



3/14/17

## Department Issued Policy Training

I, \_\_\_\_\_, have received training on the following by Love Respect and Care Home Health Aide Agency/Registry LLC on \_\_\_\_\_:

- ADA Compliance Policy
- Criminal History Background Check Policy
- Critical Incident Management Policy
- Employee Healthcare Exclusion Check Policy
- Employee SSN Verification Policy
- HIPAA Compliance Policy
- Non-discrimination Policy
- Participant Complaint Management Policy
- Quality Management Policy
- Regulation Compliance policy
- Staff Training Policy
- Limited English Proficiency (LEP) Policy

I understand that this training is required by the Office of Long Term Living to be done annually. My signature indicates that I will abide by this State Regulation as long as I'm employed by Love Respect and Care Home Health Aide Agency/Registry LLC.

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Employee Signature

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Date