



TRI-MED HOME CARE SERVICES, INC.

TRI-MED STAFFING, INC.

(TRI-MED)

CONSUMER ACKNOWLEDGEMENT FORM

I have completed the required training time provided by TRI-MED. I understand the responsibilities of all involved parties and agree to abide by them.

I have received training in the following areas:

Assessing my needs, recruitment and hiring, contents of an advertisement, screening applicants, conducting an interview, checking references, Hiring, Back up assistants, conflict resolution, Personal and property, safety, training my Personal Assistant

I acknowledge that I will meet with and interview my employees according to guidelines provided through my training program. I understand that I am responsible for completing the requested paperwork.

TIME AND ATTENDANCE PROCEDURES

I, the consumer and/or consumer advocate have been informed and understand the Time and Attendance Procedures as follows:

1. Time slips from the Personal Assistant are due on each Monday
2. Time slips may be emailed, faxed, or dropped off at the office.
3. The work week runs from Sunday to Saturday.
4. Personal Assistants are paid bi-weekly.
5. Pay checks are distributed on Friday.
6. Direct deposit is available to Personal Assistants.

If I have any questions, I will contact the office and speak with the Service Coordinator or the Administrative Assistant.

Consumer Name

Consumer Signature

And/Or Advocate Name

Date

CIN: _____