

## H.O.P.E. GROUP EMPLOYMENT ACKNOWLEDEMENT FORM

I, \_\_\_\_\_ (Provider) hereby certify that all information provided to H.O.P.E. Group, L.L.C. (H.O.P.E. GROUP) is true, accurate and complete and that provider will immediately notify Hope Group of any changes to this information which occur during Provider's employment by H.O.P.E. Group.

Provider further certifies that she/he has received a copy of the H.O.P.E. GROUP Team Handbook and that she/he has read, understands and will comply with the provisions of this Agreement, the Policies and Procedures of H.O.P.E. Group, and any addendum thereto for which Provider is given notice. The terms of the H.O.P.E. GROUP Policies and Procedures are incorporated herein by this reference.

Provider shall be compensated at the rate of nine dollars (\$9.00) per hour for respite services provided. Respite services shall be billed up to 12 consecutive hours in a 24 hour period. Both client and provider are required to contact H.O.P.E. GROUP to receive authorization for any respite services in excess of 12 hours in a 24 hour period.

Provider shall initially be compensated at the rate of \_\_\_\_\_ per hour for habilitation services provided. Habilitation services shall not exceed 8 hours in a 24 hour period. Provider acknowledges that while adjustments to the rate of compensation for providing habilitation services will generally be made pursuant to the rate schedule provisions of the H.O.P.E. GROUP Policies and Procedures, any such adjustment is at the sole discretion of H.O.P.E. GROUP.

Provider acknowledges that funding for the services she/he provides is paid to H.O.P.E. GROUP through a contract with the Division of Developmental Disabilities (D.D.D.) In order for H.O.P.E. GROUP to document compliance with its contractual obligations to D.D.D., the provisions of the H.O.P.E. GROUP Policies and Procedures must be strictly adhered to by the Provider. As such, failure to follow the H.O.P.E. GROUP Policies and Procedures (particularly with respect to the compensation provisions thereof), may delay or otherwise adversely impact payment to Provider for services rendered.

While it is the intent of the parties to this Agreement to engender a solid and long-standing employment relationship, the parties acknowledge that said employment is "at will" wherein either party may generally terminate their employment relationship at any time and without need to provide any reason or prior notice. This employment relationship is not exclusive and either party may employ or contract with other persons.

Provider acknowledges that she/he is not guaranteed any amount of compensable service hours while employed by H.O.P.E. GROUP. H.O.P.E. GROUP may provide the names of certain clients who have indicated a need for respite and/or habilitation providers, but the ultimate number of compensable service hours to be granted to Provider by said client, if any, is determined by said client. Provider shall directly schedule services with the clients of H.O.P.E. Group in the manner set forth in the Policies and Procedures of H.O.P.E. Group.

Provider acknowledges that H.O.P.E. GROUP does not provide sick leave, holiday leave or vacation leave. H.O.P.E. GROUP does offer benefits including but not limited to 401 (K) plan to full time employees.

Provider shall arrange his or her own transportation to the location where services will be provided and will not be compensated by H.O.P.E. GROUP for any such commute time. Similarly, Provider shall not provide transportation services to any client of H.O.P.E. GROUP as part of the services rendered pursuant to this Agreement. Transportation services provided to any client of H.O.P.E. GROUP are not within the scope of services provided by H.O.P.E. GROUP unless expressly authorized in writing by H.O.P.E. GROUP. \_\_\_\_\_ (please initial)

Provider shall not administer any medication while providing services on behalf of H.O.P.E. GROUP. If medications are necessary to provide service and are approved by H.O.P.E. GROUP, Provider shall ensure that client has provided sufficient medication and medical supplies for the duration of the service provided, and that Provider receives written information about the unique requirements of the individual being served so that Provider can administer the medications, use the medical supplies needed and provide the required therapeutic medical interventions. \_\_\_\_\_ (please initial)

Provider shall not provide services at any location other than the residence of the client for whom service is being provided without prior approval by H.O.P.E. GROUP.

Provider acknowledges that it is her/his responsibility to keep CPR, First Aid and other certifications current at all times while employed by H.O.P.E. GROUP. H.O.P.E. GROUP shall use its best efforts to notify Provider at least one month prior to the expiration of any such certifications and to give Provider a list of locations where these certifications may be renewed upon request. Provider further acknowledges that he or she will have to be fingerprinted periodically while employed by H.O.P.E. GROUP.

H.O.P.E. GROUP will endeavor to periodically provide additional training opportunities by outside experts and/or notify Providers of training sessions offered by clients of H.O.P.E. GROUP. Attendance is subject to space limitations and agreement by such clients to permit attendance. Attendance at any such training opportunity is strictly voluntary.

Provider acknowledges that she/he will be working with children who may, in some instances, initially have significant behavioral problems. Provider certifies that she/he is comfortable with the level of training received and her/his ability to provide services that are specified in this Agreement. Provider further certifies that she/he will contact H.O.P.E. GROUP in the event that she/he can no longer provide service to any client of H.O.P.E. Group as contemplated under this Agreement.

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

HOPE GROUP  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_