



600 W Ray Road, Suite D3
Chandler, AZ 85225

New Hire Document Checklist

Employee Name: _____

Please return documents by: _____

Documents Needed:

- _____ Completed Employment Application
- _____ Resume
- _____ Signed Offer Letter
- _____ Signed Job Description
- _____ Staff Orientation Checklist
- _____ Copy of Driver's License
- _____ Copy of Car Insurance
- _____ Verification of Fingerprint Clearance Card
- _____ Verification of TB Test
- _____ Verification CPR & First Aid Training
- _____ Copy of diploma, bachelors degree, etc
- _____ Any relevant licenses and/or certifications
- _____ Any relevant training certificates
- _____ Acknowledgement of Employee Handbook
- _____ Direct Deposit Form
- _____ Completed Tax Forms: W-4 & A-4
- _____ Signed COVID-19 Waiver
- _____ Emergency Contact Form
- _____ Review & Sign all policy documents

I acknowledge that the items above are needed to begin employment at Elite Youth & Family Services, LLC. I will obtain the necessary documents and return them by _____.

Employee Name

Employee Signature

Date



Employment Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: Email

Date Available: Social Security No.: Desired Salary:\$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address:

From: To: Did you graduate? YES NO Diploma:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: Relationship:

Company: Phone:

Address:

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



Elite Youth & Family Services, LLC

Behavioral Health Technician Job Description

Minimum Qualifications:

- Has a bachelor's degree and at least one year of full-time behavioral health work experience
OR
- Has a high school diploma or high school equivalency diploma AND
- 18 credit hours of post-high school education in a field related to behavioral health completed no more than four years before the date the individual begins providing behavioral health services AND
- two years of full-time behavioral health work experience
OR
- Four years of full-time behavioral health work experience

Position Responsibilities:

- Supportive protective oversight of patients
- Provide mentoring for life skills and behavior management.
- Know and understand the needs and services identified in Treatment Plans.
- Provide safe transportation for patients. Always adhere to all transportation laws.
- Prepare daily case notes on patient's progress and activities in a timely manner and meeting the content expectations.
- Report any abuse, neglect or incidents as outlined in policy and procedures.
- Communicate with peers and supervisors in a timely and professional manner.
- Present himself/herself in professional appropriate attire according to the daily activities planned.
- Ensure their personnel file is maintained. Don't allow required items to expire.
- Read, understand and follow all EYFS Policy & Procedures.
- Participate in training.
- Be productive, enthusiastic and prepared for each day's work.

Staff Signature: _____

Date: _____



Elite Youth & Family Services, LLC
Transitional Living Home Behavioral Health Technician
Job Description

Minimum Qualifications:

- Has a bachelor's degree and at least one year of full-time behavioral health work experience
OR
- Has a high school diploma or high school equivalency diploma AND
- 18 credit hours of post-high school education in a field related to behavioral health completed no more than four years before the date the individual begins providing behavioral health services AND
- two years of full-time behavioral health work experience
OR
- Four years of full-time behavioral health work experience

Position Responsibilities:

- Supportive protective oversight of patients
- Enforce and manage daily activities in accordance with the Resident Agreement.
- Supervise and interact in psychosocial rehabilitation; work crews, recreation, social activities, education, etc.
- Ensure that clients receive medications and document accordingly.
- Instruct residents in independent living skills and basic life skills training.
- Enforce healthy habits such as physical development, healthy eating habits, help the client make and keep doctor appointments, and mental health management.
- Maintain a structured routine for the clients and self.
- Know and understand the needs and services identified in Treatment Plans.
- Provide safe transportation for patients. Always adhere to all transportation laws.
- Prepare daily case notes on client's progress and activities in a timely manner and meeting the content expectations.
- Report any abuse, neglect or incidents as outlined in policy and procedures.
- Communicate with peers and supervisors in a timely and professional manner.
- Present himself/herself in professional appropriate attire according to the daily activities planned.
- Ensure their personnel file is maintained. Don't allow required items to expire.
- Read, understand and follow all EYFS Policy & Procedures.
- Participate in training and clinical supervision.
- Be productive, enthusiastic and prepared for each day's work.

Staff Signature: _____

Date: _____

Employee Direct Deposit Banking Authorization Form

RUN Powered by ADP®



This form can be filled out online and printed.*
Please complete all fields.

Company Information

Company Name: _____ Date: _____

Employee Information Authorization

Important! Please read and sign before completing and submitting.

I hereby voluntarily authorize the Company named above (hereafter “Employer”), either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account (s) at the financial institution (s) of my choice (hereinafter “Bank”) indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. To the extent permitted by law, in the event that Employer or its payroll service provider deposits funds erroneously into my account (s), I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

To the extent permitted by law, I understand that I have the right to refuse consent or revoke authorization of direct deposit at any time without fear of retaliation, and I have the right to receive any payment owed to me by other means. This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and manner as to afford Employer and Bank reasonable opportunity to act on it.

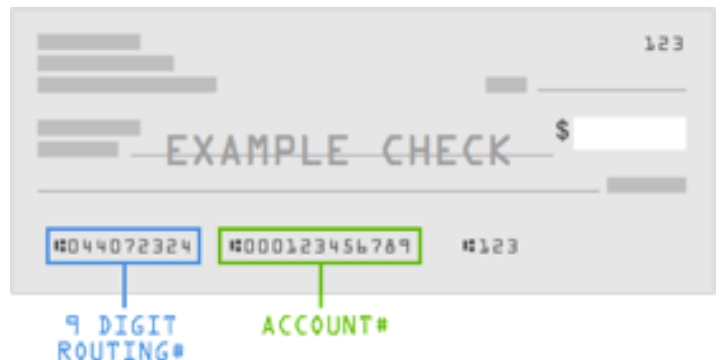
Legal Name: _____
(Last Name, First Name, Middle Initial)

Signature: _____ Date: _____

Deposit/Account Information

For a checking account, attach a voided check, not a deposit slip. If you don't have a check, ask your bank to give you the Routing Number (the nine-digit American Bankers Association (ABA) number that identifies both the Company's bank and the Federal Reserve Bank) for your account.

Note: If you have a paycard, set it up as a checking account, not a savings account. Contact the paycard issuer for the account number/routing number information.



Employee Direct Deposit Banking Authorization Form

RUN Powered by ADP®

1. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

Checking Savings

Amount to deposit in selected account:

\$ _____ or Full Net Amount

2. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

Checking Savings

Amount to deposit in selected account:

\$ _____ or Full Net Amount

3. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

Checking Savings

Amount to deposit in selected account:

\$ _____ or Full Net Amount

4. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

Checking Savings

Amount to deposit in selected account:

\$ _____ or Full Net Amount

Take advantage of Employee Access® in RUN Powered by ADP® to let your employees manage their own direct deposits.

***Attention Payroll Contact:** Employers must keep each original Employee Direct Deposit Banking Authorization form on file as long as the employee is using direct deposit, and for two years thereafter. Employers may be subject to certain federal and state direct deposit notice, authorization and record retention requirements. Please review your applicable federal, state and local laws. This form is provided for convenience only and is not meant and should not be construed as legal, HR, financial, insurance, tax or accounting advice. You should consult with your own legal counsel, human resource, accounting or other professional advisor for circumstances pertaining to your business.



Employee Acknowledgement of Handbook

I acknowledge that I have received and reviewed the employee handbook. I understand and recognize that there may be changes to the information, policies, and benefits in the handbook. I understand that Elite Youth & Family Services, LLC may add new policies to the handbook as well as replace, change, or cancel existing policies. I understand that I will be told about any handbook changes and I understand that handbook changes can only be authorized by Elite Youth & Family Services, LLC management.

I understand that I became an employee of Elite Youth & Family Services, LLC voluntarily. I understand and acknowledge that there is no specified length to my employment and that my employment is at will. I understand and acknowledge that "at will" means that I may terminate my employment at any time, with or without cause or advance notice. I also understand and acknowledge that "at will" means that Elite Youth & Family Services, LLC may terminate my employment at any time, with or without cause or advance notice, as long as they do not violate federal or state laws.

I understand that it is my responsibility to read and comply with all policies included within the employee handbook. I further understand that I should consult my supervisor regarding any questions I may have.

Employee Signature

Employee signature

Date

Printed Name

Employer Representative



Emergency Contact Form

Employee Name _____	Address _____
Phone Number _____	_____

Special Instructions:

In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

Emergency Contacts:

Primary Contact in case of emergency:	
Name _____	Relationship _____
Address _____	Phone Number _____
_____	Alternate Phone Number _____
Secondary Contact in case of emergency:	
Name _____	Relationship _____
Address _____	Phone Number _____
_____	Alternate Phone Number _____

Physician Contact

Doctor's Name _____	Address _____
Phone Number _____	_____

Employee Authorization

I have voluntarily provided the above contact information and authorize Elite Youth & Family Services, LLC and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

Employee signature _____ *Date* _____



Elite Youth & Family Services, LLC

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus (COVID-19), has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and the use of PPE (Masks).

Elite Youth & Family, LLC ('Elite') has put in place preventative measures to reduce the spread of COVID-19, however Elite **cannot guarantee** that you or your family will not become infected with COVID-19. Further, **your employment as Elite could increase** your risk and your family's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by COVID-19 while working at Elite and that such exposure of infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while employed at Elite may result from that actions, omissions, or negligence of myself and others, including, but not limited to Elite employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my family may experience or incur in connection with my employment at Elite or participation in Elite Programming ('Claims'). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Elite, its employees, agents and representative, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Elite, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after employment at Elite.

Staff Name

Staff Signature

Date



Elite Youth & Family Services, LLC Staff Orientation Checklist

Employee Name: _____ Title: _____

Hire Date: _____

Supervisor Providing Orientation (Name/Title/Credential): _____

Staff Initials	Training Content	Time	Date	Trainer Initials
	EYFS Approach to Treatment, Mission & Values Statements, Agency Culture and Climate	10 mins		
	Position Responsibilities, Clinical and Administrative Supervisory Process, Performance Reviews	15 mins		
	Client Rights, Responsibilities, Client Grievances	15 mins		
	Confidentiality, HIPPA and Management of Client Record	30 mins		
	Clinical Policies, Procedures and Documentation: <ul style="list-style-type: none"> • CFT Practice Protocol • Assessment Tools • Coordination of Care with Outside Agencies / ROI • Covered Services / Scope • Code of Ethics • Early & Periodic Screening, Diagnosis and Treatment • Intake and Admissions • Eligibility / Enrollment • Screening & Referral • Grievances / Requests for Hearings • Sharing of Treatment and Medical Information • RBHA Linkages / CM Role • Treatment Planning • Fraud and Abuse • Duty to Warn • Outings • Assessing for Suicidality • Transportation • Interpretation Services • Management of Difficult Cases • Management of High-Risk Persons • Behavioral Health Record Documentation • Timelines & Requirements • Encounter Forms / Billing • Discharge Planning • Mileage Billing 	3 hours		

Elite Youth & Family Services, LLC Staff Orientation Checklist

Staff Initials	Training Content	Time	Date	Trainer Initials
	Cultural Competency Specific to the Population Served	30 mins		
	Reporting Violation of Client Rights Suspected of Alleged Abuse, Neglect or Exploitation	30 mins		
	Clinical Best Practices	1 hour		
	Position Logistics – Review Job Description and Contract	15 mins		
	Dress Requirements / Safety	10 mins		
	90 Day Policy Review	15 mins		
	Supervision Schedule	5 mins		
	Chain of Command / Questions	5 mins		
	Company Contact List / Calendars / Emails	5 mins		
	Facility Tour	15 mins		
	Policy Review	2 hours		
	Meeting with Admin Team	30 mins		
	Total Hours:	10 Hours		

Employee/Contractor Name	Employee/Contractor Signature	Date
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Supervisor Name	Supervisor Signature	Date
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** (Form is filed in Employee/Contractor's Personnel File)

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Type or print your Full Name		Your Social Security Number	
Home Address – number and street or rural route			
City or Town		State	ZIP Code

Choose either box 1 or box 2:

1 Withhold from gross taxable wages at the percentage checked (**check only one percentage**):

0.8%
 1.3%
 1.8%
 2.7%
 3.6%
 4.2%
 5.1%

Check this box and enter an extra amount to be withheld from each paycheck \$

2 I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.	
SIGNATURE _____	DATE _____

Employee's Instructions

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not give this form to your employer the department requires your employer to withhold 2.7% of your gross taxable wages.

Current Employees

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.

What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. To keep this election for the next calendar year, you must give your employer an updated Form A-4. If you do not, your employer may withhold Arizona income tax from your wages and salary until you submit an updated Form A-4.

Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.