

Employee Packet

Please send in the following:

1. Copy of your *Driver's License*
2. Copy of your *Auto Insurance*
3. Copy of your *Social Security Card*

FILLING OUT EMPLOYMENT APPLICATION

This form is to be filled out in its entirety by potential employees. Once this application is completed, it is your responsibility to review it, interview, and make employment decisions.

If you decide to hire the individual then the I-9 form must be filled out as per instructions and the individual must present two acceptable forms of identification as listed on the I-9 form.

Once the paperwork is completed please mail the forms to ***Works for Me*** to be filed.

If you need any other assistance completing the forms please contact us at (401)739-2700

Financial Policy

I. Policy

It is the intent of *Works for Me* to develop and support community inclusion with all SOLE PROPRIETOR s and employees. In accordance with State and Federal regulations and laws, all employees of the SOLE PROPRIETOR submit acceptable receipts for reimbursement.

While it would be impossible to list all possible financial transactions that an employee may encounter, a brief list of general transactions has been compiled. All transactions using employee's funds and/or employee's funds must meet the guidelines for acceptable expenditures.

II. Procedure

1. SOLE PROPRIETOR 's Financial Plan

Each of the SOLE PROPRIETOR 's supported has a pre-determined plan that is approved by the State of Rhode Island. SOLE PROPRIETOR 's inclusion is included with the yearly expenses. The amount approved varies for each SOLE PROPRIETOR . The total amount received is dispersed for a twelve month period.

2. Allowable Expenses

Allowable expenses are defined as expenses incurred while working with the SOLE PROPRIETOR . This would include but not limited to mileage, movies, dinners, gasoline and amusement parks.

3. Appropriate Receipts

It is the responsibility of the employee that is shopping to make sure he/she gets proper receipts.

Works for Me has to follow strict guidelines regarding receipts. The State of Rhode Island auditors check receipts to make sure the following information is listed:

- a. The store or restaurant name
- b. Date of transaction
- c. Description of what is purchased
- d. Dollar amount
- e. The employee and SOLE PROPRIETOR initials

If this information is not printed on the receipt, the employee needs to write in their information.

For restaurant receipts, credit card summary copies are not acceptable. *Works for Me* needs the actual food receipt showing what was purchased.

Hand written receipts will only be accepted on rare occasions when the vendor does not have a cash register (flea market, carnivals). In this case, employees need to be prepared with a receipt book. He/she can write out the receipt and have the vendor sign off on it. The employee must also sign the receipt. If an unacceptable hand written receipt is submitted, the amount will not be reimbursed.

I _____ have read and understand the Financial Policy.
(Print Name)

Employee Signature

Date

Statement of Confidentiality

J. Arthur Trudeau Memorial Center d/b/a **Works for Me** has an ethical and legal obligation to keep confidential all information received from and/or about person(s) supported and personnel with whom the agency is currently and/or previously involved or otherwise has knowledge, in accordance with all State and Federal regulations, Health Insurance Portability and Accountability Act (HIPAA)

Works for Me has developed this policy to emphasize that the individual(s) right to privacy must be protected and that unauthorized disclosure of confidential information in any form may result in specific legal and agency penalties.

In signing this document, an individual who has direct access to confidential information acknowledges and confirms his/her commitment to the principles and limitations of confidentiality.

Works for Me acknowledge the need for and seek to maintain a close cooperative relationship with a variety of individuals and agencies in its pursuit of financial and/or programmatic integrity. To this end, authorized **Works for Me** personnel may discuss appropriate client financial and/or programmatic information, on an as needed basis with:

1. Current employee(s), consultants, day-program vendors/sole proprietors or therapists assigned to providing services to the client.
2. **Works for Me** Administration
3. Division of Developmental Disabilities, Department of Human Service, Department of Health, Internal Revenue Service, RI Division of Taxation, American Payroll, Inc.
4. Legal Guardians. Guardian Ad Litem
5. Law Enforcement Personnel, Medical Service Personnel

All individuals seeking information on **Works for Me** client(s) must obtain written permission from the client or his/her legal guardian. The Executive Director of J. Arthur Trudeau Memorial Center/**Works for Me** will be notified of the request prior to the release of any such information.

Additionally, all persons receiving *Works for Me* services and his/her employee(s) understand that *Works for Me* maintains confidential information in reference to the services provided, and employee based information including but not limited to: applications, criminal background checks, driver's license checks, worker's compensation information, Sole Proprietor verification documents, I-9's, related tax information as required by State and Federal laws, payroll information, other pertinent information and identifiable information as required.

Individuals seeking information on employees, family members, legal guardians, volunteers, agents, student interns, contractor and vendors must likewise obtain written permission from the individual on whom the information of these requests prior to the release of any such information.

I have read the Confidentiality Statement and understand and agree to the provisions contained within.

I agree and consent to maintain and protect the strict confidential information for any person(s) and personnel associated with the *Works for Me* program. I will not provide information with third parties unless written consent is obtained from the Executive Director and/or designee.

I understand that any violation(s) of confidentiality can and will result in disciplinary action in accordance with State and Federal regulations, HIPAA regulations and agency regulations. This may include criminal prosecution under the Rhode Island General Law.

Employee Name (PRINT)

Employee Signature

Date

Works for Me

Date

**FILLIN OUT I-9 FORM IMMIGRATION AND NATURALIZATION
EMPLOYMENT ELIGIBILITY VERIFICATION FORM**

It is necessary for your new employee(s) to complete an I-9 form. Your employee(s) must provide proof of all documents necessary to establish both identity and employment eligibility. I have included a list of acceptable documents to establish both identity and employment eligibility. Have your potential employee(s) make copies of his/her identification and return these copies to ***Works for Me*** personnel with the completed I-9 form. Please fill in the following information on the attached I-9 form

Employee

- ❖ **Section 1**
- ❖ **Sign and Date**
- ❖ **Provide proof of acceptable documentation**

SOLE PROPRIETOR

- ❖ **Section 2**
- ❖ **Sign and Date**

Please note that only hire employee(s) should fill out this form. ***Works for Me*** personnel will complete the rest of the form and retain it. If you need additional assistance completing this form please contact us at 401-739-2700.

*Remember to return the I-9, with copies of the employee(s) identification as soon as possible along with your completed W-4 form and completed application.

Request to Disclose Motor Vehicle Report

SOLE PROPRIETOR Name: _____

SOLE PROPRIETOR Address:

J. Arthur Trudeau Memorial Center, (Works for Me) – hereby requests Mastors & Servant, Ltd., to disclose information regarding _____ contained on a motor vehicle report from the Rhode Island Department of Motor Vehicles, or a similar agency in any other state in which _____ may hold a driver’s license, for employment purposes. J. Arthur Trudeau Memorial Center has obtained the Authorization and Consent to Request and Disclose Motor Vehicle Record attached hereto with respect to such disclosure.

J. Arthur Trudeau Memorial Center hereby acknowledges that any information received pursuant to this Request and Disclosure are for the sole and internal use of J. Arthur Trudeau Memorial Center and may not be resold, sub-licensed, delivered or displayed in any way or used by any third party. J. Arthur Trudeau Memorial Center certifies that it shall receive, disseminate and otherwise use the motor vehicle reports in compliance with all applicable federal, state and local statutes, rules, codes and regulation.

J. Arthur Trudeau Memorial Center acknowledges and understands that it is prohibited from using any information in a motor vehicle report in violation of any Federal or State equal opportunity law or regulation, and that, if any adverse action is to be taken based on the motor vehicle report, a copy of the report and a summary of the employee’s rights will be provided to the employee.

J. Arthur Trudeau Memorial Center acknowledges that the Fair Credit and Reporting Act imposes strict compliance procedures, and has been advised by Mastors & Servant, Ltd. to consult an employment practices attorney to ensure compliance. J. Arthur Trudeau Memorial Center acknowledges that it has received from Mastors & Servant, Ltd. a copy of the Federal Trade Commission Documents entitled “Prescribed Summary of Consumer Rights” and “Prescribed Notice of User Responsibilities” as well as a copy of relevant statutes under the Driver’s Privacy Protection Act, has read and understands such documents, and agrees to act in compliance therewith.

J. Arthur Trudeau Memorial Center agrees to indemnify and hold harmless Mastors & Servant, Ltd. from any and all damages, cost, judgment and expenses arising out of its use of the information contained in any of the motor vehicle reports.

SOLE PROPRIETOR Name

By: _____

Name: _____

Title: _____

Name of New Employee: _____

Date of Birth: _____ SS # _____

