



Thank you for your interest in working with Island Home Care Agency, Inc.
You will need to print and complete the following documents – (the abbreviations for the forms on the website are underlined)

- 1) Application for employment (Application) - fill out completely
- 2) Verification of job description (Verform)- sign and date bottom – (your job description is in the “Job Description” section – print out appropriate one for your discipline)
- 3) W-9 (W9) - fill out
- 4) Independent Contractor Agreement (in “Contracts” section – print out appropriate one for your discipline) – sign and date
- 5) HIPAA Notice of Privacy Practices (phiagree)– sign and date – Schedule A.
- 6) I-9 (I-9 form) - fill out top section and present proper proof of identity. (see section 2 on form)
- 7) Physical (Physical)- if you have a current physical (within the past year) that includes PPD and all titers, feel free to send us a copy, instead of having your doctor fill out this one.
- 8) Document of Blood Borne Pathogen Training (BBP training) - sign and date back of page
- 9) Universal Body Substance Precautions Post Test (Universal Body Substance test)- complete test (use any reference materials you require)
- 10) Release or Declination for Hepatitis B Vaccine (HBV release or declination)- sign which one you prefer
- 11) 3 reference requests (Reference) - fill out top of page - add names and addresses of whom you want these sent out to on reverse side. MAKE SURE YOU PRINT OUT 3 copies
- 12) Application Package (Apppak –Therapist) please fill out so we are aware of your needs.

If you have any questions regarding the paperwork, please do not hesitate to call me at 631-289-6223, ext. 19. All paperwork must be brought here along with your therapy license, physical, PPD, titers, malpractice insurance, 2 forms of ID, CPR certification, and a list of towns you are willing to travel to for cases.

When you have completed the paperwork and have the above documents, please call our Director of Patient Services, Genina LaLand at 631-289-6223, ext. 12.

We look forward to meeting you and welcoming you aboard our caring team of professionals.

Sincerely,
Valerie O'Connor

The Staffing Department

hr\appwebpt.doc

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name: _____ Social Security # _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____ Mobile/Beeper/Other: _____ E-mail Address: _____

Position(s) applied for: _____ Date of application: _____

Referral Source (Please check the appropriate category and name the source.)

<input type="checkbox"/> Walk-in _____	<input type="checkbox"/> School _____
<input type="checkbox"/> Employee _____	<input type="checkbox"/> Job Fair _____
<input type="checkbox"/> Advertisement _____	<input type="checkbox"/> Staffing Agency _____
<input type="checkbox"/> Company's Website _____	<input type="checkbox"/> Government _____
<input type="checkbox"/> Other Internet _____	Employment Agency _____
	<input type="checkbox"/> Other _____

If necessary, best time to call you at is _____

May we contact you at work? Yes No

If yes, work number and best time to call:

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No
 if yes, give date(s) and positions(s)

Have you ever been employed here before? Yes No
 if yes, give dates From _____ To _____

Are you legally eligible for employment in this country? Yes No

Date available for work _____

What is your desired salary range or hourly rate of pay?
 _____ Per _____

Type of employment desired Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if the job requires it? Yes No

Will you travel if the job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? N/A Yes No

Will you work overtime if the job requires it? Yes No

If no, please explain _____

Driver's license number if driving may be required in position for which you are applying:

_____ State _____

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details

AN EQUAL OPPORTUNITY EMPLOYER

Emergency Contact Name: _____

Phone #: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed:	to
Street Address	City	State	
Starting job title/final job title	Compensation (Starting)		
Immediate supervisor and title (for most recent position held)	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per		
Why did you leave?	Commission/Bonus/OtheCompensation \$		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)		
Summarize the type of work performed and job responsibilities.	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per		
What did you like the most about your position?	Commission/Bonus/OtheCompensation \$		
What were the things you liked least about the position?			

Employer	Telephone #	Dates employed:	to
Street Address	City	State	
Starting job title/final job title	Compensation (Starting)		
Immediate supervisor and title (for most recent position held)	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per		
Why did you leave?	Commission/Bonus/OtheCompensation \$		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)		
Summarize the type of work performed and job responsibilities.	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per		
What did you like the most about your position?	Commission/Bonus/OtheCompensation \$		
What were the things you liked least about the position?			

Employer	Telephone #	Dates employed:	to
Street Address	City	State	
Starting job title/final job title	Compensation (Starting)		
Immediate supervisor and title (for most recent position held)	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per		
Why did you leave?	Commission/Bonus/OtheCompensation \$		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)		
Summarize the type of work performed and job responsibilities.	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per		
What did you like the most about your position?	Commission/Bonus/OtheCompensation \$		
What were the things you liked least about the position?			

Employer	Telephone #	Dates employed:	to
Street Address	City	State	
Starting job title/final job title	Compensation (Starting)		
Immediate supervisor and title (for most recent position held)	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per		
Why did you leave?	Commission/Bonus/OtheCompensation \$		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)		
Summarize the type of work performed and job responsibilities.	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per		
What did you like the most about your position?	Commission/Bonus/OtheCompensation \$		
What were the things you liked least about the position?			

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	_____	Years	_____	<input type="checkbox"/> Internet	_____	Years	_____
<input type="checkbox"/> Spreadsheet	_____	Years	_____	<input type="checkbox"/> Other	_____	Years	_____
<input type="checkbox"/> Presentation	_____	Years	_____	<input type="checkbox"/> Other	_____	Years	_____
<input type="checkbox"/> E-mail	_____	Years	_____	<input type="checkbox"/> Other	_____	Years	_____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	_____	_____
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	_____	_____
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	_____	_____
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	_____	_____

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.
 I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____



HOME CARE AGENCY, inc.
DRUG & SURGICAL

VERIFICATION OF JOB DESCRIPTION

1. I have received a description for the job I am applying for.
2. I have received an orientation and the Employee Handbook of Island Home Care Agency's Policies and Procedures for _____ in home patient care; including but not limited to;
 - A HIV Confidentiality.
 - B. Standard Precautions.
 - C. Occupational Infection Risk Reduction and Hepatitis B immunization for Healthcare workers.
 - D. Identification of patient abuse/neglect.
 - E. Emergency Disaster Preparedness.
 - F. Identifying a Clandestine Methamphetamine Laboratory in the home.
3. I am aware that all new Employees of Island Home Care Agency are hired on a 6 month probationary period.
4. If for any reason I am terminated from Island Home Care Agency or I terminate employment from Island Home Care Agency, I agree to return my picture I.D. badge immediately. I am aware that Island Home Care Agency will hold my last paycheck until the badge is returned to the IHC office.
5. I have been made aware that there is a \$10.00 per week late charge, charged to my payroll account for every time sheet submitted after 30 days of the actual date that I worked an hourly shift case. I have been made aware that there is a \$10.00 per week late charge, charged to my payroll account for every time sheet submitted after 14 days of the actual date that I worked a visit case. If I hold a time sheet for more than 30 days after working a visit case, I will only be paid when and if Island Home Care Agency is reimbursed for those dates of service. I have been made aware that the work week ends on Friday, and my time sheet for that week is due in the office on the following Monday by 5:00 p.m.
6. I understand that the Island Home Care Agency is a Home Health Agency that provides 24 hour a day service, 7 days a week to its' clients. I realize that all types of work schedules are considered upon hiring. I further understand that Island Home Care Agency will try to honor my scheduling requests, but that my requested work schedule is not a contract or agreement between myself and Island Home Care Agency.
7. It is specifically agreed that I will not solicit, either directly or indirectly on behalf of myself or any other person, firm, or corporation, employment from any client of Island Home Care Agency to which I have been sent or referred to for employment or prospective employment, for a period of (6) six months from the last time I was employed or referred to for employment, to said client or prospective client of Island home Care Agency. I understand that the identity of any client or prospective client of, or acquired through, Island Home Care Agency, shall be deemed confidential information. It is specifically understood that any violation of the above shall subject me to the payment of damages together with costs and attorney fees.
8. I have been counseled on and agree not to take monetary gifts and/or payments directly from any client or members of my clients' family or friends of my client for any reason. I will not borrow money with promise to return loan nor use a client's resource for purchase of goods for myself.
9. I have been made aware that I have a professional and ethical responsibility to protect the patient's privacy and right to confidentiality.
10. I am free from any habituation to alcohol, depressants, stimulants, narcotics or any other substances that may alter my behavior.

Date

Signature

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 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).

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 on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

Limited liability company (LLC). Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

Other entities. Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Schedule A
Business Associate Confidentiality Agreement

_____ acknowledges that Island Home Care Agency, Inc. has a legal and ethical responsibility to safeguard patient privacy and to protect the confidentiality of all patient health information (“PHI”). PHI includes any information transmitted or maintained in any form or medium including electronic and paper records and oral and written communications that relates to an individual’s health status, healthcare services, or payments for health care services and identifies or could be reasonably expected to be used to identify an individual.

_____, its employees, subcontractors, and assigns agree to the following regarding PHI in carrying out their responsibilities under this agreement.

1. PHI will not be disclosed or discussed with others, including friends or family, who do not have a need to know it.
2. PHI will be used, disclosed, accessed or viewed only to the extent required to carryout responsibilities, accept as may be required by law.
3. PHI will not be discussed where others can overhear the conversation. It is not acceptable to discuss PHI in public areas even if a patient’s name is not used.
4. Inquiries about PHI will not be made on behalf of personnel not authorized to access or view such information.
5. Safeguards will be established to prevent misuse as well as inappropriate access, alteration, destruction or disclosure of PHI.
6. _____ agrees to comply with applicable federal, state and local laws governing the privacy of patient medical records.
7. Violations of any of the preceding requirements will be immediately reported to the Island Home Care Agency Administrator @ (631) 289-6223.
8. _____ will provide Island Home Care Agency with the names of any subcontractors utilized in carrying out its responsibilities under this agreement and insure that these subcontractors will agree to the same conditions and restrictions outlined in this agreement.
9. _____’s responsibility for compliance with the aforementioned conditions continues after termination or expiration of its agreement with Island Home Care Agency.
10. _____ agrees to allow Island Home Care Agency to review and evaluate their policies, procedures and practices in place to insure compliance with this agreement.

By: _____ Date: _____

Print Name and Title
Contract/phiagree



Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What's the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1: Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

- (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
- (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2: Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3: Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1 Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number

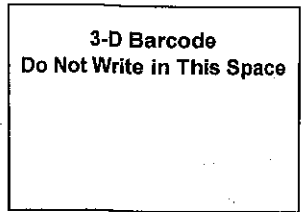
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- Alien Registration Number/USCIS Number: _____
- OR**
- Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Section 2 Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3 Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<p align="center">LIST A</p> <p align="center">Documents that Establish Both Identity and Employment Authorization</p>	<p align="center">LIST B</p> <p align="center">Documents that Establish Identity</p>	<p align="center">LIST C</p> <p align="center">Documents that Establish Employment Authorization</p>
<p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>	<p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT. (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p> <p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <p>a. Foreign passport; and</p> <p>b. Form I-94 or Form I-94A that has the following:</p> <p>(1) The same name as the passport; and</p> <p>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</p>	<p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p align="center">For persons under age 18 who are unable to present a document listed above:</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p> <p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p> <p>5. Native American tribal document</p> <p>6. U.S. Citizen ID Card (Form I-197)</p> <p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>
<p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>	<p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



HOME CARE AGENCY, inc. DRUG & SURGICAL

ANNUAL EMPLOYEE PHYSICAL

PART 1: TO BE COMPLETED BY EMPLOYEE:

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ DOB: _____

PLEASE ANSWER THE FOLLOWING TO THE BEST OF YOUR KNOWLEDGE:

1. Do you require glasses? _____ Hearing aid? _____
2. Have you ever been treated for any disease entity/injury that hampers your ability to function for extended periods? _____
3. Are you presently being treated for any disorders of a chronic or recurring nature (Congenital defect, nervous/mental disorder or other condition) that might hamper job performance? _____
4. Do you have any history of back injury? _____
5. Have you ever been treated for back injury? _____
6. Are you presently being seen by a chiropractor or physician for a back problem? _____
If yes, please give Name, address and phone number: _____

HEIGHT _____ WEIGHT _____

MEDICATIONS (please list all medications prescribed, that you take on a continuing basis)

ALLERGIES: _____ SYMPTOMS: _____

HABITUAL/ADDICTION:

Alcohol _____ Depressants _____ Stimulants _____ Narcotics _____
If yes, please explain: _____

FAMILY HISTORY/HEREDITARY DISEASES:

Coronary Artery Disease _____ Hypertension _____ Cancer _____ Diabetes _____
Renal Disease _____ Alcoholism _____ Sickle Cell Anemia _____ Other _____

I have received the Employee Handbook of Island Home Care Agency's Policies and Procedures for in home patient care; including but not limited to;

- A. HIV Confidentiality.
- B. Standard Precautions.
- C. Occupational Infection Risk Reduction and Hepatitis B immunization for Healthcare workers.
- D. Identification of patient abuse/neglect.
- E. Emergency Disaster Preparedness
- F. Identifying a Clandestine Methamphetamine Laboratory in the home

I have read and understand the aforementioned policies.

I am free from any habituation to alcohol, depressants, stimulants, narcotics or any other substances that may alter my behavior.

ALL OF THE QUESTIONS ANSWERED BY ME AND INFORMATION GIVEN BY ME HAVE BEEN ANSWERED AND OFFERED TRUTHFULLY TO THE BEST OF MY KNOWLEDGE. [] YES [] NO

Employee Signature: _____ Date: _____

(over)

Part II: TO BE COMPLETED BY QUALIFIED EXAMINING CLINICIAN *

* Island Home Care policy at present is mandatory first physical must be done by a physician/nurse practitioner within one year prior to date of hire. All following physicals can be done by a Registered Nurse Clinician and are to be done annually. Employee physical must be within the regulations as specified by the New York State Department of Health: DOHM 86-47 and 86-51, DOHM 81-51, DOHM 86-39, as set forth in 10NYCRR Section 400.10 and DOHM 87-47 and DOHM 88-1. Updates on immunizations will be done according to Department of Health Requirements, Mantoux and lab values.

GENERAL PHYSICAL FINDINGS:

Blood Pressure: _____ Pulse: _____ Respirations: _____ Heart: _____

Lungs: _____ GI _____ GU _____ Neuromuscular _____

IMMUNIZATION TITRES:

	DATE	TITRE	RESULTS
MUMPS	_____	_____	_____
MEASLES	_____	_____	_____
RUBELLA	_____	_____	_____

Employee is free from fever, cough, runny nose, conjunctivitis, , Koplik spots [small bluish white spots surrounded by a reddish area] on the gums or in buccal cavity, or descending rash which fades in the same order it appeared after approximately 5 days. _____ [initial]

TUBERCULOSIS:

LOT # _____ DATE GIVEN _____ DATE READ _____ RESULTS _____

FOLLOW UP FOR ANY POSITIVE RESULTS:

CXR: DATE: _____ RESULTS: _____

TB SCREENING:

- 1. HAVE A COUGH FOR > 3 WEEKS _____
- 2. LOSS OF APPETITE: _____
- 3. UNEXPLAINED WT LOSS: _____
- 4. NIGHT SWEATS: _____
- 5. BLOODY SPUTUM: _____
- 6. HOARSENESS: _____
- 7. FEVER: _____
- 8. FATIGUE: _____
- 9. CHEST PAIN: _____

THIS PERSON [] IS [] IS NOT CAPABLE OF PERFORMING DUTIES.

FOLLOW UP RECOMMENDATION WITH REASON(S) (IF APPLICABLE) : _____

QUALIFIED CLINICIAN'S* NAME: _____ **LICENSE:** _____

SIGNATURE: _____ **DATE:** _____



HOME CARE AGENCY, inc.
DRUG & SURGICAL

REFERENCE REQUEST

Applicant's Name: _____

Position Held: _____

Dates _____ To _____

I hereby release from liability the person completing this form, and authorize them to release all information regarding my relationship with them.

Name of Employer: _____

Applicant's Signature _____ Date _____

The above named person has applied to us for employment stating that he/she was previously in your employ. Please verify the above information and provide us with the information listed below. Thank You.

Is Above Employment Information Correct? Yes _____ No _____

Would You Rehire? Yes _____ No _____

	POOR	FAIR	VERY GOOD	EXCELLENT
Dependability/Attendance				
Cooperation				
Quality Of Work				
Initiative				
Accepts Supervision				

Does employee have history of back injury or chronic back problems? Yes _____ No _____

Has employee put in for a disability claim due to back injury, to your knowledge? Yes _____ No _____

Reason for leaving _____

Comments _____

Signature _____ Date _____

Title _____

Thank You!

Hr/reference/0692JLDL

Island Home Care Agency, Inc.
175 D Commerce Drive
Hauppauge, NY 11788

Island Home Care Agency, Inc.
175 D Commerce Drive
Hauppauge, NY 11788

Island Home Care Agency, Inc.
175 D Commerce Drive
Hauppauge, NY 11788



HOME CARE AGENCY, inc.
DRUG & SURGICAL

REFERENCE REQUEST

Applicant's Name: _____

Position Held: _____

Dates _____ To _____

I hereby release from liability the person completing this form, and authorize them to release all information regarding my relationship with them.

Name of Employer: _____

Applicant's Signature _____ Date _____

The above named person has applied to us for employment stating that he/she was previously in your employ. Please verify the above information and provide us with the information listed below. Thank You.

Is Above Employment Information Correct? Yes _____ No _____

Would You Rehire? Yes _____ No _____

	POOR	FAIR	VERY GOOD	EXCELLENT
Dependability/Attendance				
Cooperation				
Quality Of Work				
Initiative				
Accepts Supervision				

Does employee have history of back injury or chronic back problems? Yes _____ No _____

Has employee put in for a disability claim due to back injury, to your knowledge? Yes _____ No _____

Reason for leaving _____

Comments _____

Signature _____ Date _____

Title _____

Thank You!

Hr/reference/0692JLDL

Island Home Care Agency, Inc.
175 D Commerce Drive
Hauppauge, NY 11788

Island Home Care Agency, Inc.
175 D Commerce Drive
Hauppauge, NY 11788

Island Home Care Agency, Inc.
175 D Commerce Drive
Hauppauge, NY 11788



HOME CARE AGENCY, inc.
DRUG & SURGICAL

REFERENCE REQUEST

Applicant's Name: _____

Position Held: _____

Dates _____ To _____

I hereby release from liability the person completing this form, and authorize them to release all information regarding my relationship with them.

Name of Employer: _____

Applicant's Signature _____ Date _____

The above named person has applied to us for employment stating that he/she was previously in your employ. Please verify the above information and provide us with the information listed below. Thank You.

Is Above Employment Information Correct? Yes _____ No _____

Would You Rehire? Yes _____ No _____

	POOR	FAIR	VERY GOOD	EXCELLENT
Dependability/Attendance				
Cooperation				
Quality Of Work				
Initiative				
Accepts Supervision				

Does employee have history of back injury or chronic back problems? Yes _____ No _____

Has employee put in for a disability claim due to back injury, to your knowledge? Yes _____ No _____

Reason for leaving _____

Comments _____

Signature _____ Date _____

Title _____

Thank You!

Hr/reference/0692JLDL

Island Home Care Agency, Inc.
175 D Commerce Drive
Hauppauge, NY 11788

Island Home Care Agency, Inc.
175 D Commerce Drive
Hauppauge, NY 11788

Island Home Care Agency, Inc.
175 D Commerce Drive
Hauppauge, NY 11788



HOME CARE AGENCY, INC.
DRUG & SURGICAL

PHONE: (631) 289-6223 FAX: (631) 289-7473

Discipline: _____ New: Reactivating:

Name: _____ Date: _____

Address: _____

Email: _____

Contact Phone numbers:

Home: _____ Cell: _____ Fax: _____

.....

How did you hear of Island Home Care Agency?

Friend Referral: _____ Ad Referral: _____

What towns will you travel to? _____

What Hours are you available? _____

What days are you available? _____

Can you work weekends? _____

.....

Will you treat pediatric patients? _____

In addition to this application packet, we will also need the following documents:

- ___ Profession License (copy)
- ___ State drivers license & Auto Insurance Card (copy)
- ___ Social Security card (copy)
- ___ Physical (within one year current, signed by MD or NP)
- ___ PPD (within one year current)
- ___ Titer levels: Rubella and Rubeola
- ___ Proof of receiving your Annual Flu Vaccination
- ___ CPR Certification Card (all employees)
- ___ Your NPI number & Your Private Provider ID # (if applicable)

How to Recognize the Signs of a Clandestine Methamphetamine Laboratory

Clandestine laboratories can be extremely dangerous. Immediate emergency response is necessary.

Contact local law enforcement or dial 911 for initial response and evaluation.

WHAT IS A CLANDESTINE LABORATORY?

A clandestine laboratory is an unlawful operation consisting of laboratory equipment and chemicals that are used to illegally produce controlled substances such as methamphetamine. Chemicals found in clandestine laboratories can be hazardous. Exposure to these can damage the respiratory tract, mucous membranes, eyes and skin. Some of the chemicals can produce a fire or explosion. Immediately leave the scene and contact your local law enforcement agency if you encounter what you believe is a clandestine laboratory. Inform law enforcement if you believe children are present.

CAUTION: Chemicals found in a clandestine laboratory are hazardous and toxic. Do not breathe vapors. Avoid contact.

SIGNS OF A CLANDESTINE LABORATORY

A large number of containers of camping fuel, paint thinner, acetone, starting fluid, lye, drain cleaners, sulfuric acid or bottles of muriatic acid (hydrochloric acid).

Soft silver or gray metallic ribbon or chunk stored in oil or kerosene. The metal may ignite upon contact with water or air.

A large number of lithium batteries, especially ones that have been stripped.

A large number of cold tablet containers that list ephedrine or pseudoephedrine as ingredients.

A large number of match books or striker plates.

Jars labeled as iodine or containing shiny, metallic, dark purple crystals or orange stained containers.

Jars containing clear liquid with a white colored solid on the bottom.

Jars labeled as red phosphorous or containing a fine dark red or purple powder.

Coffee filters containing a white pasty substance, a dark red sludge, or small amounts of white shiny crystals.

Glass cookware, funnels, hot plates or frying pans containing a powdery residue.

Bottles or jars with rubber tubing attached.

Chemical smells such as ether, ammonia or acetone or a strong smell of urine.

Propane tanks with fittings that have turned blue from contact with anhydrous ammonia. These may contain anhydrous ammonia and can be VERY DANGEROUS.

PRODUCTS COMMONLY FOUND IN CLANDESTINE LABS

Because of safety and legal concerns, any materials found at a clandestine laboratory should ONLY be handled by properly trained individuals.

Muriatic acid

Battery acid

Lye

Drain cleaner

Charcoal lighter fluid

Ether starting fluid

Denatured alcohol

Over-the-counter cold medicines containing ephedrine or pseudoephedrine

Dry gas products

Iodine crystals (7% tincture of iodine)

Kerosene

Mineral spirits

Lacquer thinner

Aluminum foil

Camera batteries

Cat litter

Epsom salts, table or rock salt

Gasoline

If you encounter what you believe is a clandestine laboratory based on this information, immediately leave the premises and contact your local law enforcement agency.

FIRST AID

Do not become a victim yourself! Avoid exposure!

If an injury is suspected, call 911 or local law enforcement for medical assistance.

Chemicals react in many ways. Physical harm may not be immediately visible but may develop later.

Move victim to a safe area where fresh air is available.

Remove any contaminated clothing/foot wear.

Anhydrous Ammonia or Caustic Chemicals - Flush eyes or exposed skin with clean water for 15 minutes. Repeat until relief is apparent or reported. Note that when anhydrous ammonia is released from a pressurized cylinder, it can freeze objects or skin on contact. If clothing is frozen to patient, DO NOT remove clothing until you have soaked the clothing with clean water (lukewarm if possible). Immediately remove clothing when thawed and continue to flush exposed areas with clean water.

Lithium or Sodium (silvery-white metals) - Brush off. DO NOT FLUSH WITH WATER. These chemicals will ignite on contact with water.

****LAW ENFORCEMENT ONLY****

Secure the site immediately.

Mandated Notification to Upstate NY Regional Intelligence Center (UNYRIC) via NYSPIN File 13c.

For additional information or instructions for reporting, contact UNYRIC (518) 786-2100.

SUPPORT AGENCIES

New York State Police
Division Headquarters (24 Hours)
(518) 457-6811

New York State Department of Environmental Conservation (24 hours)
Law Enforcement: (800) 457-5680
State Spill Hotline: (800) 457-7362

New York State Office of Fire Prevention & Control Headquarters (24 Hours)
(518) 474-6746

U.S. Drug Enforcement Administration
NY Field Division: (212) 337-1810

New York State Office of Children and Family Services
Child Abuse and Maltreatment Register (24 hours)
(800) 342-372

New York State Office of Alcoholism and Substance Abuse Services
www.oasas.state.ny.us/meth/