

All Residential Employees, Home Providers and Respite Providers:

PLEASE NOTE: Payments will be held pending receipt of fingerprinting and all other completed/signed background check requests.

1. _____ ***Contract signed*** - Residential Provider(s) only

2. _____ ***I-9 (Employment Eligibility Verification):***
 - Complete and sign top portion and provide two acceptable forms of identification. No substitutions can be made for the listed forms of approved identification.

3. _____ ***W-4 (Employees' Withholding Allowance Certificate)***
 - Complete and sign.
 - Copy of document verifying Social Security Number received _____

4. _____ ***Employee Record Notice***
 - Operations Director or Residential Coordinator completes and signs.

5. _____ ***Background Checks***
 - The Business Office will forward completed and signed releases for the following background checks:
 - State of Vermont - Adult Protective Services
 - Vermont Criminal Information Center – FBI/NCPA
 - Department of Children & Families (formerly SRS)

Required Documentation: Verification of date of birth is mandatory.
Acceptable documentation includes birth certificate or driver's license (or state issued non-driver's identification)

 - Copy of document verifying Date Of Birth received: _____

6. _____ ***Fingerprinting***
 - Fingerprinting is required at a designated facility.

7. _____ ***Vermont DMV Record Request***
 - Complete and sign.
 - Business Office will forward to VT Department of Motor Vehicles for verification. If an employee/provider does not have a Vermont license, he/she will be required to obtain a report from his/her insurance company.

8. _____ ***Motor Vehicle Insurance***
 - Residential or Respite Provider will provide proof of insurance.

Required documentation: A copy of declarations page of insurance policy verifying amount of liability coverage.

 - Copy of Declarations page received _____

9. _____ ***Home Owner's Insurance/Renter's Insurance*** -Residential & Respite Providers
 - Residential and Respite Provider will provide proof of insurance

Required documentation: A copy of declarations page of insurance policy verifying amount of liability coverage.

 - Copy of Declarations page received _____

10. _____ *Confidentiality Agreement (AHS 96-23)*
 - Provider reads agreement, signs appropriate form and returns form only to Business Office.
11. _____ *Memorandum of Understanding*
 - Provider will complete and sign

Employees who are not hourly respite providers:

12. _____ *Francis Foundation Policies and Procedures*
13. _____ *Application*
 - Co-Executive Director will forward to Business Office
14. _____ *Pager Issued*
15. _____ *Computer Issued*
16. _____ *Keys Issued*

All Eligible Full Time Employees:

Insurance Benefits – schedule meeting with Business Office

1. _____ *Summary of Health Insurance Plans*

Summary given to employee

 - Offer of insurance acceptance/declination form
 - Enrollment Form/Application needs to be completed to enroll
 - Medical – BlueCross BlueShield of VT
 - Dental – Securian Dental (voluntary policy)
 - Business Office will forward to insurance companies.
2. _____ *Disability Insurance*
 - Enrollment Form/Application needs to be completed to enroll
 - Business Office will forward to insurance company