Add the number of exemptions which you have claimed on lines 4, 5 and 6 above and write the total →						
	8. Additional amount you want deducted from each pay (if employer agrees) →						
	I certify that the information submitted on this certificate is true, correct, and complete to the best of my knowledge and belief.						
9. Date		Signature:					

FORM LW-4 - INSTRUCTIONS FOR COMPLETING EMPLOYEE'S WITHHOLDING CERTIFICATE

GENERAL INSTRUCTIONS-Check the line in the upper right hand corner to indicate your residency status and enter the requested data on lines 1 and 2

LINE 3 INSTRUCTIONS: If you work for this employer in more than two cities or communities, print names of the two Michigan cities or communities where you perform the greatest percent of your work. Circle the closest percent of total earnings for work done or services rendered in each city or community listed. The estimated percent of total earnings from this employer for work done or services performed within taxing cities is for withholding purposes only. In determining final tax liability this estimate is subject to substantiation and audit.

DEPENDENTS; To qualify as your dependent (line6), a person (a) must receive more than one-half of his or her support from you for the year, and (b) must have less than \$600 gross income during the year (except your child who is a student or who is under 19 years of age), and (c) must not be claimed as an exemption by such person's husband or wife, and (d) must be a citizen or resident of the United States or a resident of Canada, Mexico, the Republic of Panama, or the Canal Zone (this does not apply to an alien child legally adopted by and living with a United States citizen abroad), and (e) must (1) have your home as his principal residence and be a member of your household for the entire year, or (2) be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;

- Your uncle, aunt, nephew or niece (but only if related by blood).

CHANGES IN EXEMPTIONS: You should file a new certificate at any time if the number of your exemptions INCREASES. You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons:

- (a) Your wife (or husband) for whom you have been claiming exemption is divorced or legally separated or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else so that you no longer expect to furnish more than half the support for the year.
- (c) You find that a dependent for whom you claimed exemption will receive \$600 or more of income on his own during the year (except your child who is a student who is under 19 years of age).

OTHER DECREASES in exemption, such as the death of a wife or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

CHANGE OF RESIDENCE- You must file a new certificate within 10 days after you change your residence from or to a taxing city.

CHANGES IN EMPLOYMENT – You must file a new certificate by December 1 of each year if your Line 3 estimate of the percent of work done or services to be rendered in cities levying an income tax will change for the ensuing year.

PW-4 **EMPLOYEE'S WITHHOLDING CERTIFICATE FOR CITY OF PONTIAC INCOME TAX**

1. Print Full Name		Social Security #		Office, Plant, Dept.		Employee Identification #		
2. Address, Number and Street		City, Township or Village		State	Zip Code	Are you a Pontiac resident? Yes No		
3. Predominant Place of employment: Print name of each city where you work for THIS employer and circle closest % of total earnings in each.		City		under 25%	40%	60%	80%	100%
		City		under 25%	40%	60%	80%	100%
YOUR WITHHOLDING EXEMPTIONS: (See instructions below.)		4 Exemptions for yourself. <input type="checkbox"/>		Regular \$600 personal exemption <input type="checkbox"/>	Additional \$600 exemption if 65 or over by end of tax year <input type="checkbox"/>	Additional \$600 exemption if blind <input type="checkbox"/>		Total number of boxes
Check which blocks apply }		5 Exemptions for your spouse. <input type="checkbox"/>		Regular \$600 personal exemption <input type="checkbox"/>	Additional \$600 exemption if 65 or over by end of tax year <input type="checkbox"/>	Additional \$600 exemption if blind <input type="checkbox"/>		
EMPLOYEE: File this form with your employer. Otherwise he must withhold CITY OF PONTIAC Income Tax from your earnings without exemptions.		6. (a) Exemptions for your children		Number	6. (b) Exemptions for your other dependents.		Number	Enter total of line 6(a) + 6(b)
		7. Add the number of exemptions which you have claimed on lines 4, 5, and 6 above, and enter here.						
		8. Additional amount, if any, you want withheld from each paycheck.						\$
EMPLOYER: Keep this certificate with your records. If the information submitted by the employee is not believed to be true, correct and complete, the DIRECTOR OF FINANCE must be so advised.		I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief. Date: _____ Signature: _____						

LINE 3 INSTRUCTIONS:

If you work for this employer in more than two cities or communities, print names of the two Michigan cities or communities where you perform the greatest percent of your work. Circle the closest percent of total earnings for work done, or services rendered in each city or community listed. The estimated percent of total earnings from this employer for work done or services performed within taxing cities, is for withholding purposes only. In determining final tax liability, this estimate is subject to substantiation and audit.

DEPENDENTS:

To qualify as your dependent, a person (a) must receive more than one-half of his or her support from you for the year, and (b) must have less than \$600 gross income during the year (except your child who is a student or who is under 19 years of age), and (c) must not be claimed as an exemption by such person's husband or wife, and (d) must be a citizen or resident of the United States or a resident of Canada, Mexico, the Republic of Panama or the Canal Zone (this does not apply to an alien child legally adopted by and living with a United States citizen abroad), and (e) must (1) have your home as his principal residence and be a member of your household for the entire year, or (2) be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

CHANGES IN EXEMPTIONS:

You should file a new certificate at any time if the number of your exemptions INCREASES. You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons:

- Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims their own exemption on a separate certificate.
- The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half the support for the year.
- You find that a dependent for whom you claimed exemption will receive \$600 or more of income of his own during the year (except your child who is a student or who is under 19 years of age).

Other decreases in exemptions, such as the death of a wife or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

CHANGE OF RESIDENCE:

You must file a new certificate within 10 days after you change your residence from or to a taxing city.

CHANGES IN EMPLOYMENT:

You must file a new certificate by December 1 of each year if your line 3 estimate of the percent of work done for services to be rendered in cities levying an income tax will change for the next year.

Form SW-4 Instructions - revised 1/05/10

Purpose: Complete form SW-4 so your employer can withhold the correct amount of city income taxes from your pay.

Dependents: To qualify as your dependent (line 4 below), a person

- (a) Must receive more than one-half of his or her support from you for the year, and
- (b) Must have less than \$750.00 gross income during the year (except your child who is a student or who is under 19 years of age, and
- (c) Must not be claimed as an exemption by such person's husband or wife, and
- (d) Must be a citizen or resident of the United States, and
- (e) Must have your home as his/her principal residence and be a member of your household for the entire year, or Must be related to you as follows: Your son or daughter, grandchild, step-son/daughter, son/daughter-in-law, father, mother, grandparent, step-father/mother, father/mother-in-law, brother, sister, stepbrother/sister, half brother/sister, brother/sister-in-law, uncle, aunt, nephew, or niece **(but only if related by blood)**.

Changes in exemptions: You **must** file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) Your wife/husband for whom you have been claiming exemption is divorced or legally separated, or claims her/his own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption will receive \$750.00 or more income of his/her own during the year (except your child who is a student and who is under 19 years of age).

Other Decreases: Such as the death of a wife, husband, or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

Change of Residence: You **must** file a new certificate within 10 days after you change your residence from or to a taxing city.

Employee: File this form with your employer. Otherwise your employer must withhold City of Saginaw income tax from your earnings without exemptions.

Employer: Keep this certificate with your record. If the information submitted by the employee is not believed to be true, correct and complete the **City of Saginaw** must be advised.

FORM SW-4		EMPLOYEE'S WITHHOLDING CERTIFICATE FOR CITY OF SAGINAW INCOME TAX			
<input type="checkbox"/> City Resident or <input type="checkbox"/> Non-City Resident		Your Social Security Number:			
Full Name: (First, Middle and Last Name)		Home Address: (Number & Street)			
City:		State:		Zip Code:	
Main place of employment: Print name of each city where you work for this employer and circle closest % of total earnings in each. This is for withholding purposes only.		City:		Under 25% <input type="checkbox"/> 40% <input type="checkbox"/> 60% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/>	
		City:		Under 25% <input type="checkbox"/> 40% <input type="checkbox"/> 60% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/>	
1. Exemptions for yourself: <input type="checkbox"/> Yourself <input type="checkbox"/> age 65 or over <input type="checkbox"/> Blind		2. Exemptions for your spouse: <input type="checkbox"/> Yourself <input type="checkbox"/> age 65 or over <input type="checkbox"/> Blind		3. Enter Total number of boxes checked in 1 & 2:	
4. Other Exemptions: Number of exemptions _____ for your children Number of exemptions _____ for your other dependents		5. Enter total number of Other Exemptions in box 4 below:			
6. Add the number of exemptions which you have claimed in box 3 & 5 and write the total below:		7. Write the additional amounts you want withheld from each paycheck, if any:			
Employer's Name and Address: <p style="text-align: center;">Central State Community Services 2603 W. Wackerly St. Suite 201 Midland, MI 48640</p>					
I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.					
SIGNATURE:				DATE:	

Central State Community Services, Inc. Job Description

Job Title: Direct Support Professional (DSP)
Department: Direct Service
Reports to: Home Supervisor
FLSA Status: non exempt
Prepared By: Executive Director
Prepared Date: 08/13/2012
Approved By: Paula Ott, Executive Director
Revision Date: 11/11/2021, 10/26/15, 12/2/2014, 6/1/2013
Revised By: Kari Conner, Human Resources Manager
*Job Title changed from Community Support Specialist (CSS) to Direct Support Professional (DSP)

SUMMARY

Provides direct support in the homes of adults who have developmental, mental and other disabilities by performing the following duties

ESSENTIAL DUTIES AND RESPONSIBILITIES include but are not limited to the following. Other duties may be assigned.

Central State Community Services, Inc. embraces an employment environment that promotes Individuals' recovery and discovery, a Person-Centered approach to treatment/services and cultural competence. An employee in this or any position is expected to support the employment environment.

Formally recognizes the accomplishments of others when they display character traits valued by the organization.

Accountability:

The Direct Support Professional answers directly to the Assistant Home Supervisor and the Home Supervisor. He/She is responsible for completing all routine and assigned duties related to consumer care and home operations. Additionally, he/she is responsible for all other tasks, duties and responsibilities assigned or delegated by the Assistant Home Supervisor, Home Supervisor, Program Coordinator, and/or Executive Director.

General Responsibilities:

1. Assist or provide consumers with all aspects of personal care.
2. Assisting consumers by lifting, transferring, and when necessary, to prevent injury, physically managing them.

3. Accompany, assist and supervise consumers in the Community, and to events. Encourage appropriate, integrated social and recreational community interaction.
4. Administer and document medications as prescribed by the Physician. Record errors on an Incident Report form or a medication error report form and report to the Home Supervisor immediately.
5. Assure active treatment and implementation of Person Centered Plans.
6. Provide constant supervision of all consumers to assure that they are safe and do not wander from the home or yard.
7. Observe, document and report unusual behavior and/or incidents.
8. Maintain records and documentation as necessary and appropriate.
9. Perform any and all other duties, tasks and responsibilities assigned by the Assistant Home Supervisor, Home Supervisor, Program Coordinator and/or Executive Director.

SUPERVISORY RESPONSIBILITIES

This position has no supervisory responsibilities.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Requirements:

- A. Physical examination including pre-employment and annual Tb tests.
- B. Ability to relate with sensitivity to others.
- C. Evidence of emotional maturity and stability.
- D. Ability to recognize and record significant individual and group behavior.
- E. Willingness to take on tasks and duties as assigned.
- F. Ability to get along with people and to work as a team.
- G. Attend trainings and pass exams (tests) as required.
- H. Three or more positive references.
- I. Evidence of ability to handle crisis situations with calmness and objectivity.
- J. Ability to work without immediate supervision.
- K. Attend staff meetings and scheduled in-services and trainings.

EDUCATION and/or EXPERIENCE

High School diploma or general education degree (GED).

LANGUAGE SKILLS

Ability to read and interpret documents such as safety rules, physician's orders, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence. Ability to effectively present information in one-on-one and small group situations to individuals and other employees of the organization.

MATHEMATICAL SKILLS

Ability to add and subtract two digit numbers and to multiple and divide with 10's and 100's. Ability to perform these operations using units of American money and weight measurements, volume and distance.

REASONING ABILITY

Ability to apply common sense understanding to carry out instructions furnished in written, oral, or diagram form. Ability to deal with problems involving several concrete variables in standardized situations.

CERTIFICATES, LICENSES, REGISTRATIONS

A valid Michigan driver's license is required as well as current insurance as required by the State of Michigan. Group Home curriculum training must be successfully completed within the first 90 days of employment.

OTHER QUALIFICATIONS

A felony/misdemeanor background search with MILT and IChat is performed. Searches of the Office of Investigator General (OIG), Offender Tracking Information System (OTIS), the Sex Offender Registry and the Nurse Aid Registry are also performed. Results can affect employment status.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to talk and hear. The employee is frequently is required to stand and walk. The employee is occasionally required to sit; use hands to handle or feel; reach with hands and arms; and stoop, kneel, crouch or crawl. The employee must occasionally lift and/or move up to 25 pounds, and if working with an individual, who is non-ambulatory, up to 90 pounds.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is occasionally exposed to wet and/or humid conditions, fumes or airborne particles, toxic or caustic chemicals such as household cleaners, and outside weather conditions.

The noise level in the work environment is usually moderate.

Employee Signature

Date



Central State Community Services Infectious Disease Control

Central State Community Services will take proactive steps to protect the workplace in the event of an infectious disease outbreak. It is the goal of Central State Community Services during any such time period to strive to operate effectively and ensure that all essential services are continuously provided and that employees are safe within the workplace.

Central State Community Services is committed to providing authoritative information about the nature and spread of infectious diseases, including symptoms and signs to watch for, as well as required steps to be taken in the event of an illness or outbreak which is covered in **Central State's Infectious Disease Control Manual**.

Preventing the Spread of Infection in the Workplace

Central State Community Services will ensure a clean workplace, including the regular cleaning of objects and areas that are frequently used, such as bathrooms, breakrooms, conference rooms, door handles and railings. A committee will be designated to monitor and coordinate events around an infectious disease outbreak, as well as to create work rules that could be implemented to promote safety through infection control.

We ask all employees to cooperate in taking steps to reduce the transmission of infectious disease in the workplace. The best strategy remains the most obvious—frequent hand washing with warm, soapy water; covering your mouth whenever you sneeze or cough; and discarding used tissues in wastebaskets. We also ask all employees to use alcohol based hand sanitizer and PPE when appropriate.

Unless otherwise notified, our normal attendance and leave policies will remain in place. Individuals who believe they may face particular challenges reporting to work during an infectious disease outbreak should take steps to develop any necessary contingency plans. For example, employees will want to arrange for alternative sources of child care should schools close.

Limiting Travel

All nonessential travel should be avoided until further notice. Employees who travel as an essential part of their job should consult with management on appropriate actions. Business-related travel outside the United States will not be authorized until further notice.

Telecommuting

Telework requests will be handled on a case-by-case basis. While not all positions will be eligible, all requests for temporary telecommuting should be submitted to your manager for consideration.

Staying Home When Ill

Many times, with the best of intentions, employees report to work even though they feel ill. We provide paid sick time and other benefits to compensate employees who are unable to work due to illness. In order to use sick time an employee must a) notify the Supervisor prior to the



scheduled work shift that he/she will be unable to work because of illness; b) attempt to secure an approved, appropriate substitute; and c) provide the Supervisor with documentation regarding attempts at securing an appropriate substitute and the outcome of attempts. In some cases, in order to return, a statement from his/her doctor releasing the employee to return to work without restrictions may be needed. Employees must use available sick and personal time for all time off from their scheduled hours. Taking unpaid time off is not an option for anyone who has sick, personal, or vacation time available.

During an infectious disease outbreak, it is critical that employees do not report to work while they are ill and/or experiencing the following symptoms: Examples include fever, cough, sore throat, runny or stuffy nose, body aches, shortness of breath, headache, chills and fatigue. Currently, the Centers for Disease Control and Prevention recommends that people with an infectious illness such as the flu remain at home until at least 24 hours after they are free of fever (100.4 degrees F or 37.8 degrees C) or signs of a fever without the use of fever-reducing medications. Employees who report to work ill will be sent home in accordance with these health guidelines.

Requests for Medical Information and/or Documentation

If you are out sick or show symptoms of being ill, it may become necessary to request information from you and/or your health care provider. In general, we would request medical information to confirm your need to be absent, to show whether and how an absence relates to the infection, and to know that it is appropriate for you to return to work. As always, we expect and appreciate your cooperation if and when medical information is sought.

Confidentiality of Medical Information

Our policy is to treat any medical information as a confidential medical record. In furtherance of this policy, any disclosure of medical information is in limited circumstances with supervisors, managers, first aid and safety personnel, and government officials as required by law.

Social Distancing Guidelines for Workplace Infectious Disease Outbreaks

In the event of an infectious disease outbreak, Central State Community Services may implement social distancing guidelines to minimize the spread of the disease among the staff.

After reading please print, sign and date that you have received this notice.

Employee Print Name _____ Date _____

Employee Signature _____

Home Name _____

WAIVER CLAUSE

I have read the Employee Handbook and understand the material contained therein. I agree to all the conditions set forth in the Handbook and understand that violations of these policies may result in disciplinary action, up to and including termination of employment. I also understand that I have no reasonable expectation to believe these policies will remain in effect indefinitely. I understand that this handbook does not constitute an expressed or implied contract. I further understand that this policy manual does not constitute a contractual arrangement of agreement between C.S.C.S., Inc., and me. I understand that C.S.C.S., Inc. reserves a unilateral right to change, withdraw, or add to these policies at any time. I have received and reviewed a copy of the Employee Handbook.

Employee Signature

Date

AT-WILL STATUS OF EMPLOYMENT

The employee understands that the nature of the employment relationship is "at-will". This means that at the sole discretion of either C.S.C.S., Inc., or the employee, the relationship may be terminated.

Personnel practices, including the right to hire, transfer, suspend or discharge, to relieve employees from duty and to maintain discipline and efficiency of employees, rests exclusively in the sole discretion of C.S.C.S., Inc. Central State may introduce new administrative methods and job requirements as changing needs indicate.

Nothing in this manual operates to change the status of the employee from at-will to any other status. All disciplinary provisions in this manual are advisory. Central State expressly reserves the right to terminate any employee at the sole discretion of C.S.C.S., Inc.

Any representations that change the employee status from an at-will employment status must be in writing and signed by the Executive Director of Central State. Any other changes in the at-will nature of the employment arrangement are without any effect. The employee acknowledges and certifies that no oral statements or promises of employment beyond the at-will policy of Central State were made prior to, or relied upon by said employee prior to hire.

Employee Signature

Date



Employee Consent to be Photographed, Interviewed, and be Published for Non-Profit Use

Name of employee: _____

Name of organization/ facility: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video tapes of the person identified above, OR at the location identified above.

I grant Central State Community Services the right to edit, use and reuse said products for non-profit purposes including use in print, on the internet, use in training presentations and all other forms of media. I release CSCS and its agents and employees from all claims, demands and liabilities whatsoever in connection with the above.

Signature of employee: _____ Date: _____

CENTRAL STATE COMMUNITY SERVICES, INC.

Subject: Policy for Confidentiality	Approved by: Paula Barnes	Effective Date: 10/12
Reviewed/Revision Date: 4/22, 4/19, 10/18/16, 11/23/15, 3/15, 04/13	Policy Number: 05-41	Reviewed/Revised by: Kari Conner, HR

It is a violation of Mental Health standards and the rights of Individuals served, to take pictures or to make audio/video recordings in and around their homes without the proper written authorization. It is also a violation of both the Individuals served and staff's right to confidentiality to keep unauthorized logs or collect data logging the activities in and around the home.

INDIVIDUALS SERVED ALWAYS HAVE THE RIGHT TO REFUSE TO BE PHOTOGRAPHED.

Since personal cell phones and pagers are prohibited, there should be no opportunity to use them to photograph or record the Individuals served, their home or their records. Transmitting protected healthcare information electronically is a violation of the Federal HIPAA law and is prosecutable.

Any employee with permission to photograph an Individual served, their records or areas in and around their home must also have written authorization from the Executive Director. In the absence of such authorization, the device or documentation may be confiscated. Violators will be reported to the Office of Recipient Rights and the employee may be prosecuted and/or disciplined up to and including termination of employment.

It is not only a contractual obligation, but also the law as well as the right of each Individual we serve and each person we employ, to have his or her personal business kept private. Central State strongly supports that right.

My signature below indicates that I agree to abide by the above, and to report violations immediately, to my supervisor. I understand that failure to comply may result in performance correction up to and including termination of employment.

Signature

Date

Cc: personnel file

Reviewed/Revision Date: 4/22, 4/19, 10/18/16, 11/23/15, 3/15, 04/13

CONFIDENTIALITY OF CONSUMERS AND HOME

Each consumer has a right to confidentiality. In accepting employment with Central State, the employee is placed in a position of trust in regard to information concerning the consumers of the home. Employees must constantly be aware of the confidential nature of ALL information regarding the consumers, the employees and the home.

Additionally, all reports, records, and data are confidential which pertain to testing, care, treatment, reporting, and research associated with the serious communicable diseases or infection of HIV, and acquired immunodeficiency syndrome. Any employee who releases information in any form about a person pertaining to their HIV status, may be guilty of a misdemeanor, punishable by imprisonment for not more than one year or a fine of not more than \$5,000 or both, and is liable in a civil action for actual damages or \$1,000 whichever is greater, and costs and reasonable attorney fees. If anyone contacts an employee about a consumer for which this section may be applicable, the employee must immediately direct the person to the Executive Director. The employee should also advise the Executive Director of Central State of the contact.

Information concerning the consumers is not to be discussed outside the home. Information concerning the consumers may not be released, whether written, orally, or over the phone, to any individual or agency without the approval of the Executive Director.

By signing below, you are acknowledging that you have read and understand the policy regarding Confidentiality (Policy 05-41).

Employee Signature

Date

Home Supervisor Signature

Date

Witness Signature

Date

CENTRAL STATE COMMUNITY SERVICES, INC.

**REQUEST FOR WAIVER FROM THE \$100 CAP ON
PERSONAL PROPERTY REPLACEMENT OR REPAIR**

Home Name: _____

Employee Name: _____

Item: _____

Original Purchase Price: _____

Please waive the above-named item from the \$100 cap on replacement or repair of personal property. It is necessary for this item to be in the workplace because

The likelihood of damage occurring in the workplace is

High _____ Low _____

The following reasonable precautions will be taken to minimize the risk of damage:

_____.

Requesting Employee's Signature

Date

The above request for waiver from the \$100 cap on Replacement/Repair of Personal property is approved _____.

Denied - Reason _____

_____.

Executive Director Signature

Date

CENTRAL STATE COMMUNITY SERVICES, INC.

Subject: Cultural Competency/Diversity	Approved by: Paula Barnes	Effective Date: 10/12
Reviewed/Revision Date: 11/21, 4/19, 8/5/16, 11/15, 11/14,10/13, 04/13	Policy Number: 05-39	Reviewed/Revised by Kari Conner

It is the policy of Central State to recognize, respect, and to be sensitive to Individuals served and their different cultural backgrounds. To aid us in reaching this goal, we will adhere to the following guidelines:

1. Central State will provide opportunities to participate in cultural holidays and activities.
2. Central State will, within reason, accommodate any culturally related request.
3. Central State will make every effort to provide different cultural experiences through the use of language, menus, holidays, music, movies, outings, etc.

Staff Signature _____

Supervisor's Signature _____

CENTRAL STATE COMMUNITY SERVICES, INC.

FORM 10 B

Central State Community Services, Inc.'s employees may be required to work unusual and excessive hours should a situation arise which warrants this action to be taken.

Please read above carefully, then sign below, and date the signature.

Signature

Date

Central State Community Services, Inc.

Subject: Corporate Compliance Program and Plan	Approved by: Paula Barnes, Exec. Dir.	Effective Date: 12/2004
Reviewed/Revision Date: 11/21, 4/19, 4/13, 9/13, 12/13, 5/14, 1/15, 9/17, 1/3/19, 10/19	Policy Number:	Reviewed/Revised by: Kari Conner, HR Manager

Introduction

Pursuant to the Federal Register/Vol.63, No.152/FrCSCSy, August 7, 1998/Notices, the Office of the Inspector General of the Department of Health and Human Services established guidelines to assist home health agencies and their agents with the development of effective internal controls that promote adherence to applicable Federal and State law and the program requirements of Federal, State and private health plans, including but not limited to the Deficit Reduction Act of 2005; the Michigan Medicaid False Claims Act (PA 72 of 1977, as amended by PA 337 of 2005) and the Michigan Whistleblowers Protection Act (PA 469 of 1980).

The adoption and implementation of voluntary compliance programs significantly advance the prevention of fraud, abuse, and waste in these health care plans while at the same time further the fundamental mission of all home health agencies, which is to provide quality care to consumers.

Potential Benefits

Central State Community Services, Inc. (CSCS), in establishing a compliance program not only fulfills its legal responsibility, it strengthens the pursuit of the organizations fundamental care-giving mission. A compliance program accomplishes this by identifying and correcting weaknesses in both internal systems as well as management. Other potential benefits include demonstration to stakeholders, the organizations commitment to honest and responsible provider and corporate conduct, prevention of fraud and abuse, identification and prevention of illegal and unethical conduct, improvement in the quality, efficiency and consistency of care and the formation of a methodology that not only encourages employees to report, but delivers immediate, appropriate and decisive corrective action.

It is the policy of Central State Community Services, Inc. to deliver services in an environment characterized by strict conformance with the highest standards of accountability for administration, programs, business, marketing, human resources, and financial management. The leadership of Central State Community Services, Inc. is fully committed to prevent and detect fraud, fiscal mismanagement and misappropriation of funds and, therefore, to the development of a formal corporate compliance program to ensure ongoing monitoring and conformance with all legal and regulatory requirements. Further, the organization is committed to the establishment, implementation and maintenance of a corporate compliance program that emphasizes: (1) prevention of wrong doing- whether intentional or unintentional, (2) immediate reporting and investigation of questionable activities and practices without consequences to the reporting party and (3) timely correction of any situation which puts the organization, its leadership or staff, funding sources or consumers at risk.

Our Agency's Plan

By formal resolution, the Board of Directors has delegated overall responsibility for the Corporate Compliance program to the Executive Director. The Executive Director will formally designate a Corporate Compliance Officer, monitor the organization's corporate compliance program and provide periodic and regular reports to the Board of Directors on matters pertaining to the program.

Central State Community Services, Inc. is an organization that provides specialized residential services and community living supports to individuals who are developmentally disabled, mentally ill and/or otherwise disabled. The corporation assists these individuals in the pursuit of their hopes and dreams through quality support and services.

The corporation has developed the following compliance plan to address the seven key elements recommended by the Office of the Inspector General as they relate to the services provided.

1. Written Standards of Conduct

CSCS has established written standards of conduct. These standards can be found in the Employee Handbook. Each employee is provided with a copy of the Employee Handbook. The policies contained within it are reviewed with each staff person at the time of hire. Additionally, policies are reviewed on a regular basis at monthly staff meetings.

All employees receive an annual performance evaluation. This evaluation reflects the employee's compliance with the written standards of conduct. Failure to adhere to these standards may result in training, discipline or termination of employment with CSCS.

2. Compliance Officer and Compliance Committee

The Executive Director will formally designate a Corporate Compliance Office, monitor the organization's corporate compliance program and ensure that the governance authority is fully informed at all times on matters pertaining to corporate compliance.

Compliance Officer:

Kari Conner

Compliance Committee:

Paula Barnes

Kari Conner

Ann Sustarich

Mary Fowler

Dale McAlpine

Responsibilities of the Corporate Compliance Officer:

In the performance of his/her duties the CCO shall (1) serve as the organization's primary point of contact for all corporate compliance issues; (2) develop, implement and monitor the organization's corporate compliance plan, including all internal and external monitoring, auditing, investigative, and reporting processes, procedures, and systems; (3) prepare, submit and present periodic reports on corporate compliance issues the Executive Director as requested and/or as maybe required. In the performance of his/her duties, the CCO shall report the Executive Director but shall have direct access to the organization's accounting firm and/or legal counsel on an "as needed" basis for matters and questions pertaining to corporate compliance. For clarification, this provision does not relieve the CCO of keeping the ED fully informed of any and all matters that might necessitate direct contact with the organization's accounting firm and/or legal counsel.

Annual Corporate Compliance Report:

The CCO shall submit an annual corporate compliance report to the Executive Director. Annual reports will include at a minimum: (1) a summary of all allegations, investigation, and/or complaints processed in the preceding 12 months in conjunction with the corporate compliance program, (2) a complete description of all corrective action(s) taken, and (3) any recommendations for changes to the organization's policies and/or procedures.

Risk Management Assessment:

As part of corporate compliance program, the CCO shall schedule and coordinate periodic risk management assessments and/or audits to identify potential problem areas and “threats” that could put the organization at risk for unusual liability, i.e. billing and cash handling, procedures, diversion control practices, medication management policies, etc. Such assessments will augment the organization’s annual audit of its accounting system and provide an additional, internal measure of operational accountability in the variety of areas.

3. Training and Education

All new employees working in a residential setting and individuals own homes receive the following training:

- a. Introduction to CSCS’s written standards of conduct as outlined in the Employee Handbook and the Disciplinary Action Guidelines.
- b. Review of the needs of the individuals served.
- c. Community Mental Health Curriculum Training including Recipient Rights.
- d. In-Home Checklist including plans of services, healthcare, behavioral, food texture and fire safety as well as any in-home specific issues.
- e. Company policies and procedures
- f. General expectations related to staff character.
- g. HIPAA training.
- h. Basic compliance training, including an introduction to the plan at the time of hire and thereafter, an annual review.

Central State Community Services will identify and provide additional, specialty or new training as needs arise.

Management staff meets monthly in a small work group to discuss specific issues related to each individual residential setting. The entire agency’s management group meets at least quarterly basis to discuss broader issues as they relate to each individual residential setting.

4. Internal Reporting Process

All complaints related to the compliance plan will be made to the Compliance Officer who is expected to safeguard the anonymity of complainants and to protect whistleblowers from retaliation. Complaints can be made by telephone, fax or US mail to:

Corporate Compliance Officer
Central State Community Services
2603 W Wackerly St., Ste 201
Midland, MI 48640
989 631-6691 phone
989 631-8760 fax

Complaint files will be safeguarded in a locked cabinet, under the supervision of the Compliance Officer.

5. Disciplinary Mechanisms

CSCS has written standards for conduct and written disciplinary guidelines. A written copy of the standards of conduct and the disciplinary action guidelines are given to all employees at the time of hire. It is the responsibility of the Compliance Officer to work with CSCS’s supervisory staff and Compliance Committee in enforcing current policy as it relates to the discipline of employees who have violated internal compliance policies, applicable statutes, regulations or Federal Law.

6. Audits and Evaluation Techniques

All residential settings are licensed by the Michigan Department of Consumer and Industry Services. As a result, each individual setting is audited by a CIS representative on a regular basis. This process reviews

the overall functioning of the home, including staff qualifications, physical plant maintenance, consumer care and consumer finances.

Annual audits of each residential setting include:

- a. Recipient Rights
- b. State Fire Marshal Inspection
- c. Property Specialists (Physical Plant Review)

At the corporate level, each home's and individual living arrangement's financials are audited annually by an independent auditor. At an internal level, the Finance Manager conducts petty cash and resident fund audits at least semi-annually, and the Program Coordinators conduct a management site review quarterly and monitor the home on an ongoing basis.

As a result of the audits described above, CSCS may develop a plan of correction or may modify its procedures if doing so would strengthen the operation of the corporation.

7. Remediation

CSCS has established written disciplinary action guidelines that outline specific actions to be taken by the corporation for specific offenses. CSCS's supervisory staff and the Compliance Officer will implement the written policies and practices of the corporation as they relate to retention or non-employment of sanctioned employees.

8. Investigation

At the time any complaint is made by any recipient, employee, or other stakeholder, the Compliance Officer will initiate an investigation within 48 hours. If applicable, a written response to the complainant will be made within 10 working days of the date of the complaint. It is the responsibility of the Compliance Committee to assure that all information gathered is protected, that the findings are objective and if substantiated, to make recommendations to correct the problem as well as to prevent future occurrence.

Examples of processes that may be used to correct or prevent occurrences include audits, changes in policy or process, the development of focus groups and the development of new QA/QI goals and objectives.

Central State Community Services, Inc.

Corporate Compliance Notice

Central State Community Services is committed to the delivery of specialized residential and community living support services in an environment characterized by strict conformance with highest standards of accountability for administrative, clinical, business, marketing and financial management services. Further, the management of CSCS is fully committed to the prevention and detection of fraud, waste, abuse, fiscal mismanagement and misappropriation of funds and has developed a corporate compliance program that emphasizes (1) prevention of wrong doing – whether intentional or unintentional, (2) immediate reporting and investigation of questionable activities and practices without consequences to the reporting party and (3) timely correction of any situation which could potentially put its clients, the organization, its leadership or employees at risk.

Any person wishing to submit a report of any suspected case of waste, fraud, abuse or wrongdoing can do confidentially and without fear of retaliation or reprisal. Reports can be submitted in person or by mail, telephone, fax or email to the organization's Corporate Compliance Officer:

Ms. Kari Conner
2603 W. Wackerly St., Ste 201
Midland, MI 48460
989-631-6691 phone
989-631-8760 fax
kconner@cscsmi.com

**Confidential form may be completed by going to the website:
www.cscsmi.com and completing a "Contact Us" form.**

**Central State Community Services
Emergency Call Numbers**

Home: _____ Date: _____

In case of an emergency involving _____ (staff name),
please notify:

Name: _____ Phone Number: _____

or

Name: _____ Phone Number: _____

Central State Community Services, Inc.

Wex Fleet Driver Responsibility Policy

Employees authorized to fuel company vehicles are issued a 4 digit PIN to be used with the company's Fleet Cards. This document is to verify that you understand your responsibilities and the company's policies regarding the use of your PIN.

Employee Acceptance Statements

1. I have been issued a PIN, which authorizes me to fuel company vehicles only, using the company's Wex Fleet Cards.
2. I understand that my PIN identifies me by name on a weekly fuel report and that I am accountable for all transactions made using my PIN. Therefore, I will not share my PIN with anyone. If I believe someone else knows my PIN, I will immediately notify my supervisor and/or Finance Manager.
3. I understand that the Wex Fleet Cards are not be used for personal vehicles of non-business purposes. Using the Wex Fleetn card for any purpose other than official business use will be considered theft of company property.
4. I understand that each time I use a Wex Fleet Card I am required to completely fill the vehicle's fuel tank and enter an accurate odometer reading. This will allow the company to monitor fuel usage and track required maintenance intervals.
5. I understand that each Wex Fleet Card is assigned to an individual company vehicle. My PIN will work with any Wex Fleet Card issued to the company. I understand that it is against company policy to swap or share cards between vehicles or to use any card for other than the intended purpose.

When you purchase fuel for the company vehicles, you are to sign out the card on the *Fuel Card Sign Out/In* form. Be sure to verify that the fuel card you have is for the van/vehicle you are getting gas for. Each vehicle has a card that is to be used only for that van/vehicle. You are to go to a gas station that accepts the Wex Fleet card. If you are unsure, you can ask the attendant PRIOR to getting gas. It is recommended that you pay at the pump. Insert the card at the pump. You will be prompted to enter your PIN then the mileage of the vehicle. Upon completion of getting gas, the receipt must be signed by the purchasing staff. The staff turns the receipt and fuel card over to the supervisor. Finish by completing the *Fuel Card Sign Out/In* form. The supervisor will also sign the receipt.

I have read, understand and agree to the Wex Driver Responsibility Policy as stated above.

Staff signature

Date

Supervisor signature

Date

Central State Community Services

Drug and Alcohol Policy

Purpose

In compliance with the Drug-Free Workplace Act of 1988, Central State Community Services has a longstanding commitment to provide a safe, quality-oriented and productive work environment. Alcohol and drug abuse poses a threat to the health and safety of Central State employees and to the Individuals we serve. For these reasons, Central State Community Services is committed to the elimination of drug and alcohol use and abuse in the workplace.

Work Rules

1. Whenever employees are working, are operating any Central State vehicle, are present on Central State premises or are conducting company-related work offsite, they are prohibited from:
 - a. Using, possessing, buying, selling, manufacturing or dispensing an illegal drug (to include possession of drug paraphernalia).
 - b. Being under the influence of alcohol, marijuana or an illegal drug as defined in this policy.
 - c. Possessing or consuming alcohol or marijuana.
2. The presence of any detectable amount of any illegal drug, illegal controlled substance or alcohol and or marijuana in an employee's body system, while performing company business or while in a company facility, is prohibited.
3. Central State will also not allow employees to perform their duties while taking prescribed drugs that are adversely affecting their ability to safely and effectively perform their job duties. Employees taking a prescribed medication must carry it in a container labeled by a licensed pharmacist or be prepared to produce the container if asked.
4. Any illegal drugs or drug paraphernalia will be turned over to an appropriate law enforcement agency and may result in criminal prosecution.

Required Testing

Reasonable suspicion

Employees are subject to testing based on (but not limited to) observations by at least two members of management of apparent workplace use, possession or impairment. HR or Management should be consulted before sending an employee for testing. Management must use the Reasonable Suspicion Observation Checklist to document specific observations and behaviors that create a reasonable suspicion that an employee is under the influence of illegal drugs or alcohol. Examples include:

- Odors (smell of alcohol or marijuana, body odor or urine).
- Movements (unsteady, fidgety, dizzy).
- Eyes (dilated, constricted or watery eyes, or involuntary eye movements).
- Face (flushed, sweating, confused or blank look).

- Speech (slurred, slow, distracted mid-thought, inability to verbalize thoughts).
- Emotions (argumentative, agitated, irritable, drowsy).
- Actions (yawning, twitching).
- Inactions (sleeping, unconscious, no reaction to questions).

When reasonable suspicion testing is warranted, management or HR will meet with the employee to explain the observations and the requirement to undergo a drug and/or alcohol test within two hours. Refusal by an employee will be treated as a positive drug test result and will result in immediate termination of employment.

Under no circumstances will the employee be allowed to drive himself or herself to the testing facility. A member of management must transport the employee or arrange for transportation and arrange for the employee to be transported home.

Post-accident

Employees are subject to testing when they cause or contribute to accidents that seriously damage a Central State vehicle or that result in an injury to themselves or another employee requiring offsite medical attention. A circumstance that constitutes probable belief will be presumed to arise in any instance involving a work-related accident or injury in which an employee who was operating a motorized vehicle is found to be responsible for causing the accident. In any of these instances, the investigation and subsequent testing must take place within two hours following the accident, if not sooner. Refusal by an employee will be treated as a positive drug test result and will result in immediate termination of employment.

Under no circumstances will the employee be allowed to drive himself or herself to the testing facility. A member of management must transport the employee or arrange transportation and arrange for the employee to be transported home.

Consequences

Employees who refuse to cooperate in required tests or who use, possess, buy, sell, manufacture or dispense an illegal drug in violation of this policy will be terminated. If the employee refuses to be tested, yet the company believes he or she is impaired, under no circumstances will the employee be allowed to drive himself or herself home.

Employees who test positive, or otherwise violate this policy, will be subject to discipline, up to and including termination. Depending on the circumstances, the employee's work history/record and any state law requirements.

Confidentiality

Information and records relating to positive test results, drug and alcohol dependencies, and legitimate medical explanations provided to the MRO will be kept confidential to the extent required by law and maintained in secure files separate from normal personnel files. Such records and information may be disclosed among managers and supervisors on a need-to-know basis and may also be disclosed when relevant to a grievance, charge, claim or other legal proceeding initiated by or on behalf of an employee or applicant.

Inspections

Central State reserves the right to inspect all portions of its premises for drugs, alcohol or other contraband. All employees, contract employees and visitors may be asked to cooperate in inspections of their persons, work areas and property that might conceal a drug, alcohol or other contraband. Employees who possess such contraband or refuse to cooperate in such inspections are subject to appropriate discipline, up to and including termination.

Definitions

“Company premises” includes all buildings, offices, facilities, grounds, parking lots, lockers, places and vehicles owned, leased or managed by Central State Community Services or any site on which the company is conducting business.

“Illegal drug” means a substance whose use or possession is controlled by federal law but that is not being used or possessed under the supervision of a licensed health care professional. (Controlled substances are listed in Schedules I-V of 21 C.F.R. Part 1308.)

“Refuse to cooperate” means to obstruct the collection or testing process; to submit an altered, adulterated or substitute sample; to fail to show up for a scheduled test; to refuse to complete the requested drug testing forms; or to fail to promptly provide specimen(s) for testing when directed to do so, without a valid medical basis for the failure. Employees who leave the scene of an accident without justifiable explanation prior to submission to drug and alcohol testing will also be considered to have refused to cooperate and will automatically be subject to discharge.

“Under the influence of alcohol” means an alcohol concentration equal to or greater than .04, or actions, appearance, speech or bodily odors that reasonably cause a supervisor to conclude that an employee is impaired because of alcohol use.

“Under the influence of drugs” means a confirmed positive test result for illegal drug use per this policy. In addition, it means the misuse of legal drugs when there is not a valid prescription from a physician for the lawful use of a drug in the course of medical treatment (containers must include the patient’s name, the name of the substance, quantity/amount to be taken and the period of authorization).

Drug and Alcohol Policy Certificate of Receipt

I hereby certify that I have received a copy of Central State Community Services Drug and Alcohol Policy.

Employee Signature

Date

STATEMENT OF DRIVER RESPONSIBILITY

As an employee of Central State Community Services, Inc., I understand that I will be required to drive Central State Community Services, Inc.'s, vehicles while on duty, or may need to use my own vehicle to conduct business for Central State Community Services, Inc., and that I must maintain a safe driving record for satisfactory job performance.

- I am in compliance with the Uniform Policy for Staff and Drivers.
- I am not in compliance with the Uniform Policy for Staff and Drivers.

If not in compliance, state why_____.

By signing this statement I verify that I have read and understand the Uniform Policy for Staff and Drivers. I certify that I am in compliance with the policy and consent to allow Central State Community Services to verify this statement. If not in compliance with the Uniform Policy for Staff and Drivers, I will disclose my driving record to Central State Community Services and understand that I may not be hired, or if employed by Central State Community Services my employment may be terminated upon verification of my driving record.

I understand that determination of safe driving will include annual or periodic reviews of my Master Driving Record on file with the Michigan Department of State.

I agree to advise Central State Community Services, Inc., of any traffic tickets or other citations involving an automobile for which I am found at fault, responsible for, or guilty. I also understand that this policy may be altered, modified, or deleted at the sole option of Central State Community Services, Inc., and I agree to follow any changes made upon notice from Central State Community Services, Inc.

Signed _____
 Date _____
 Position _____

Central State Community Services, Inc.
Transportation Procedure: Van In-service

1. Central State Community Services, Inc.'s employees are required to observe and obey all state and local traffic laws.
2. Staff are to obey the speed limit. This includes reducing travel speed to allow for weather conditions, road construction, etc.
 - A. During severe weather, employees need to make sure that the vehicle is equipped with sand, shovel, windshield scrapper, rope, flashlight, and blankets.
 - B. In heavy snow fall, use hazard lights making it easier to see.
 - C. Anticipate stops and slow down sooner - always tap the brakes.
 - D. Always stay in the right lane.
 - E. Stop, turn back, or seek help if conditions threaten your ability or endurance.
ALWAYS STAY CALM.
3. ALWAYS CARRY EMERGENCY KIT BAG.
Emergency Equipment to include first-aid kit, flairs, fire extinguisher, emergency phone numbers and emergency information packet.
4. Drive with all possible caution. Do not save time by traveling faster than road conditions permit.
5. Always use your turn signals.
6. Staff are to complete a pre-trip inspection prior to each trip. (Use the vehicle inspection before/after trip form). This inspection to include:
 - check fluid levels (fuel, radiator, steering, brake, oil, etc.)
 - check lights (head, brake, back-up, and blinkers)
 - check tires for air pressure and wear; check the spare tire
 - make sure all emergency equipment is in place and working
7. All vans used to transport people with physical limitations will have an approved handicapped parking sticker displayed in the proper location. Use of handicapped parking by staff while on duty without being accompanied by a person with a physical disability is grounds for dismissal.
8. All people riding in a company vehicle will wear seat belts at all times.
9. Staff are to make sure the proof of insurance/registration are in the van at all times.
10. All current staff must have a current, valid, and unrestricted MI Driver's License.
11. The van is to be cleaned, inside and outside, weekly.
12. Scheduled maintenance is to be completed in a timely manner.
13. Any problems with the van are to be reported to the home supervisor who will follow-up immediately.
14. Always remember, the faster you drive, the less reaction time you have.

Central State Community Services, Inc.

Policy: Social Media	Approved by: Paula Barnes	Effective Date: 9/17/2013
Reviewed/Revision Date: 5/6/2014, 10/2016, 05/19	Policy Number: 04-00-14	Reviewed/Revised by: Paula Ott

Social Media

Social Media includes, but is not limited to, all means of communication or posting information or content of any sort of the Internet, including the following forums: blogs, podcast, discussion boards, on-line collaborative information and publishing systems that are accessible to internal and external audiences (i.e., wikis), RRS feeds, video sharing, personal websites, and any social networks like Facebook and Twitter (not limited to).

The employer respects the legal rights of our employees, and this policy is not intended to nor will it be applied to limit those rights. Activities inside or outside of work that affects the employer's interests in confidential or proprietary information, our partners and competitors, or the privacy, comfort and safety of our customers and employees is the proper focus for this policy. What an employee writes online can be read by anyone, and to the extent that an employee's personal behavior negatively impacts the employer's interests, the employer has the right to take disciplinary action against the employee up to and including termination.

Unacceptable Use

The goal of this section is to outline unacceptable uses and behaviors by employees. Employees are expected to practice good judgment in their social media use and are responsible for all of the content they publish on social media forums.

Work Interference. Any personal social media use that unreasonably interferes with the employee's job or work commitments is strictly prohibited.

Egregious Behavior. Any social media use that violates the employer's discrimination or harassment policies is strictly prohibited. This includes comments and images that are vulgar, obscene, defaming, threatening, intimidating, or harassing, or comments or images that in any way target anyone on the bases of age, race, religion, sex, ethnicity, nationality, disability, pregnancy, or other protected classes, status, or characteristic. Show proper consideration for others' privacy and for topics that maybe considered objectionable or inflammatory such as politics and religion.

Inappropriate Websites. Access to lewd, obscene, otherwise inappropriate sites on the Internet is strictly prohibited.

Solicitation. Harassing or unreasonably pressuring other employees to connect with you via social media is strictly prohibited.

Confidential Information. Do not use social media to disclose confidential, proprietary, or embargoed information about the employer or its residents. This information includes trade

secrets, internal business-related confidential communications, pending reorganizations, and customer news. It does not include information about terms and conditions of your employment.

Employees must comply with all securities regulations and other laws. Employees must comply with all HIPAA regulations and employer confidentiality procedures.

Intellectual Property. Employees must respect all copyright and other intellectual property laws. The commercial use of any of employer’s protected intellectual property, including trademarks, logos, and photographs, on social media forums without permission is strictly prohibited.

Representations. Representing any opinion or statement as the policy or view of the employer, or any individual in their capacity as an employee, or otherwise on behalf of the employer is strictly prohibited. Employees are responsible for ensuring that statements are not construed as representation made on or on behalf of the employer, the employee must expressly state: “These statements are my own and do not represent Central State Community Services Inc, positions, strategies or opinions.”

Employee Printed Name

Employee Signature

Date

Supervisor Printed Name

Supervisor Signature

Date

CENTRAL STATE COMMUNITY SERVICES, INC.

Subject: Performance Correction Guidelines	Approved by: Paula Barnes, ED	Effective Date: 3/27/07
Reviewed/Revision Date: 05/21, 11/19, 10/16, 10/15, 2/15, 1/15, 11/14, 8/14, 4/13, 2/10	Policy Number: 5-03	Reviewed/Revised by: Paula Ott, Executive Director

Performance Correction shall be determined solely at the discretion of the Executive Director or his/her designee. Central State shall have Performance Correction Guidelines to be used as examples or illustrations of prohibited conduct. However, these guidelines are not an all-inclusive list of offenses which may lead to performance correction, nor shall they interfere with or inhibit the Executive Director’s discretion in these matters.

Employment, promotions, performance correction and dismissals are determined without regard to gender, pregnancy, race, color, religion, national origin, citizenship, mental or physical disability, military service, veteran status, political affiliation, familial and marital status, age, sexual orientation, gender expression, height, weight, or genetic information.

On occasion, unavoidable circumstances may arise that prevent a staff person from fulfilling their employment obligations. Within the framework of Central State at-will employment policy, management may utilize the following information at their discretion to make a decision to excuse an action that would usually result in a performance correction.

Any excuse granted by management staff does not preclude review of this action by the Executive Director and possible modification of the decision.

* Some offenses will result in a more serious performance correction or termination for the 1st offense. You will not find training guidelines for these offenses.

COUNSEL/TRAINING GUIDELINES*

Counsel/Training Sessions Available

4. Tardiness
- {A} Tardiness of 5 minutes or less for work schedule and/or scheduled meeting3
 - {B} Tardiness greater than 5 minutes and less than 15 minutes for work schedule and/or scheduled meeting.....2
 - {C} Tardiness of 15 minutes or more and less than one hour for a work schedule and/or scheduled meeting1

COUNSEL/TRAINING GUIDELINES*

Counsel/Training Sessions Available

9. Improper, incomplete, or incorrect documentation.
- {A} House related3
 - {B} Individual programs or person-centered plans.....2
 - {C} Medical0
 - {D} Other1
-

10. Complete failure to document information related to:
- {A} The house1
 - {B} Individual programs or person-centered plans1
 - {C} Medication/Medical.....0
 - {D} Other.....1
-

15. Inappropriate dress. (See dress code).....2
-

16. Improper personal use of work time that interferes or detracts from performance of job duties.1
-

17. Failure to perform job responsibilities in employee’s job description or shift responsibility sheets.
- {A} Individuals.....1
 - {B} Household.....2
 - {C} Not related to Individual or Home3
-

41. Gossip that is contrary to the corporation’s Vision, Mission, Ethics Statements, is malicious, or is otherwise destructive.....1
to the team
-

PERFORMANCE CORRECTION GUIDELINES

DESCRIPTION OF OFFENSE	VERBAL REPRIMAND	WRITTEN REPRIMAND	D-DAY	TERMINATION	CODE
1. Failure to notify supervisor of absences or tardiness at least 2 hours prior to shift	1 st offense	2 nd offense	3 rd offense	4 th offense	17 or 18
2. Unexcused absence from work shift. (Staff will be considered absent if not at work within one hour of the start of work shift or meeting.)		1 st offense	2 nd offense	3 rd offense	18
3. Unexcused absence from a scheduled meeting, training, or in-service, as required by Central State. Unexcused absence from work shift. (<i>Staff will be considered absent if not at work within one hour of the start of work shift or meeting.</i>)		1 st offense	2 nd offense	3 rd offense	18
4. Tardiness:					
A. Tardiness of 5 minutes or less for work schedule and/or scheduled meetings and/or training.	4 th offense	5 th offense	6 th offense	7 th offense	17
B. Unexcused (see attached definition of “excused”) tardiness greater than 5 minutes and less than 15 minutes for a work schedule and/or scheduled meetings and/or training.	3 rd offense	4 th offense	5 th offense	6 th offense	17
C. Unexcused tardiness of 15 minutes or more and less than one hour for a work schedule and/or scheduled meetings and/or training. (<i>Lateness of one hour or more = absence</i>)	2 nd offense	3 rd offense	4 th offense	5 th offense	17

DESCRIPTION OF OFFENSE	VERBAL REPRIMAND	WRITTEN REPRIMAND	D-DAY	TERMINATION	CODE
5. Offensive language, but not malicious in intent, between staff/Individuals.		1 st offense	2 nd offense	3 rd offense	38
6. Abusive language. Applies to staff/staff interactions.		1 st offense	2 nd offense	3 rd offense	35
7. Unauthorized (by immediate supervisor) staff visitation during non-work hours that interfere with home functioning (loitering).		1 st offense	2 nd offense	3 rd offense	15
8. Staff failing to immediately report any unauthorized visitors, to the supervisor.		1 st offense	2 nd offense	3 rd offense	15
9. Improper, incomplete, or incorrect documentation.					
A. Home documentation	3 rd offense	4 th offense	5 th offense	6 th offense	19
B. Individual Programs/PCP	3 rd offense	4 th offense	5 th offense	6 th offense	19
C. Medical (weights, vitals, etc.)	1 st offense	2 nd offense	3 rd offense	4 th offense	19
D. Other	2 nd offense	3 rd offense	4 th offense	5 th offense	19
10. Complete failure to document					
A. Home documentation	2 nd offense	3 rd offense	4 th offense	5 th offense	19
B. Individual Programs/PCP	2 nd offense	3 rd offense	4 th offense	5 th offense	19
C. Medical (weights, vitals, etc.)	1 st offense	2 nd offense	3 rd offense	4 th offense	19
E. Other	2 nd offense	3 rd offense	4 th offense	5 th offense	19

DESCRIPTION OF OFFENSE	VERBAL REPRIMAND	WRITTEN REPRIMAND	D-DAY	TERMINATION	CODE
11. Medication Error		1 st offense	2 nd offense	3 rd offense	36
12. Failure to report and document vehicle accident immediately.			1 st offense	2 nd offense	54
13. Receiving a moving vehicle traffic ticket while driving a company vehicle.			1 st offense	2 nd offense	35
A. Failure to immediately report a traffic ticket received while driving a company vehicle.			1 st offense	2 nd offense	54
14. Improper use of company vehicle documented by GeoTracker					
a. Speeding		1 st offense	2 nd offense	3 rd offense	
b. Reckless Driving (15 mph over limit or more)			1 st offense	2 nd offense	
c. Other (sudden start or stop; over the line, seatbelt, etc.)		1 st offense	2 nd offense	3 rd offense	
15. Inappropriate dress. (See Dress Code in Staff Handbook.)	3 rd offense	4 th offense	5 th offense	6 th offense	55
16. Improper personal use of work time that interferes or detracts from performance of job duties.	2 nd offense	3 rd offense	4 th offense	5 th offense	56
17. Failure to perform job responsibilities In employees' job description or shift Responsibility sheets.					
A. Responsibilities related to individuals served.	2 nd offense	3 rd offense	4 th offense	5 th offense	19
B. Household related responsibilities	3 rd offense	4 th offense	5 th offense	6 th offense	19
C. Duties not related to Ind./Home	4 th offense	5 th offense	6 th offense	7 th offense	19

DESCRIPTION OF OFFENSE	VERBAL REPRIMAND	WRITTEN REPRIMAND	D-DAY	TERMINATION	CODE
18. Unauthorized or improper use of company property.			1 st offense	2 nd offense	57
19. Failure to follow chain of command (See organizational chart)		1 st offense	2 nd offense	3 rd offense	15
20. Insubordination (Def. - Failure to accept appropriate job-related directions, either verbal and/or written, from authorized supervisor)		1 st offense	2 nd offense	3 rd offense	21
21. Violation of confidentiality (Mental Health Code and Children's Licensing Act and AFC Licensing Act).		1 st offense	2 nd offense	3 rd offense	39
22. Accepting cash gifts from Individuals served.			1 st offense	2 nd offense	5
23. Violation of Individual's rights. (See employee handbook)					
Services/Treatment suited to Condition		1 st offense	2 nd offense	3 rd offense	38
Dignity & Respect		1 st offense	2 nd offense	3 rd offense	38
Safe Environment		1 st offense	2 nd offense	3 rd offense	38
Failure to Supervise		1 st offense	2 nd offense	3 rd offense	38
A. Abuse I				1 st offense	4
Abuse II (including Exploitation)				1 st offense	5
Abuse III				1 st offense	6
B. Neglect I				1 st offense	7
Neglect II			1 st offense	2 nd offense	8
Neglect III		1 st offense	2 nd offense	3 rd offense	9

DESCRIPTION OF OFFENSE	VERBAL REPRIMAND	WRITTEN REPRIMAND	D-DAY	TERMINATION	CODE
24. Failure to report a Recipient Rights Violation immediately when employee is aware of such an incident.		1 st offense	2 nd offense	3 rd offense	38
25. Failure to follow agency and facility emergency procedures including the emergency preparedness plan and the policy to a safe work environment			1 st offense	2 nd offense	54
26. Possession, use, and/or under the influence of intoxicants and/or illegal drugs while on duty.				1 st offense	35
27. Leaving work site without permission from authorized supervisor.				1 st offense	12
28. Theft of petty cash, Individual funds, Individual property, and/or company property.				1 st offense	35
29. Physical fight on the job.				1 st offense	35
30. Malicious destruction of property.				1 st offense	35
31. Theft and/or misuse of Individual medication.				1 st offense	35
32. Borrowing money from an Individual.				1 st offense	5
33. Illegal gambling at work.				1 st offense	35
34. Sleeping or lying down on the job. (*Two-day unpaid suspension & D Day/1 st offense)			*1 st offense	2 nd offense	11
35. Intentionally left blank.					

DESCRIPTION OF OFFENSE	VERBAL REPRIMAND	WRITTEN REPRIMAND	D-DAY	TERMINATION	CODE
36. Excessive number of written reprimands and/or D-Days (Any combination excluding verbal warnings)			Any 3 written reprimands or D Days	Any further progressive written warning or D Day w/in 1 year	20 or more spec. code
37. Providing false written or verbal work related information.			1 st offense	2 nd offense	22 or 23
38. Hostile work environment, bullying, and harassment, and offensive language.				1 st offense	22 or 23
39. Sexual Harassment:					
A. Verbal (may include sexual innuendo, suggestive comments, implied threats, insults, jokes about gender specific traits, sexual propositions or requests for sexual favors) or nonverbal (making suggestive or insulting noises, obscene gestures, whistling, leering).			1 st offense	2 nd offense	35
B. Physical contact which may be construed to be for sexual arousal or gratification (includes touching, pinching, brushing body).				1 st offense	35
C. Physical contact that includes the use of force or coercion (includes threats or extortion).				1 st offense	35
40. Failure to immediately report policy violations.		1 st offense	2 nd offense	3 rd offense	15

DESCRIPTION OF OFFENSE	VERBAL REPRIMAND	WRITTEN REPRIMAND	D-DAY	TERMINATION	CODE
41. Gossip* that is contrary to the corporation's Vision, Mission, Ethics statements, is malicious or is otherwise destructive to the Team. (*Idle talk or rumor especially about the private affairs of others.)	1 st offense	2 nd offense	3 rd offense	4 th offense	20
42. Failure to maintain a current, valid & unrestricted driver's license that is insurable under the Corporation's fleet insurance; If hired before 12/12/14: If hired on or after 12/12/14:		1 st offense	2 nd offense	3 rd offense 1 st offense	13 13
43. Unprofessionalism: Failure to be respectful and helpful on the telephone, in an email or in person:	1 st offense	2 nd offense	3 rd offense	4 th offense	22
44. Unacceptable criminal history, (ineligible to work in AFC, as determined by policy, Michigan Law & AFC regulatory agencies.)				1 st offense	24

I have received a copy of Central State Community Services, Inc.'s, "Performance Correction Guidelines".

My signature below serves as my agreement to comply and as acknowledgment that I have read and understand these guidelines.

Employee Printed Name

Employee Signature

Date

Supervisors Printed Name

Supervisor Signature

Date

Justice:

Taking personal responsibility to uphold what is pure, right and true.

Remember Character Determines Success!

CENTRAL STATE COMMUNITY SERVICES, Inc. - Bonus Policy

It is the policy of Central State Community Services, Inc., that bonuses may be provided periodically to employees based on the availability of funds.

If the funds are sufficient to provide bonuses and Central State Community Services, Inc. decides at its sole discretion to distribute organization bonuses, the following factors may be utilized in determining any amount to be provided to employees:

- A. Actual number of hours worked by the employee during the bonus period.
- B. Number of years that the employee has worked for Central State Community Services, Inc.
- C. Job classification and corresponding level of responsibility for the employee.
- D. Quality of the employee's performance during the fiscal year as reflected in employee evaluations and other written documentation to the employee from the employee's supervisor or other person responsible for performing the evaluations and providing the other written documentation.
- E. Bonuses may be provided based on available funds and the factors indicated above, and only if the employee is actively employed with Central State Community Services, Inc., on the date that the bonuses are paid.
- F. The employee understands that this bonus policy is discretionary and that the employer retains the discretion both as to the fact of a bonus payment and as to the amount until a time quite close to the end of the period for which the bonus is paid.

By signing below the employee acknowledges and understands that the employer has made no promises to pay a bonus at any time or in any amount, either express or implied.

Employee

Date

Employer

Date

CENTRAL STATE COMMUNITY SERVICES, INC.

Subject: Code of Ethics (Summary)	Approved by: Paula Barnes	Effective Date:
Reviewed/Revision Date: 11/23, 12/22, 11/21, 4/19, 8/16, 10/15, 1/15, 8/14, 4/14, 11/13, 9/13, 04/13	Policy Number: 05-02	Reviewed/Revised by: Kari Conner, HR

Overview

Central State Community Services, Inc., Code of Ethics is intended to serve as a guide to the everyday professional conduct of Central State Personnel. Please feel free to let us know how you think we are doing. We welcome the input of individuals served, their families, guardians, employees, and all other stakeholders. Please know that we will take your concerns seriously and that there will be no reprisal regardless of your comments, concerns, complaints, or suggestions.

Purpose of Central State Code of Ethics

Central State has an obligation to articulate its basic values, ethical principles, and ethical standards to personnel and other stake holders. The Central State *Code of Ethics* sets forth these values, principles, and standards to guide Central State Personnel's conduct.

The *Code* is relevant to Central State Personnel regardless of their professional functions, the settings in which they work, or the populations they serve.

Ethical decision-making is a process. There are many instances in Central State and where simple answers are not available to resolve complex ethical issues. Central State Personnel should take into consideration all the values, principles, and standards in this *Code* that are relevant to any situation in which ethical judgment is warranted.

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which personnel aspire and by which their actions can be evaluated. Central State and Personnel's ethical behavior should result from their personal commitment to engage in ethical practices.

When allegations of violations of ethical conduct occur, Central State will follow their corporate compliance program and plan. Anyone can make a report confidentially and without fear of retaliation or reprisal. Reports can be submitted in person or by mail, telephone, fax, or email to the organizations' Corporate Compliance Officer.

Central State Community Services, Inc., Code of Ethics

Central State's Personnel Ethical Responsibilities to Persons Receiving Services

- Central State Personnel's primary responsibility is to promote the well-being of Individuals served.

- Central State Personnel respect and promote the right of Individuals served to self-determination and assist Individuals served in their efforts to identify and clarify their goals with a person-centered focus.
- Central State Personnel should provide services to Individuals served only in the context of a professional relationship based, when appropriate, on valid informed consent.
- Central State Personnel should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.
- Central State Personnel should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
- Central State Personnel should be alert to and avoid conflicts of interest and contractual relationships that interfere with the exercise of professional discretion and impartial judgment.
- Central State Personnel should respect Individuals' right to privacy and refrain from discussing personal issues related to Individual's in public areas of the home or community, at all times.
- Central State Personnel should provide Individuals served with reasonable access to records concerning the Individual.
- Central State Personnel should under no circumstances engage in sexual activities or sexual contact with current Individuals served, whether such contact is consensual or forced.
- Central State Personnel should not engage in physical contact with Individuals served when there is a possibility of psychological harm to the Individual as a result of the contact (such as cradling or caressing Individuals served).
- Central State Personnel should not sexually harass Individuals served.
- Central State Personnel should not use derogatory language in their written or verbal communications to or about Individuals served.
- When setting fees, Central State Personnel should ensure that the fees are fair, reasonable, and commensurate with the service performed. Consideration should be given to the Individual's ability to pay.
- When Central State Personnel act on behalf of Individuals served who lack the capacity to make informed decisions, Central State Personnel should take reasonable steps to safeguard the interests and rights of the Individuals.
- Central State Personnel should make reasonable effort to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.
- Central State Personnel should terminate services to Individuals served, and professional relationships with them, when such services and relationships are no longer required or no longer serve the Individuals' needs or interests.
- Central State Personnel should refer an Individual served to their case manager for purposes of witnessing legal documents.

Central State Personnel Ethical Responsibilities to Colleagues

- Central State Personnel should treat colleagues with respect and represent accurately and fairly the qualifications, views, and obligations of colleagues.
- Central State Personnel should respect confidential information shared by colleagues in the course of their professional relationships and transactions.
- Central State Personnel who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of Individuals served by drawing on the perspectives, values, and experiences of the profession.

- Central State Personnel should not take advantage of a dispute between a colleague and employer to obtain a position or otherwise advance the Central State Personnel's own interests.
- Central State Personnel should seek advice and counsel of colleagues whenever such consultation is in the best interests of Individuals served.
- Central State Personnel should refer Individuals served to other professionals when other professionals' specialized knowledge or expertise is needed to serve Individuals fully, or when Central State Personnel believe they are not being effective or making reasonable progress with Individuals served and additional service is required.
- Central State Personnel who function as supervisors or educators should not engage in sexual activities or contact with current employees under their supervision, , students, trainees, or other colleagues over whom they exercise professional authority.
- Central State Personnel should not engage in sexual harassment of employees under their supervision, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
- Central State Personnel who have direct knowledge of a Central State colleague's impairment which is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties, and which interferes with practice effectiveness, should consult with that colleague, and assist the colleague in taking remedial action.
- Central State Personnel who have direct knowledge of a Central State colleagues' incompetence should consult that colleague when feasible and assist the colleague in taking remedial action.
- Central State Personnel should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

Central State Personnel's Ethical Responsibilities in Practice Settings

- Central State Personnel who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.
- Central State Personnel who function as educators, field instructors for students, or trainers should provide instruction only with their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.
- Central State Personnel who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.
- Central State Personnel should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.
- Central State Personnel should establish and maintain billing practices that accurately reflect the nature and extent of services provided, and specifically by whom the service was provided in the practice setting.
- When an individual who is receiving services from another agency or colleague contacts a Central State representative for services, Central State should carefully consider the Individual's needs before agreeing to provide services.
- Central State administrators should advocate within and outside their agencies for adequate resources to meet Individuals' needs.
- Central State administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for which they are responsible.

Continuing education and staff development should address current knowledge and emerging developments related to Central State practice and ethics.

- Central State Personnel should work to improve employing agencies' policies and procedures, and the efficiency and effectiveness of their services.
- Central State Personnel should not engage in personal fundraising by soliciting individuals, co-workers, vendors, visitors, or other colleagues.

Central State Personnel's Ethical Responsibilities as Professionals

- Central State Personnel should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.
- Central State Personnel should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of on gender, pregnancy, race, color, religion, national origin, citizenship, mental or physical disability, military service, veteran status, political affiliation, familial and marital status, age, sexual orientation, gender expression, height, weight, or genetic information.
- Central State Personnel should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.
- Central State Personnel should not participate in, condone, or be associated with dishonesty, fraud, deception, waste, abuse, or other wrongdoing. This can be defined as false representation of fact, making false statements, or concealment of information. Additionally, thoughtless, or careless expenditure, mismanagement, or abuse of resources.
- Central State Personnel should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.
- Central State Personnel should make clear distinctions between statements made and actions engaged in as a private individual, a representative of the profession, and a professional of Central State organizations.
- Central State Personnel should not engage in marketing or uninvited solicitation of potential Individuals served, who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.
- Central State Personnel should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.
- Central State Personnel should monitor and evaluate policies, the implementation of programs, and practice interventions.
- Central State Personnel should promote and facilitate evaluation and research in order to contribute to the development of knowledge.

Central State Personnel Ethical Responsibilities to the Broader Society

- Central State Personnel should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments.
- Central State Personnel should facilitate informed participation by the public in shaping social policies and institutions.
- Central State Personnel should provide appropriate professional services in public emergencies, to the greatest extent possible.
- Central State Personnel should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully.

Central State's Human Resources Ethical Responsibility

- Adhere to the highest standards of ethical and professional behavior.
- Comply with the law.
- Work consistently within the values of the corporation.
- Strive to achieve the highest levels of service, performance, and social responsibility.
- Advocate for the appropriate use and appreciation of human beings as employees.
- Advocate openly and within the established forums for debate in order to influence decision making and results.

Professional Development

- Commit to continuous learning, skills development, and application of new knowledge related to both human resource management and the organizations you serve.
- Contribute to the body of knowledge, the evolution of the profession, and the growth of individuals through teaching, research, and dissemination of knowledge.

Ethical Leadership

- Be ethical and act ethically in every professional interaction.
- Question pending individual and group actions when necessary to ensure that decisions are ethical and are implemented in an ethical manner.
- Seek expert guidance if ever in doubt about the ethical propriety of a situation.
- Through teaching and mentoring, champion the development of others as ethical leaders in the profession and in the organization.

Contractual Relationships

- Central State's Personnel should adhere to all contractual obligations set forth in any binding contract.
- Central State's Personnel should submit timely and accurate invoices, only billing for services rendered.
- Central State's Personnel should pay invoices on or before due date.
- Central State should work with contractors in a professional collaborative manner.
- Central State's Personnel should not engage in activities of which could create a conflict of interest, using or sharing information for gain, such as, working for or sitting on the board of a competitor.
- Central State's Personnel should deliver services in accordance with contracts, as well as local, state, and Federal laws, rules, and regulations.

Fairness and Justice

- Respect the uniqueness and intrinsic worth of every individual.
- Treat people with dignity, respect, and compassion to foster a trusting work environment free of harassment, intimidation, and unlawful discrimination.
- Ensure that everyone has the opportunity to develop their skills and new competencies.
- Assure an environment of gentleness, inclusiveness, and a commitment to diversity in the organizations you serve.

- Develop, administer, and advocate policies and procedures that foster fair, consistent and equitable treatment for all.
- Regardless of personal interests, support decisions made by your organizations that are both ethical and legal.

Conflicts Of Interest

- Adhere to and advocate the use of policies on conflicts of interest within the organization.
- Refrain from using your position for personal, material, or financial gain, or the appearance of such.
- Refrain from giving or seeking preferential treatment in the human resources processes.
- Prioritize your obligations to identify conflicts of interest or the appearance thereof. When conflicts arise, you will disclose them to relevant stakeholders.

Use of Information

- Acquire and disseminate information through ethical and responsible means.
- Ensure only appropriate information is used in decisions affecting the employment relationship.
- Investigate the accuracy and source of information before allowing it to be used in employment related decisions.
- Maintain current and accurate HR information.
- Safeguard restricted or confidential information.
- Take appropriate steps to ensure the accuracy and completeness of all communicated information about HR policies and practices.
- Take appropriate steps to ensure the accuracy and completeness of all communicated information used in HR-related training.

Discrimination

The corporation shall not discriminate based on gender, pregnancy, race, color, religion, national origin, citizenship, mental or physical disability, military service, veteran status, political affiliation, familial and marital status, age, sexual orientation, gender expression, height, weight, or genetic information.

Please remember that your comments, concerns, complaints, or suggestions are always welcome. Knowing how you feel about the services we provide is important and helps us to identify ways that we can excel as a provider of support to individuals with disabilities, as an employer, and as a business. You can help us improve as an ethical organization by sharing your concerns, knowing that we appreciate them and that there will be no reprisal as a result of your input.

Signature

Date

Employee Authorization Agreement

E-Mail Notifications

A highly efficient and timely way to receive information from CSCS is via e-mail. Therefore, we are asking you to provide your e-mail address to CSCS. Should you change your e-mail address, please notify CSCS in a timely manner.

Employee's E-mail address: _____

- I authorize CSCS to distribute my paystub via e-mail. I also authorize CSCS to distribute employment related notices, policy changes, newsletters, survey, and other CSCS related information as appropriate. **IMPORTANT:** Electronic paystubs will be password protected. The password will be the first initial of your first name (UPPER CASE), the first initial of your last name (UPPPER CASE) and the last four digits of your social security number.
- I do not have an e-mail address.
- I do NOT authorize CSCS to distribute by paystub via e-mail.

Explain reason: _____

Employee Printed Name: _____

Employee Signature: _____ Date: _____



Employee's Duties Worker's Compensation

1. Immediately report all accidents, injuries, or illnesses to your supervisor, whether or not you require medical attention.
2. If medical attention is necessary, your supervisor will provide you with a referral to a physician. The treating physician must complete a return-to-work form, describing return-to-work recommendations, after each appointment.
3. Provide your supervisor with a completed copy of the return-to-work form after each appointment with your doctor. If you are physically unable to drop the form off, please have your attending physician's office fax or mail the form to your supervisor.
4. Once your attending physician releases you to return to work, you are expected to present the doctor's note prior to returning to work and be present during your next scheduled shift. If modified duty restrictions are given, contact your supervisor to coordinate your return to work.

I have read the company policy regarding occupational injuries and illnesses, or it has been explained to me in a language I understand. I understand my responsibilities and duties to report workplace incidents and return to work procedures. I have been given a copy of this statement.

Employee Name (Printed): _____

Employee Signature: _____

Date: _____

Supervisor's Signature: _____ Date: _____

CENTRAL STATE COMMUNITY SERVICES, INC.

Subject: False Claims Act & Whistleblower Training	Approved by Paula Barnes, Executive Director	Effective Date:
Reviewed/Revision Date: 11/21, 4/19, 6/6/16, 9/14, 4/13	Policy Number: 05-07	Reviewed/Revised by: Kari Conner

What is the False Claims Act (Qui tam)?

The False Claims Act is 31 U.S.C. Sections 3729 through 3733. Qui tam, under the False Claims Act, allows persons and entities with evidence of fraud against federal programs or contracts to sue the wrongdoer on behalf of the United States Government. In Qui tam actions, the government has the right to intervene and join the action. If the government declines, the private plaintiff may proceed on his or her own. Some states have passed similar laws concerning fraud in state government contracts.

What Actions Are Considered Violations under the False Claims Act?

- Knowingly presenting (or causing to be presented) to the federal government a false or fraudulent claim for payment;
- Knowingly using (or causing to be used) a false record or statement to get a claim paid by the federal government;
- Conspiring with others to get a false or fraudulent claim paid by the federal government;
- Knowingly using (or causing to be used) a false record or statement to conceal, avoid, or decrease an obligation to pay money or transmit property to the federal government.

Who Can File a Qui Tam Action?

Any persons or entities with evidence of fraud against federal programs or contracts may file a qui tam lawsuit. However, if the government or a private party has already filed a False Claims Act lawsuit based on the same evidence as you, you cannot bring a lawsuit.

Where Should a Qui Tam Action Be Filed?

A qui tam action must be confidentially filed under seal in federal district court in accordance with the Federal Rules of Civil Procedure. A copy of the complaint, with a written disclosure statement of substantially all material evidence and information in the plaintiff's possession, must be confidentially served on the US Attorney General and the US Attorney for the district in which the complaint is brought.

An action under the False Claims Act must be filed, in camera and under seal. The complaint and its contents must be kept confidential until the seal is lifted. The complaint is not served on the defendant. If the plaintiff violates the provisions of the seal, his or her complaint could be dismissed.

What Are the Civil Penalties Under the False Claims Act?

Violators of the False Claims Act are liable for three times the dollar amount that the government is defrauded and civil penalties of \$5,000 to \$10,000 for each false claim. A qui tam plaintiff can receive between 15 and 30 percent of the total recovery from the defendant, whether through a favorable judgment or settlement. To be eligible to recover money under the Act, you must file a qui tam lawsuit. Merely informing the government

about the violation is not enough. You only receive an award if, and after, the government recovers money from the defendant as a result of your suit.

What Are the Statutes Of Limitations for Filing a Qui Tam Lawsuit?

Under the False Claims Act, an action must be filed within the later of the following two time periods:
Six years from the date of the violation of the Act; or
Three years after the government knows or should have known about the violation, but in no event longer than ten years after the violation of the Act.
(One Circuit Court has interpreted the second provision as requiring that the action be filed no later than three years after the qui tam plaintiff rather than when the government knows, or should have known about the violation.)

What Are the Whistleblower Protection Provisions in the False Claims Act?

Under Section 3730(h) of the False Claims Act, any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in furtherance of an action under the Act is entitled to all relief necessary to make the employee whole. Such relief may include:

- Reinstatement
- Double back pay
- Compensation for any special damages including litigation costs and reasonable attorneys' fees.

You should be aware, however, that the scope of whistleblower protection under Section 3730(h) is an issue that currently divides the courts.

Many states have wrongful discharge or other employment laws that may provide other remedies for such discrimination.

The Statute of Limitation for filing a FCA retaliation case is different than that for filing a qui tam recovery case. A FCA retaliation case must be filed under the statute of limitation applicable to the most closely analogous state statute.

What about State False Claims Acts?

Due to the success of the Federal False Claims Act, a growing number of states including New York, California, and Virginia, have enacted State versions of the False Claims Act. These laws permit whistleblowers to recover a “finders’ fee” for reporting fraud in state, local, and municipal contracting.

What about Tax Fraud?

In 2006, Congress amended the Internal Revenue Code to permit whistleblowers to obtain a reward for reporting tax fraud.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Cc: Employee Personnel File

References: <https://www.cms.gov/DeficitReductionAct/> <http://www.whistleblowers.org/index.php>

CENTRAL STATE COMMUNITY SERVICES, INC.

Infection Disease Control and Bloodborne Pathogens Annual Review

I have read the Infection Disease Control and Bloodborne Pathogens Manual including the Bloodborne Infectious Diseases Exposure Control Plan and have been given the opportunity to ask questions of a qualified medical professional.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself.

Employee Signature

Date

Supervisor Signature

Date

The ABCs of Hepatitis

	HEPATITIS A is caused by the Hepatitis A virus (HAV)	HEPATITIS B is caused by the Hepatitis B virus (HBV)	HEPATITIS C is caused by the Hepatitis C virus (HCV)
U.S. Statistics	<ul style="list-style-type: none"> Estimated 2,500 new infections in 2014 	<ul style="list-style-type: none"> Estimated 19,200 new infections in 2014 Estimated 850,000–2.2 million people with chronic HBV infection 	<ul style="list-style-type: none"> Estimated 30,500 new infections in 2014 Estimated 2.7–3.9 million people with chronic HCV infection
Routes of Transmission	<p>Ingestion of fecal matter, even in microscopic amounts, from:</p> <ul style="list-style-type: none"> Close person-to-person contact with an infected person Sexual contact with an infected person Ingestion of contaminated food or drinks 	<p>Contact with infectious blood, semen, and other body fluids primarily through:</p> <ul style="list-style-type: none"> Birth to an infected mother Sexual contact with an infected person Sharing of contaminated needles, syringes, or other injection drug equipment Needlesticks or other sharp instrument injuries 	<p>Contact with blood of an infected person primarily through:</p> <ul style="list-style-type: none"> Sharing of contaminated needles, syringes, or other injection drug equipment <p>Less commonly through:</p> <ul style="list-style-type: none"> Sexual contact with an infected person Birth to an infected mother Needlestick or other sharp instrument injuries
Persons at Risk	<ul style="list-style-type: none"> Travelers to regions with intermediate or high rates of Hepatitis A Sex contacts of infected persons Household members or caregivers of infected persons Men who have sex with men Users of certain illegal drugs (injection and non-injection) Persons with clotting-factor disorders 	<ul style="list-style-type: none"> Infants born to infected mothers Sex partners of infected persons Persons with multiple sex partners Persons with a sexually transmitted disease (STD) Men who have sex with men Injection drug users Household contacts of infected persons Healthcare and public safety workers exposed to blood on the job Hemodialysis patients Residents and staff of facilities for developmentally disabled persons Travelers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of $\geq 2\%$) 	<ul style="list-style-type: none"> Current or former injection drug users Recipients of clotting factor concentrates before 1987 Recipients of blood transfusions or donated organs before July 1992 Long-term hemodialysis patients Persons with known exposures to HCV (e.g., healthcare workers after needlesticks, recipients of blood or organs from a donor who later tested positive for HCV) HIV-infected persons Infants born to infected mothers
Incubation Period	15 to 50 days (average: 28 days)	45 to 160 days (average: 120 days)	14 to 180 days (average: 45 days)
Symptoms of Acute Infection	<p>Symptoms of all types of viral hepatitis are similar and can include one or more of the following:</p> <ul style="list-style-type: none"> Fever Fatigue Loss of appetite Nausea Vomiting Abdominal pain Gray-colored bowel movements Joint pain Jaundice 		
Likelihood of Symptomatic Acute infection	<ul style="list-style-type: none"> < 10% of children < 6 years have jaundice 40%–50% of children age 6–14 years have jaundice 70%–80% of persons > 14 years have jaundice 	<ul style="list-style-type: none"> < 1% of infants < 1 year develop symptoms 5%–15% of children age 1–5 years develop symptoms 30%–50% of persons > 5 years develop symptoms <p>Note: Symptoms appear in 5%–15% of newly infected adults who are immunosuppressed</p>	<ul style="list-style-type: none"> 20%–30% of newly infected persons develop symptoms of acute disease
Potential for Chronic Infection	None	<ul style="list-style-type: none"> Among unimmunized persons, chronic infection occurs in >90% of infants, 25%–50% of children aged 1–5 years, and 6%–10% of older children and adults 	<ul style="list-style-type: none"> 75%–85% of newly infected persons develop chronic infection 15%–25% of newly infected persons clear the virus
Severity	<p>Most persons with acute disease recover with no lasting liver damage; rarely fatal</p>	<ul style="list-style-type: none"> Most persons with acute disease recover with no lasting liver damage; acute illness is rarely fatal 15%–25% of chronically infected persons develop chronic liver disease, including cirrhosis, liver failure, or liver cancer 1,800 persons in the United States die with HBV-related liver disease as documented from death certificates 	<ul style="list-style-type: none"> Acute illness is uncommon. Those who do develop acute illness recover with no lasting liver damage. 60%–70% of chronically infected persons develop chronic liver disease 5%–20% develop cirrhosis over a period of 20–30 years 1%–5% will die from cirrhosis or liver cancer 19,600 deaths in 2014



	HEPATITIS A	HEPATITIS B	HEPATITIS C
Serologic Tests for Acute Infection	<ul style="list-style-type: none"> IgM anti-HAV 	<ul style="list-style-type: none"> HBsAg in acute and chronic infection IgM anti-HBc is positive in acute infection only 	<ul style="list-style-type: none"> No serologic marker for acute infection
Serologic Tests for Chronic Infection	<ul style="list-style-type: none"> Not applicable—no chronic infection 	<ul style="list-style-type: none"> HBsAg (and additional markers as needed) 	<ul style="list-style-type: none"> Screening assay (EIA or CIA) for anti-HCV Verification by an additional, more specific assay (e.g., nucleic acid testing (NAT) for HCV RNA)
Screening Recommendations for Chronic Infection	<ul style="list-style-type: none"> Not applicable—no chronic infection <p>Note: Screening for past acute infection is generally not recommended</p>	<p>Testing is recommended for:</p> <ul style="list-style-type: none"> All pregnant women Persons born in regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of $\geq 2\%$) U.S.–born persons not vaccinated as infants whose parents were born in regions with high rates of Hepatitis B (HBsAg prevalence of $\geq 8\%$) Infants born to HBsAg-positive mothers Household, needle-sharing, or sex contacts of HBsAg-positive persons Men who have sex with men Injection drug users Patients with elevated liver enzymes (ALT/AST) of unknown etiology Hemodialysis patients Persons needing immunosuppressive or cytotoxic therapy HIV-infected persons Donors of blood, plasma, organs, tissues, or semen 	<p>Testing is recommended for:</p> <ul style="list-style-type: none"> Persons born from 1945–1965 Persons who currently inject drugs or who have injected drugs in the past, even if once or many years ago Recipients of clotting factor concentrates before 1987 Recipients of blood transfusions or donated organs before July 1992 Long-term hemodialysis patients Persons with known exposures to HCV (e.g., healthcare workers after needlesticks, recipients of blood or organs from a donor who later tested positive for HCV) HIV-infected persons Children born to infected mothers (do not test before age 18 mos.) Patients with signs or symptoms of liver disease (e.g., abnormal liver enzyme tests) Donors of blood, plasma, organs, tissues, or semen
Treatment	<ul style="list-style-type: none"> No medication available Best addressed through supportive treatment 	<ul style="list-style-type: none"> Acute: No medication available; best addressed through supportive treatment Chronic: Regular monitoring for signs of liver disease progression; some patients are treated with antiviral drugs 	<ul style="list-style-type: none"> Acute: Antivirals and supportive treatment Chronic: Regular monitoring for signs of liver disease progression; new direct acting antiviral medications offer shorter durations of treatment and increased effectiveness, including over 90% of patients who complete treatment are cured
Vaccination Recommendations	<p>Hepatitis A vaccine is recommended for:</p> <ul style="list-style-type: none"> All children at age 1 year Travelers to regions with intermediate or high rates of Hepatitis A Men who have sex with men Users of certain illegal drugs (injection and non-injection) Persons with clotting-factor disorders Persons who work with HAV-infected primates or with HAV in a research laboratory Persons with chronic liver disease, including HBV- and HCV-infected persons with chronic liver disease Family and care givers of recent adoptees from countries where Hepatitis A is common Anyone else seeking long-term protection 	<p>Hepatitis B vaccine is recommended for:</p> <ul style="list-style-type: none"> All infants at birth Older children who have not previously been vaccinated Susceptible sex partners of infected persons Persons with multiple sex partners Persons seeking evaluation or treatment for an STD Men who have sex with men Injection drug users Susceptible household contacts of infected persons Healthcare and public safety workers exposed to blood on the job Persons with chronic liver disease, including HCV-infected persons with chronic liver disease Persons with HIV infection Persons with end-stage renal disease, including predialysis, hemodialysis, peritoneal dialysis, and home dialysis patients Residents and staff of facilities for developmentally disabled persons Travelers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of $\geq 2\%$) Unvaccinated adults with diabetes mellitus 19–59 (for those aged ≥ 60 years, at the discretion of clinician) Anyone else seeking long-term protection 	<p>There is no Hepatitis C vaccine</p>
Vaccination Schedule	<p>2 doses given 6 months apart</p>	<ul style="list-style-type: none"> Infants and children: 3 to 4 doses given over a 6- to 18-month period depending on vaccine type and schedule Adults: 3 doses given over a 6-month period (most common schedule) 	<p>No vaccine available</p>

Hepatitis B Vaccine:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Hepatitis B vaccine can prevent **hepatitis B**.

Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B infection** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B infection** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a pregnant person has hepatitis B, their baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

2. Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6–18 months of age. **The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.**

Children and adolescents younger than 19 years of age who have not yet gotten the vaccine should be vaccinated.

Adults who were not vaccinated previously and want to be protected against hepatitis B can also get the vaccine.

Hepatitis B vaccine is also recommended for the following people:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term, monogamous relationship
- People seeking evaluation or treatment for a sexually transmitted disease
- Victims of sexual assault or abuse
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who live with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled people
- People living in jail or prison
- Travelers to regions with increased rates of hepatitis B



- People with chronic liver disease, kidney disease on dialysis, HIV infection, infection with hepatitis C, or diabetes

Hepatitis B vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Hepatitis B vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone hepatitis B vaccination until a future visit.

Pregnant or breastfeeding people should be vaccinated if they are at risk for getting hepatitis B. Pregnancy or breastfeeding are not reasons to avoid hepatitis B vaccination.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness where the shot is given or fever can happen after hepatitis B vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.



CENTRAL STATE COMMUNITY SERVICES, INC.

**PRE-TRAINING
MANDATORY HEPATITIS B VACCINE DECLINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

**POST-TRAINING
MANDATORY HEPATITIS B VACCINE DECLINATION**

Upon completion of the required Hepatitis B training provided by a qualified medical professional on _____,

I have decided to decline receiving the vaccinations at this time.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Revise 1/15, 11/13

CENTRAL STATE COMMUNITY SERVICES, INC.

HEPATITIS B VACCINATION RECORD

Employee's Printed Name

Date

The above named employee received _____/refused _____ the prescreening for the
Check one, please.

Hepatitis B vaccinations on _____.
Date

Note: The OSHA Bloodborne Pathogens Final Standard prohibits requiring prescreening as a condition for receiving the Hepatitis B vaccinations.

Qualified Health Care Professional Signature

Date

CENTRAL STATE COMMUNITY SERVICES, INC.
HEPATITIS B VACCINATION CONSENT FORM

I understand the possible medical consequences of exposure to Hepatitis B. I also understand the possible side effects and risks of the Hepatitis B vaccination.

I understand that these possible medical consequences of exposure to Hepatitis B, as well as the possible side effects and risks of vaccination, are potentially more detrimental to a pregnant woman and her unborn child.

I understand that Central State recommends that I contact my own physician regarding the possible medical consequences of exposure to Hepatitis B as well as the possible side effects and risks of vaccination if I am presently pregnant or become aware in the future that I am pregnant.

I understand that the decision whether or not to receive the Hepatitis B vaccination is made by me and that receiving the vaccination is not a condition of continuation of my employment.

I also acknowledge that I have reviewed the training provided on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration and benefits of being vaccinated.

I understand the means of infection of Hepatitis B and the required methods of infection prevention.

I also understand that if I choose not to receive the vaccination at this time, I reserve the right to receive it at a later date.

I also understand that I must have three (3) doses of vaccine to confer immunity. However, no guarantee exists that I will become immune or that I will not experience adverse side effects from the vaccine.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself.

I request Hepatitis B antibody testing.

I decline Hepatitis B antibody testing at this time.

I consent to receive Hepatitis B vaccination.

I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I am at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine series at no charge to me.

Employee Signature

Employee #

Date

Hiring Manager's Signature

Date

Cc: Employee Medical File

Revised 4/13

Central State Community Services, Inc.
GENERAL ORIENTATION CHECKLIST

***NOTE TO SUPERVISOR:** Staff must be trained and competent in items A-V before they are scheduled to work with consumers.

STAFF NAME _____

HOME NAME _____

PART I	Supervisor Initials	Staff Initials
A. Employee Handbook	_____	_____
B. Bloodborne Pathogens Exposure Control Manual and Infection Control Manual	_____	_____
C. Abuse & Neglect, Recipient Rights Review	_____	_____
D. Review Licensing Statute (Public Act 218) and Administrative Rules and Varga Bill	_____	_____
E. P.O.S. Review for (first name only)		
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
F. Health Care Plan Review		
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
G. Flow Chart OR Zone Review	_____	_____
H. Administrative Relief & Responsible Staff Policies & How To Use Pager	_____	_____
I. Side I of Drive Alive Tape	_____	_____
J. Van In-service Including Van Lift & Tie Downs	_____	_____
K. Person-Centered Planning: Personal Scheduling/Choices Review	_____	_____
L. Work Related Illness & Injuries Prevention & Procedures Manual	_____	_____
M. CPR and First Aid (within 30 days)	_____	_____

	Supervisors Initials	Persons Initials
N. Emergency Preparedness Manual including C.S.C.S. Fire Protection Plans, Evacuation Procedures, Routes & How To Operate Fire Alarm System	_____	_____
O. Staff Communication Log & R.N. Log or Support Services Log	_____	_____
P. Confidentiality	_____	_____
Q. Dietary Manual including Menus, Substitution List & Dietary Textures	_____	_____
R. Reporting Requirements Including How & When to Write an IR	_____	_____
S. Consumer Care, Supervision & Protection	_____	_____
T. Current and relevant in-services	_____	_____
U. Clarifications	_____	_____
V. House Specific Needs:		

I understand that my signature below means that I have received training and am competent in the items listed above (A-V) and that I understand and agree to follow these policies, procedures and plans.

Staff Signature Initials Date _____

This staff person has been enrolled for DCH/CMH training as of _____ (date).
Training is expected to begin _____ (date).

Supervisor Signature Initials Date _____

Part II

A. Side II of Drive Alive Tape _____
Employee Signature Date _____

B. Actual or Simulated Fire Drill Participation (circle either "actual" or "simulated")

Employee Signature Date _____

CENTRAL STATE COMMUNITY SERVICES, INC.

I have been instructed in the following policies and procedures.

Emp. Initials

- _____ Vision, Mission and Character Values Statements
- _____ Ethics Statement
- _____ Waiver Clause
- _____ At-Will Status of Employment
- _____ Handbook Changes
- _____ Equal Admission Statement
- _____ Equal Employment Opportunity Statement
- _____ Americans with Disabilities Act
- _____ New Employment Procedures
- _____ Employment Requirements and Conditions
- _____ Staff Evaluations
- _____ Training & Training Requirements - Licensing
- _____ Personnel File/Record
- _____ First Aid
- _____ Organization Chart
- _____ General Expectations of Staff
- _____ Disciplinary Action Policy/Performance Correction
- _____ Allegation of Abuse
- _____ Criminal Convictions and Criminal Charges
- _____ Confidentiality
- _____ Employee Honesty and Integrity
- _____ Employment Verifications
- _____ Employee Reference Requests
- _____ Nepotism Statement
- _____ No Solicitation Policy
- _____ Promotions
- _____ Request for Waiver of \$100 Cap on Personal Property
- _____ Immigration Law
- _____ Employee Classifications
- _____ Staffing Policy/Work Schedules
- _____ Exempt Employees
- _____ Absences and Tardiness
- _____ Overtime
- _____ Medical certification for return to work
- _____ Shift Coverage for Staff Sick Days
- _____ Approving and Documenting Shift Changes
- _____ Pay Period
- _____ Time Sheet Administration (or Schedules)
- _____ Bonus Policy
- _____ Workers' Compensation
- _____ Sick and Personal Time

- _____ Consumers Working Policy
- _____ Diet Orders, Menus, and Food Texture Modifications
- _____ Visitors
- _____ Staff Visiting During Non-work Hours
- _____ Investigative Policy
- _____ Communication Flow Chart- Audits, Inspections, Surveys & Investigations
- _____ Management Rights
- _____ Telephone Use
- _____ Email, Voicemail & Social Media
- _____ Travel Expenses & Reimbursement
- _____ EOE Anti-Harassment Notice
- _____ Harassment & Bullying
- _____ Discrimination
- _____ Retaliation
- _____ Titles and Headings

I understand these policies and understand that adherence to them is a condition of employment with Central State Community Services, Inc.

Employee Signature

Date

Supervisor Signature

Date