

## BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Friendship Community Care, Inc		
Address:	920 N. University Ave.		
City:	Russellville	State:	AR Zip Code: 72823
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned		
	AR Certification #: _____ * See Minority and Women-Owned Business Policy		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION		
Provide contact information to be used for bid solicitation related matters.		
Contact Person:	Angela Traweek	Title: Chief Operating Officer
Phone:	479.9167.2322 x 225	Alternate Phone: 479.264.6352
Email:	traweeka@fccare.org	

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<p>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</p>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

**An official authorized to bind the Prospective Contractor to a resultant contract must sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

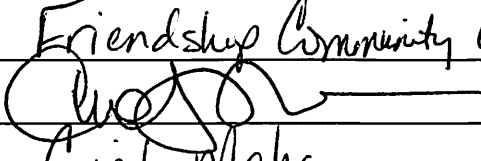
Authorized Signature: Cindy Mahan Title: CEO  
Use Ink Only.

Printed/Typed Name: Cindy Mahan Date: May 6, 2019

## **SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are NON-mandatory must be declared below or as an attachment to this page. Vendor must clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

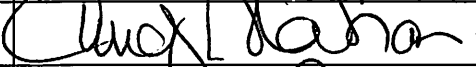
By signature below, vendor agrees to and shall fully comply with all Requirements as shown in this section of the bid solicitation.

<b>Vendor Name:</b>	Friendship Community Care	<b>Date:</b>	05.06.19
<b>Signature:</b>		<b>Title:</b>	CEO
<b>Printed Name:</b>	Cindy Mahan		

## **SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are **NON-mandatory** must be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

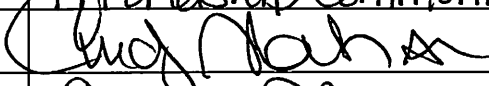
By signature below, vendor agrees to and shall fully comply with all Requirements as shown in this section of the bid solicitation.

<b>Vendor Name:</b>	Friendship Community Care	<b>Date:</b>	May 6, 2019
<b>Signature:</b>		<b>Title:</b>	CEO
<b>Printed Name:</b>	Cindy Mahan		

## **SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE**

- *Exceptions to Requirements shall cause the vendor's proposal to be disqualified.*

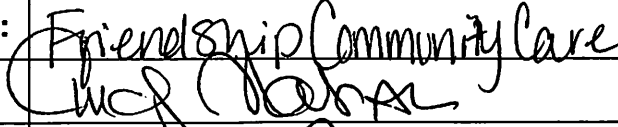
By signature below, vendor agrees to and shall fully comply with all Requirements as shown in this section of the bid solicitation.

<b>Vendor Name:</b>	Friendship Community Care	<b>Date:</b>	May 6, 2019
<b>Signature:</b>		<b>Title:</b>	CEO
<b>Printed Name:</b>	Cindy Mahan		

## SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements shall cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

<b>Vendor Name:</b>	Friendship Community Care	<b>Date:</b>	May 6, 2019
<b>Signature:</b>		<b>Title:</b>	CEO
<b>Printed Name:</b>	Linda Mahan		

## **PROPOSED SUBCONTRACTORS FORM**

- Do not include additional information relating to subcontractors on this form or as an attachment to this form.

**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

**PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

By signature below, vendor agrees to and shall fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Vendor Name:	Friendship Community Care	Date:	May 6, 2019
Signature:	Cindy Mahan	Title:	CEO
Printed Name:	Cindy Mahan		

**CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**

F-1

Failure to complete all the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

**SUBCONTRACTOR:**  YES  NO **SUBCONTRACTOR NAME:** \_\_\_\_\_ **Contractor for which this is a subcontractor:** \_\_\_\_\_

**Estimated dollar amount of subcontract:** \_\_\_\_\_

**TAXPAYER ID NAME:** Friendship Community Care, Inc. **IS THIS FOR:**  Goods?  Services  Both?

**YOUR LAST NAME:** Tranvek **FIRST NAME:** Angela **MI:** \_\_\_\_\_

**ADDRESS:** PO Drawer 2109

**CITY:** Rsvl **STATE:** AR **ZIP CODE:** 72802 **COUNTRY:** UNITED STATES OF AMERICA

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

**FOR INDIVIDUALS\***

Indicate below if you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: Member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? (i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)	
	Current	Former		From MM/YY	To MM/YY	Person's name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

None of the above applies

**FOR A VENDOR (BUSINESS)\***

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/commission, data entry, etc.)	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's name(s)	Ownership Interest (%)	Position of Control
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						

None of the above applies

\* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED


CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

**Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.**

**As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:**

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:  
***Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.***
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

**I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.**

Signature  Title CEO Date 5/6/19

Vendor Contact Person Angela Truitt Title COO Phone No. 479-962-2322  
Ext 295

**AGENCY USE ONLY**

Agency Number	Agency Name	Agency Contact Person	Contact Phone No.	Contract or Grant No.
0710	Department of Human Services			



STATE OF ARKANSAS



Asa Hutchinson  
*Governor*

Department of Career Education  
Arkansas Rehabilitation Services  
D. Alan McClain, *Commissioner*

Charisse Childers, Ph.D.  
*Director*

**Equal Opportunity Policy Disclaimer**

**ATTENTION VENDORS**

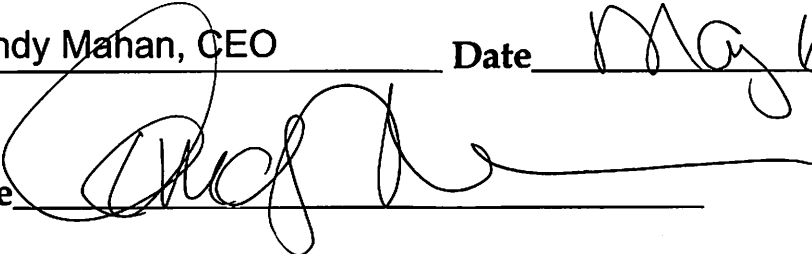
Act 2157 of 2005 of the Arkansas Regular Legislative Session requires that any business or person bidding, who is responding to a formal bid request, Request for Qualifications or qualifications, or negotiating a contract with the state for professional or consultant services, submit their most current equal opportunity policy (EO Policy).

Although bidders are encouraged to have a viable equal opportunity policy, a written response stating the bidder does not have such an EO Policy will be considered that bidder's response and will be acceptable in complying with the requirement of Act 2157.

**Note: This is a mandatory requirement when submitting an offer as described above.**  
If you have any questions regarding this requirement, please contact by calling 501-296-1666.

Company Name or Individual: Friendship Community Care, Inc.

Title: Cindy Mahan, CEO Date May 6, 2019

Signature 



<b>Policy Title:</b>	<b>Policy Section:</b>	<b>Policy Number</b>	0.01
<b>Equal Opportunity Employment</b>	0 General	<b>Revision Date:</b>	11/20/2012

FCC is an equal opportunity employer and does not discriminate against employees or job applicants on the basis of race, color, religion, gender, national origin, age, disability, veteran status, genetic information, or any other status protected by applicable federal, state, or local laws.

This policy extends to all aspects of the employment relationship, including, but not limited to, recruiting, interviewing, job assignments, training, compensation, benefits, discipline, promotions, use of facilities, participation in FCC-sponsored activities, termination, and all other terms, conditions, and privileges of employment.

The HR Director is responsible for this policy and for the necessary reporting and monitoring procedures associated with it. Any complaints should be directed to his/her attention. This policy may be periodically revised.

State of Arkansas  
DEPARTMENT OF HUMAN SERVICES  
700 South Main Street  
P.O. Box 1437 / Slot W345  
Little Rock, AR 72203  
501-320-6511

**ADDENDUM 1**

**DATE:** May 2, 2019

**SUBJECT:** 710-19-1038R Occupational Therapy Services

The following change(s) to the above referenced Invitation for Bid for DHS has been made as designated below:

**Change of specification(s)**

- Additional specification(s)  
 Change of bid opening date and time  
 Cancellation of bid  
 Other

**Section 2.4**

**Add: 7. Vendor must provide all direct and indirect occupational therapy services in-person; teletherapy shall not be used for the provision of services covered in this scope of work.**

**BID OPENING DATE AND TIME**

Bid opening date and time will not change.

---

BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE BID ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE BID NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE DEPARTMENT OF HUMAN SERVICES.

If you have questions, please contact the buyer at [nawania.williams@dhs.arkansas.gov](mailto:nawania.williams@dhs.arkansas.gov) or 501-320-6511

Vendor Signature

Date

Company

  
Friendship Community Care, Inc.

May 6, 2019



Friendship Community Care has provided occupational therapy services for over 25 years to individuals birth to adult with developmental disabilities. FCC currently has over 20 occupational therapists and 5 COTA's on staff. All therapists maintain a current therapy license issued by the Arkansas State Medical Board, as well as, a current certification through the National Board of Occupational Therapy Examiners (NBCOT). Verification of license is completed upon hire and annually thereafter. FCC will ensure that any occupational therapist staff serving the Conway Human Development Center have up to date health cards at all times should we be awarded the bid.

[www.fccare.org](http://www.fccare.org)

P.O. Drawer 2109 | 920 University Drive | Russellville, AR 72811/72801 | (479) 967-2322 | (800) 461-1793 | Fax: (479) 967-2876



Friendship Community Care, Inc. is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages, and delivers its services without regard to sex, age, race, color, national origin, or disability. An Equal Opportunity Employer.





**FRIENDSHIP COMMUNITY CARE, INC**  
**Job Description**  
**JOB TITLE: OCCUPATIONAL THERAPIST**

Reviewed Date:  
Revised Date: 5/1/19

---

**LOCATION:** FCC REGIONAL PEDIATRIC THERAPIES CLINIC

**EMPLOYEE:**

**REPORTS TO:** Therapy Coordinator

---

**SUMMARY:** Applies therapy skills and training principles with FCC clientele.

**ESSENTIAL DUTIES AND RESPONSIBILITIES** include the following. Other duties may be assigned.

- Reviews social history, psychological, medical, and previous therapy reports/records.
- Interviews individual/caregiver to discuss and establish needs.
- Administers appropriate tests and evaluates to determine functional level and potential.
- Completes all evaluations, documentation, and billing within timelines according to procedure.
- Communicates information to team participants and provides input for treatment plan development.
- Makes referral or recommendation for therapy and/or equipment.
- Develops treatment plan from evaluation results and team input.
- Conducts individual and/or group sessions within clinic to work on specific objectives.
- Communicates program/program changes to team members for consistency and reinforcement throughout disciplines.
- Modifies treatment and equipment when necessary in response to development and progress with present treatment.
- Utilizes appropriate methods to manage inappropriate behavior/responses.
- Counsels individual, parents and/or family members regarding treatment programs, home programming, and follow-through.
- Utilizes effective communication techniques with all co-workers including voicemail, e-mail and interoffice mail daily as indicated.
- Ensures orders for therapy are current throughout time of treatment.
- Provides in-service to staff regarding treatment materials and techniques.
- Supervises practicum students as requested.
- Attends in-service education programs.
- Attends job-related short courses, meetings, and conventions provided by FCC.
- Reads and researches professional journals and texts.
- Assures current technology used with clients.
- Provides therapy services to clients in all settings served by the clinic: FCC, clinic, patient's home, and STAR/Adult Services.
- Handles assigned case load sufficient to maintain minimum daily rate necessary to operate clinic.

Friendship Community Care, Inc.  
Job Description – Occupational Therapist

- Responsible for paperwork associated with client's records as required by law and licensing agencies.

Maintains confidentiality of all information received regarding Friendship Community Care, Inc. and the clients. Conditions of confidentiality shall be in compliance with Friendship Community Care Non-Disclosure Policy and HIPAA Policies.

This job description is not intended to be all inclusive, and employee will also perform other reasonable related business duties as assigned by immediate supervisor and other management as required.

This organization reserves the right to revise or change job duties as the need arises. This job description does not constitute a written or implied contract of employment.

**QUALIFICATION REQUIREMENTS:**

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.

**EDUCATION and/or EXPERIENCE:**

Bachelor's Degree in Occupational Therapy from four-year college or university and must hold or obtain an Arkansas State License to practice occupational therapy. Must be registered through National Board for Certification in Occupational Therapy. (NBCOT)

**LANGUAGE SKILLS:**

Ability to read and comprehend instruction, correspondence, and memos. Ability to write correspondence. Ability to comprehend industry/professional publications. Ability to write/document both at a professional/technical level as well as for non-professionals, caregivers, etc. Ability to effectively present information orally in one-on-one and small groups situations to customers, clients, and employees of the organization.

**MATHEMATICAL SKILLS:**

Ability to add and subtract, multiply and divide whole numbers, fractions, and decimals. Ability to perform these operations using units of money, measurement, distance, etc. Ability to accurately calculate scores on assessment tools. Ability to accurately quantitatively document/report client performance.

**REASONING ABILITY:**

Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

**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 use hands to finger, handle, or feel objects, tools, or controls and talk or hear. The employee frequently is required to stand, walk, and reach with hands and arms. The employee is occasionally required to sit; climb or balance; stoop, kneel, crouch, or crawl; and taste or smell.

The employee must occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, color vision, depth perception, peripheral vision, and the ability to adjust

focus.

**QUALITY ASSURANCE & COMPLIANCE:** To adhere to the following and comply with all Quality Assurance's & HIPAA procedures:

- The Code of Conduct and Compliance Investigation Procedures as read and discussed in the new employee training must be followed at all times.
- Consumers' progress notes be maintained and completed *daily or as needed* on the prescribed forms.
- Consumers' records must be maintained weekly, monthly, quarterly, and yearly. All information must be filed in consumers' records as needed and updated as prescribed by funding sources.

**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.

The noise level in the work environment is usually moderate.

---

**EMPLOYEE** **DATE**

---

**SUPERVISOR** **DATE**



**FRIENDSHIP COMMUNITY CARE, INC**  
**Job Description**  
**JOB TITLE: OCCUPATIONAL THERAPY ASSISTANT (COTA)**

Reviewed Date:  
Revised Date: 5/1/19

---

**LOCATION:** FCC REGIONAL PEDIATRIC THERAPIES CLINIC

**EMPLOYEE:**

**REPORTS TO:** Therapy a Coordinator and Supervising Occupational Therapist

---

**SUMMARY:** Applies therapy skills and training principles in assisting Occupational Therapist with FCC clientele.

**ESSENTIAL DUTIES AND RESPONSIBILITIES** include the following. Other duties may be assigned.

- Reviews social history, psychological, medical, and previous therapy reports/records.
- Discusses and establishes individual client needs with Supervising Therapist.
- Completes all documentation and billing within timelines according to procedure.
- Communicates information to team participants and provides input for treatment plan implementation.
- Conducts individual and/or group sessions within clinic to work on specific objectives.
- Communicates program/program changes to Supervising Therapist and team members for consistency and reinforcement throughout disciplines.
- Utilizes effective communication techniques with all co-workers including voicemail, e-mail, and interoffice mail daily as indicated.
- Utilizes appropriate methods to manage inappropriate behavior/responses.
- Supervises practicum students from assistant programs as indicated or assigned.
- Attends in-service education programs.
- Attends job-related short courses, meetings, and conventions provided by FCC.
- Reads and researches professional journals and texts.
- Assures current technology used with clients.
- Provides therapy services to clients in all settings served by clinic: FCC, clinic, public schools, patient's home, and STAR/Adult Services.
- Handles assigned caseload sufficient to maintain minimum daily rate necessary to operate clinic.
- Responsible for paperwork associated with client's records as required by law and licensing agencies.

Maintains confidentiality of all information received regarding Friendship Community Care, Inc. and the clients. Conditions of confidentiality shall be in compliance with Friendship Community Care Non-Disclosure Policy and HIPAA Policies.

This job description is not intended to be all inclusive, and employee will also perform other reasonable related business duties as assigned by immediate supervisor and other management as required.

This organization reserves the right to revise or change job duties as the need arises. This job description does not constitute a written or implied contract of employment.



**QUALIFICATION REQUIREMENTS:**

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.

**EDUCATION and/or EXPERIENCE:**

Degree in Occupational Therapy Assistant Program and must hold or obtain an Arkansas State License to practice occupational therapy. Must be registered through National Board for Certification in Occupational Therapy. (NBCOT)

**LANGUAGE SKILLS:**

Ability to read and comprehend instruction, correspondence, and memos. Ability to write correspondence. Ability to comprehend industry/professional publications. Ability to write/document both at a professional/technical level as well as for non-professionals, caregivers, etc. Ability to effectively present information orally in one-on-one and small group situations to customers, clients, and employees of the organization.

**MATHEMATICAL SKILLS:**

Ability to add and subtract, multiply and divide whole numbers, fractions, and decimals. Ability to perform these operations using units of money, measurement, distance, etc. Ability to accurately quantitatively document/report client performance.

**REASONING ABILITY:**

Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

**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 use hands to finger, handle, or feel objects, tools, or controls and talk or hear. The employee frequently is required to stand, walk, and reach with hands and arms. The employee is occasionally required to sit; climb or balance; stoop, kneel, crouch, or crawl; and taste or smell.

The employee must occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, color vision, depth perception, peripheral vision, and the ability to adjust focus.

**QUALITY ASSURANCE & COMPLIANCE:** To adhere to the following and comply with all Quality Assurance's & HIPAA procedures:

- The Code of Conduct and Compliance Investigation Procedures as read and discussed in the new employee training must be followed at all times.
- Consumers' progress notes be maintained and completed *daily or as needed* on the prescribed forms.
- Consumers' records must be maintained weekly, monthly, quarterly, and yearly. All information must be filed in consumers' records as needed and updated as prescribed by funding sources.

**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.

The noise level in the work environment is usually moderate.

---

**EMPLOYEE**

**DATE**

---

**SUPERVISOR**

**DATE**