

### Contact Information

**(559) 228-8918**

Fax: (559) 228-3238  
5550 N. Palm Avenue  
Fresno, CA, 93704

[www.rahfresno.com](http://www.rahfresno.com)  
[office@rahfresno.com](mailto:office@rahfresno.com)  
[HCO#104700057](tel:55922870057)



### Right at Home Team

Suraj Kairamkonda, Owner  
Vik Anneboina, Owner  
Xong Her, Director of Operations  
Judy Vera, Payroll/Billing Representative  
Lori Catalano, Recruiter  
Nichole Garcia, HR Representative  
Michele Orlando RN, Client Care Coordinator  
Sue Xiong, Registered Nurse  
Cheyenne Vang, Client Care Coordinator  
Samantha Catt, Client Care Coordinator  
Ashley Alaniz, After-Hours Coordinator  
Victoria Casares, Skills Instructor/SC  
Kelly Aguirre, Staffing Coordinator  
Sunny Xiong, Staffing Coordinator  
Chia Thao, Staffing Coordinator

- Right at Home offers non-medical in-home care and assistance to seniors and other individuals unable to complete basic tasks and/or personal care. Right at Home's mission is to provide a variety of services, which support and improve the quality of life for our clients
- Safe, reliable home care services available 24 hours/7days a week. Right at Home's mission is to provide a variety of services, which support and improve the quality of life for our clients.
- Our home care aides are screened, trained, insured, and bonded; their work is actively monitored and nurse supervised to ensure the best quality of care.
- Our services are highly personalized and flexible. Each client has a personalized care plan developed by our nursing staff.
- Most importantly, in-home care provided is a cost-effective alternative for care of the elderly who choose to remain at home.

### Description of Services

- Free Nurse Assessment
- Hourly Services (3 hours to 24 hour care)
- Over Night Services (10 or 12 hours)
- Sitter Services (at hospital bedside)
- Alzheimer's/Dementia Care
- Hospice Support
- Rehab Support
- Independent or Assisted Living Facility

## Services Provided by Right at Home

### ***Socialization & Relationships***

- Companionship and friendly conversations
- Arrange social visits with friends/family
- Arrange appointments
- Help client write letters and read the mail
- Communicate with family members and other healthcare professionals

### ***Indoor Activities***

- Ensure safety and security at home
- Physical, speech and occupational therapy exercise reinforcement
- Participate with hobbies or crafts
- Read (books, periodicals, newspaper, religious readings)
- Play games or cards

### ***Outdoor Activities***

- Take walks
- Bring in the mail and newspaper
- Take out the garbage

### ***Home Care Aide Services***

- Medication reminders
- Monitor diet and nutrition
- Prepare grocery list
- Meal planning, preparation and cleanup
- Light housekeeping
- Laundry

### ***Transportation***

- Run errands to pharmacy, shopping, dry cleaners, etc.
- Transportation to doctor appointments, grocery store, religious activities, etc.
- Transportation to visit friends and neighbors
- Escort to lunch or dinner

### ***Personal Care***

- Assistance with
  - Personal hygiene
  - Walking and transferring
  - Dressing
  - Feeding

## Qualified Home Care Aides

- Experienced Home Care Aides
- Certified Nursing Assistants
- Home Health Aides
- Medical Assistants
- Screened, Bonded and Insured
- Employees of Right at Home; not contractors
- Competency tested
- Compassionate and Dependable
- Home Care Aide Education Program
- Automated notification of personal care attendant arrival and departure

**IMPROVING the QUALITY of LIFE**

## HOME CARE AIDE JOB DESCRIPTION

**Reports To:** Staffing Coordinators, Client Care Coordinators, and HR Representatives.

### **Job Summary**

The Home Care Aide (“HCA”) provides non-medical companionship and personal care, supervising, feeding and dressing assistance to clients who, by reason of advanced age, physical disability, or mental deficiency, need supervision for activities of daily living (“ADL”). Activities of daily living are activities that are related to the clients’ independent living and which cannot be performed by the clients alone due to health and or age limitations. The HCA thus provides for the personal needs and comfort of clients in their residences.

An HCA working in a client’s private home serves as a Personal Attendant under California Wage Order 15 and the Domestic Worker Bill of Rights. When working in a client’s private home, the HCA will spend at least 80% of his or her time assisting with ADL, such as supervising, feeding or dressing the client, bathing, hygiene, companionship, etc. and will spend less than 20% of his or her time on work other than assisting with ADL, such as light housework and chores. Additionally, when working in a client’s private home, the HCA (1) will not act as a nurse; (2) will not perform intrusive medical procedures; (3) will not administer medication; and (4) will not take a client’s vital signs, including but not limited to temperature, pulse or respiration rates. Further, a certified nursing assistant (“CNA”) or certified home health aide (“CHHA”) employed as a HCA may only provide non-medical companionship care, and may not use his or her CNA or CHHA title, act as a CNA or CHHA, or perform CNA or CHHA duties as a HCA.

An HCA must not provide any medical, nursing or skilled services to clients. Regardless of whether the HCA is a nurse, CNA or CHHA, a PCA has no responsibility to and should not diagnose or treat a client’s illnesses, injuries or changes in medical condition.

Additionally, when such activities are related to the ADL of a client and cannot be performed by the client alone due to health and or age limitations, the HCA also may perform the following duties and responsibilities for the client only (and not for any other individuals at the residence) consistent with the Job Summary:

### **Essential Functions**

- Adheres to Company policies and procedures.
- Performs personal care activities including but not limited to, assisting the client with activities of daily living, such as:
  - a. Personal hygiene (assisting to bathroom or in using bedpan, bathing, care of mouth, skin and hair).
  - b. Eating.
  - c. Dressing.
  - d. Shaving (Electric Only).

- e. Meal Preparation.
  - f. Shopping for groceries or other personal items.
  - g. Transporting client to medical appointments.
  - h. Companionship.
- Performs other activities, consistent with this Job Description and related to client's independent living where the client cannot perform such duties due to the client's health or age limitations, that may include but are not limited to:
    - a. Assisting with the use of devices for aid in ADL (cane, walker, wheelchair, *etc.*).
    - b. Assisting with prescribed range of motion exercises which a client and an HCA have been taught by appropriate health care personnel.
    - c. Assisting with simple, self-administered, non-invasive, and non-medical urine tests for sugar acetone or albumin (HCA may not interpret results).
    - d. Measuring and preparing special diets (but not tube feedings and care).
    - e. Measuring intake and output.
    - f. Assisting with application of arm sling, arm splint or leg splint.
  - The HCA will **NOT** perform any of the following:
    - a. Sterile dressing change.
    - b. Irrigation of body cavities such as enemas, colostomy or wounds.
    - c. Gastric lavage or gavage.
    - d. Catheterization.
    - e. Administration of medication.
    - f. Administration of parenteral or IV medications.
    - g. Application of heat by any method.
    - h. Naso-gastric or gastrostomy tube feedings or care.
    - i. Tracheotomy tube care.
    - j. Suctioning of the nose, mouth or tracheotomy.
    - k. Nail care on a client with diabetes or compromised circulation.
    - l. Diabetic insulin shots.
    - m. Bed sore treatment.
    - n. Physical therapy.
    - o. Glucose readings (blood sugar).
    - p. Blood pressure.
    - q. Ventilator dependent care.
    - r. Vital signs.
    - s. Post-surgery wound care.
    - t. Medication assistance.
  - The HCA may perform light housekeeping tasks that will facilitate the client's self-care at home. However under no circumstances may a HCA spend more than 20% of a work shift on such housekeeping work. Permissible housekeeping tasks may include:
    - a. Vacuuming.
    - b. Dusting.

- c. Sweeping or mopping floors.
  - d. Doing dishes.
  - e. Laundry.
  - f. Cleaning bathrooms.
- The HCA will **NOT**:
    - a. Perform heavy-duty household cleaning such as washing walls, waxing floors, washing windows, etc.
    - b. Household repairs or maintenance.
    - c. Yard care or maintenance.
  - The HCA is responsible for documentation of service provided, using the Client Care Record.
  - The HCA should not contact the physician directly, but rather refer all questions or reports of client's condition changes immediately to his or her supervisor.

#### **Additional (non-essential) Desired Functions**

Performs other duties as directed by supervisors consistent with this Job Description and related to client's independent living where the client cannot perform such duties due to the client's health or age limitations.

#### **Education, Experience, Knowledge, Skills, Abilities and Availability**

- High school graduate or G.E.D. certificate preferred.
- Six months' experience as a HCA.
- Must be able to lift at least 50 pounds with or without reasonable accommodations.
- For any assignment that requires driving, must have a current and valid driver's license and be able to safely operate a vehicle in compliance with all applicable laws and regulations with or without reasonable accommodations.

**[Signature Page Follows]**

**I have reviewed and understand the terms of this Job Description, and I agree to abide by its terms, conditions, responsibilities and duties.**

**[Employee Name]**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

**IVNA Home Care Services, Inc. dba Right at Home Fresno**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

*This Job Description describes the general nature and level of work of this position. It is not an exhaustive list of all responsibilities, duties, and skills required for this position. Right at Home may change this Job Description in its sole discretion with or without prior notice and will attempt to notify employees of any changes.*

*Right at Home provides in-home care services to clients and equal employment opportunities to employees and applicants, without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected class, characteristic or practice, in compliance with all applicable federal, state and local laws.*

**NOTICE TO EMPLOYEE**  
*Labor Code section 2810.5*

**EMPLOYEE**

Employee Name: \_\_\_\_\_  
Start Date: \_\_\_\_\_

**EMPLOYER**

Legal Name of Hiring Employer: IVNA Home Care Services, Inc.

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])?  Yes  No

Other Names Hiring Employer is "doing business as" (if applicable):  
Right at Home

Physical Address of Hiring Employer's Main Office:  
5550 N. Palm Ave. Fresno, CA 93704

Hiring Employer's Mailing Address (if different than above):  
\_\_\_\_\_

Hiring Employer's Telephone Number: (559) 228-8918

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: DecisionHR Holdings, Inc.

Physical Address of Main Office: 11101 Roosevelt Boulevard North St. Petersburg, FL 33716

Mailing Address: \_\_\_\_\_

Telephone Number: (888) 828-5511

**WAGE INFORMATION**

Rate(s) of Pay: \$16.90 Overtime Rate(s) of Pay: \$25.35

Rate by (check box):  Hour  Shift  Day  Week  Salary  Piece rate  Commission

Other (provide specifics): \_\_\_\_\_

Does a written agreement exist providing the rate(s) of pay? (check box)  Yes  No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement?  Yes  No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):  
\_\_\_\_\_

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: Weekly on Friday

**WORKER'S COMPENSATION**

Insurance Carrier's Name: AIG

Address: P.O. Box 25977 Shawnee Mission, KS 66225

Telephone Number: (877) 802-5246

Policy No.: 028329318

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: \_\_\_\_\_

**PAID SICK LEAVE**

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
  - 1. requesting or using accrued sick days;
  - 2. attempting to exercise the right to use accrued paid sick days;
  - 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
  - 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: (Check one box)

- 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT**

(Optional)

\_\_\_\_\_  
(PRINT NAME of Employer representative)

\_\_\_\_\_  
(PRINT NAME of Employee)

\_\_\_\_\_  
(SIGNATURE of Employer Representative)

\_\_\_\_\_  
(SIGNATURE of Employee)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

## First Assignment, Helpful Hints

At Right at Home, we believe home care aides (HCAs) are our ambassadors of care and because of that, a home care aide can make or break a case. Below are some pointers to getting you through that first assignment and introduction to your client:

**BE ON TIME:** Tardiness makes a bad impression and is against our policy. Make sure you know where you're going before you start.

**INTRODUCE YOURSELF** when you arrive

- Smile, look the client in the eye and extend your hand. Be aware that many elderly clients are hard of hearing so speak louder than normal and pronounce words clearly.
- Call the client by Mr. or Mrs. initially then ask them how they prefer to be called.
- Have a routine saying that you use.
  - **Example:** "I'm Gina from Right at Home and I'm here to care for you today. I've already discussed the care you require with the Right at Home nurse. I'm going to clock in and get settled unless you need something immediately?" Do a quick assessment of your client and check if they need any immediate assistance.
  - Let them know what you will be doing during your shift; ask them what their expectations are of you while you are there. Let them know they can be comfortable asking you to help with anything they need or to redirect you if you are not doing something to their liking. Reassure them that you have been trained to help them and have experience.
  - Sometimes clients will ask how long you've been with our company. No one wants to hear that you're brand new because it carries with it the impression that you have no skills. A good answer to this questions is to say, "I'm fairly new with Right at Home, but I've had other experience in caring for others." (This could be through a training program, previous caregiving job or caring for your own family members).

**CLOCK IN** and **REVIEW** the client's plan of care that is in the client's binder to ensure it is the one you already read.

- If your client appears different than what you expected, please call the office to clarify the care of the client with the RAH nurse.
- As you read through the plan of care, begin to plan your tasks and prioritize your responsibilities according to the client's needs, requests and comfort.

- Get to know your client by asking some questions:
  - **Example:** “How are you feeling today?”, “you have a cute dog, what’s her name?” The questions should be short and general so it doesn’t appear that you’re pushy or nosey.
- Do NOT share your own personal information or personal problems with ANY client or family member even if they ask personal questions. Many clients are friendly and want to get to know you as well but we’ve seen all too often that clients will also “complain” about a HCA talking too much about their own problems. How much is too much remains the unanswered question so it’s best to adhere to this from the beginning. Your generation is a DIFFERENT generation than what your client grew up in and many of them do not understand modern day stresses, issues or family structures. The older generation many times will wrongly judge the younger generations when they hear something they may not understand or approve of.
  - A good rule of thumb is to answer any personal question vaguely and then change the subject or move to a task rather than a conversation. An example might be if the client asks you if you have children:
    1. **Good response:** “Yes, I do; they keep me busy. Would you like for me to start on making your breakfast?”
    2. **Inappropriate response:** “Yes, I have a 2 year old boy, named Alex and a 6 year old daughter named Sarah who just started 1<sup>st</sup> grade and he cries every time I drop him off at school”. This response may not appear “inappropriate” in many other social situations but as a caregiver you MUST always remember that caregiving is a PROFESSION and therefore you MUST always respect the boundaries that should be drawn at times when you are working as opposed to when you’re just having a casual conversation with a friend.

**PERSONAL CELL PHONE NUMBERS.** Do NOT give out your personal cell phone number to any client or family member even if they ask for it. Whereas, the habit to give out your cell phone number is commonplace in today’s society and could even prove helpful to clients, we have established this policy for YOUR protection. If a client or family member asks you for your cell phone number, please reply with one of the following responses:

- “It is against our company policy for me to provide you with that information, however, should you have questions you can call the RAH office number at 228-8918; someone answers that that phone 24hours/day, 7 days/week”.
- “It is against our company policy for me to give out that information, the best way to reach me is to call RAH. Their number is 228-8918. They know how to get a hold of me any time of day”

- In the event that a client or family member is persistent in their request to have your cell phone number, please consider replying with one of the following:
  - “I’m not trying to be difficult, however, I’m sure you would not want me to break our company’s policy and possibly get in trouble. I’d be happy to answer any questions you have about the care of your loved one if you want to call the client’s number during my shift, I just cannot give out my personal information.”
  - “I will let my supervisor know of your request and I will have her contact you.” Call the office with this information.

### **START YOUR CARE TASKS**

- Always make sure to assist with any personal care first such as bathing, dressing, grooming, oral care unless the client request something different. **Keep in Mind:** All clients are different and some may prefer to eat breakfast/lunch before taking a shower. It will take time to get used to their routine, but you should always attempt to provide personal care first if the client does not specify something different.
- After personal care, assist your client with meal preparation and make sure they have taken their medications.
- Assist with any light housekeeping and laundry that can be done.

**DOCUMENT.** Remember to **ALWAYS** document throughout your shift and if another HCA is relieving you, make sure to give a **FULL REPORT** of your shift.

**DOWN TIME:** If you ever have down time you can offer assistance with different things in the home such as making a grocery list, cleaning out a cupboard/refrigerator, playing a game of cards, and engaging the client in conversation about their life experiences. Rarely do clients want a HCA who just sits or has to be constantly directed. Rather, clients enjoy someone taking the initiative to perform tasks around their house and someone who **ANTICIPATES** their needs. Remember you have been **HIRED** to be there.

Some examples of what we mean when we say **ANTICIPATE** the needs of your client are:

If your shift is 4 hours in the morning:

1. Before leaving ask the client if they would like you to make something for lunch/dinner that they could just reheat when they are alone.
2. If they have an afternoon medication ask them if they would like you to set it out with a glass of water at a place they will likely be sitting or resting at that time.
3. If they have a pet, take the pet outside before you leave and ask if you could leave the food out on the counter to make it ready for the client to feed the pet if the pet eats later in the day.

4. You notice the client has a doctor's appointment in the afternoon. Ask them if they need you to get anything ready for them prior to leaving. Ask them about their transportation to the appointment and if they would like you to call their ride to remind them of the appointment.
5. You notice they are low on medication, offer to call the pharmacy to refill the prescription.

The list of suggestions could go on and on; the point is there is ALWAYS something to do. Keep in mind at all times that you are there to work and be helpful and even make the hours the client does not have care easier for them by performing tasks throughout your shift.

# Process of Assignment

Welcome! We are excited to have you join our Right at Home family. You will be given ample information to help you succeed in your new position as a home care aide (HCA). Our staff is also available to assist you in any way they can. Below is a summary giving you information regarding our process of assignment.

## ***After orientation:***

A Staffing Coordinator will contact you for assignments based on your skill level, availability and preferences. If you do not hear from our office after your first week of hire, please call and confirm your availability. We often need after hours and weekend HCAs, so if you are available to work these shifts, please call and inform our staff.

- NOTE: If you are limited in your availability, it may take longer to pair you with a client.

## ***Acceptance of assignment:***

After you accept an assignment, a Staffing Coordinator will ask you to log onto the Clear Care portal to view your schedule along with your client's "Plan of Care" and directions to your assignment. If you are not able to log on, the Staffing Coordinator will read to you the client's information over the phone in detail, then e-mail you the name and directions to your client's house, along with a schedule. If you do not receive the information in your "inbox," **check your spam/junk box**. If you still cannot locate the information, please call our office to confirm your e-mail address.

- NOTE: Once you have reviewed your client's information, please call and confirm this with our office. We encourage you to talk to the Staffing Coordinator or nurse and ask any questions you may have.

## ***Reporting to your assignment:***

First impressions are lasting ones, so please be prompt! Introduce yourself to your client and/or family, ask permission to use the phone to clock in (and out of your shift). Take a few minutes to get to know your client by encouraging them to talk about themselves, their likes and dislikes, but be careful not to pry!

- NOTE: Listening to your client is essential. Engaging them in conversation is equally important, but refrain from talking too much about yourself or personal matters, remember the focus is on your client.

## ***While at your assignment:***

Assure your client you will be available to help with anything they need and take the initiative to get things done. Never sit and wait to be told what to do, rather, anticipate your client's needs and take action! If at any time you are uncertain as to a particular task you are being asked to perform, please call our office for clarification.

- NOTE: We ask that you refer to the "**First Assignment, Helpful Hints**" form for an overview of what to do when starting a case.

## ***Leaving your assignment:***

Because we offer various shifts, you will need to determine what your client may need after you leave, for example, if you work a morning shift, you may want to prepare lunch for your client or set out afternoon snacks. If you work an evening shift, you may want to make certain your client has their pajamas on, evening medication and their lifeline pendant handy (if they use one). You can also ask your client if there are any last-minute tasks they would like for you to do. Always double check your documentation to make sure it is complete.

- NOTE: If you have been notified by our office that your client is discontinuing services after the end of your shift (or should your client pass away, i.e. hospice clients, during your shift), please make sure to take the RAH binder with you and deliver it to our office at your earliest convenience.



# Home Care Pulse

## New Right at Home University (RAHU)

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We've officially launched the new Right at Home University (RAHU) powered by Home Care Pulse. If you have not already, please take a minute to log in using the instructions below:

- 1) To log in to the site, go to the following website:

**<https://learn.knowingmore.com>**

- 2) Then enter in your Username and Password:

**Username:** Your email you gave to Right at Home

**Password:** rightathome

**NOTE:** All training modules must be completed by the Monday following orientation day.

If you have any questions, please do not hesitate to call the office at 559-228-8918.



# Welcome to the Caregiver Portal



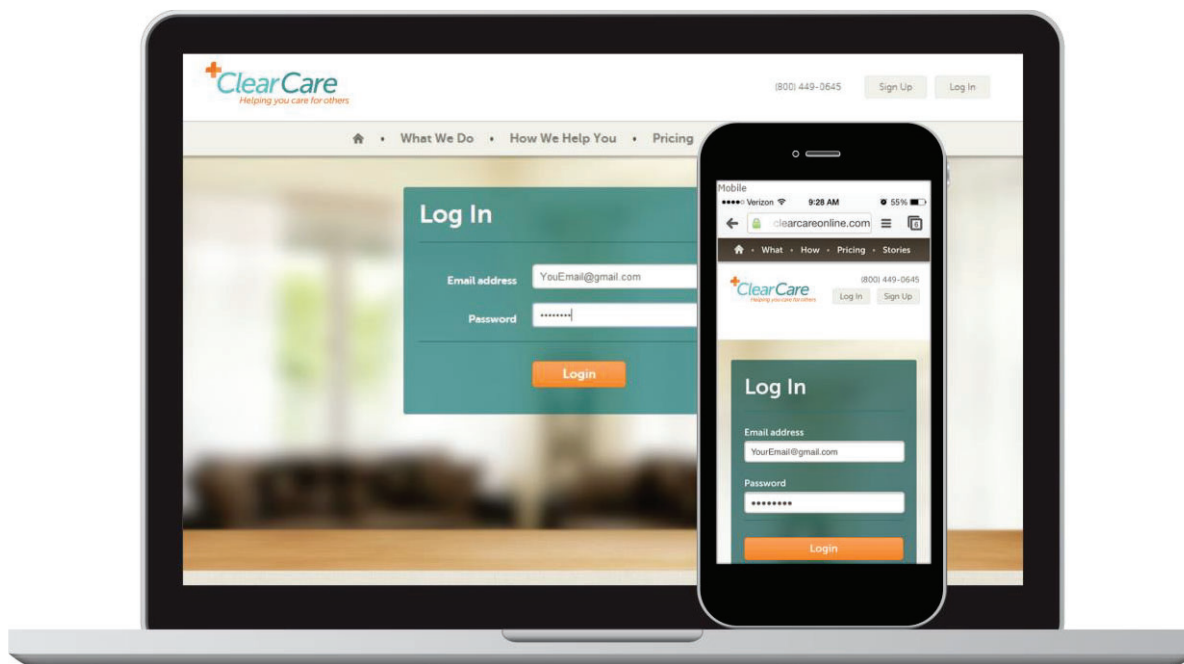
## What is it?

The Caregiver Portal is a site you can log in to so that you can:

- See your schedule
- Review client care plans/assessments
- Get driving directions from your home to the client's home

If you have a smartphone or tablet, you can also:

- Clock in/out of your shifts
- Record mileage
- Leave comments about a client's condition
- Update tasks



## How do you log in?

Go to the website: [app.clearcareonline.com](http://app.clearcareonline.com)

Log in using your email address on file with your employer and the password that was provided.

Username: Your e-mail address

Example: xongh@rahfresno.com

Password: rah and the last four numbers of your Social Security number

Example: rah1234



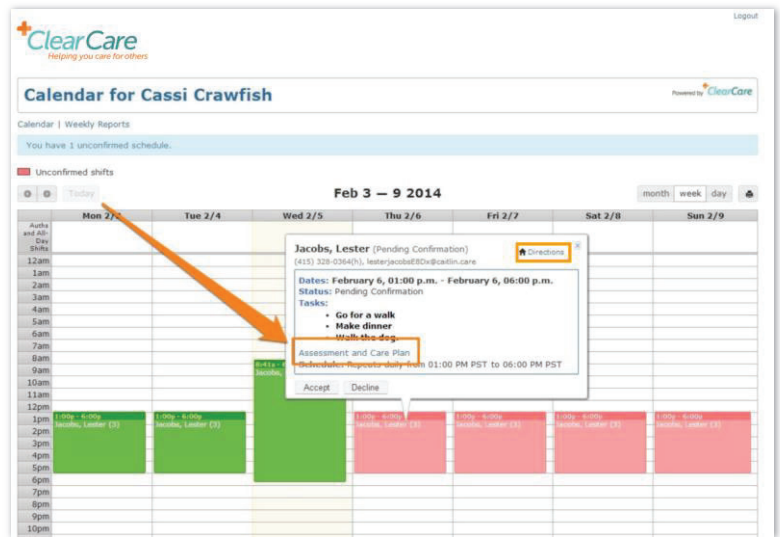
# Welcome to the Caregiver Portal



## What do you see after logging in on a desktop computer?

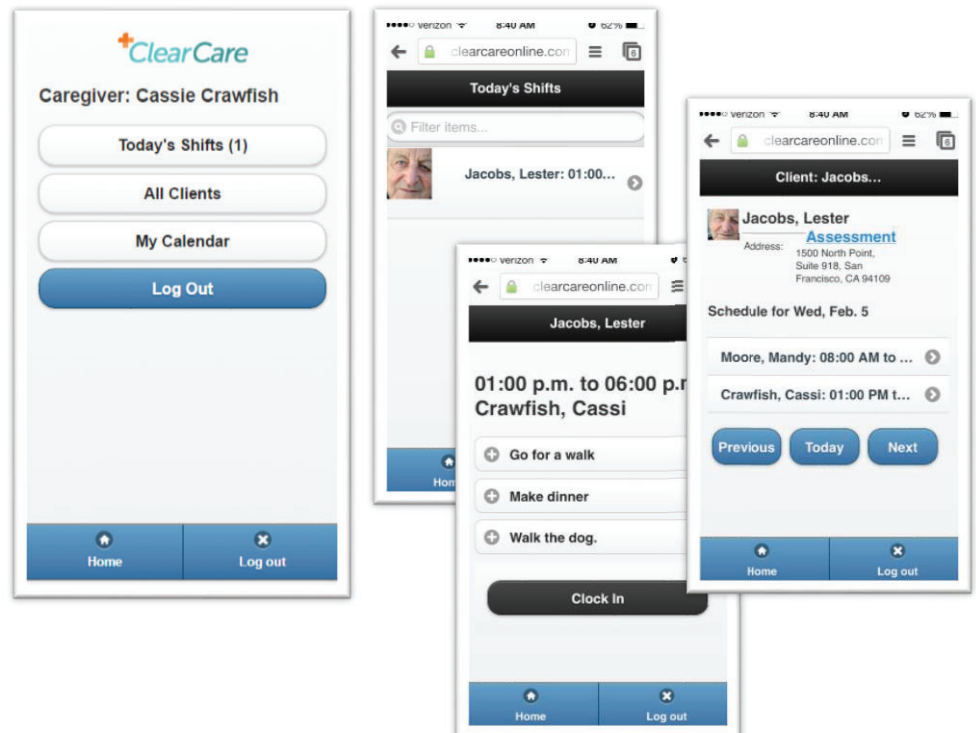
As soon as you login, you will see your calendar for the week. Click directly on the shift to:

- View the client's assessment and care plan by clicking on the blue link that says "Assessment and Care Plan."
- Get directions from your home to the client's home by clicking on the blue link that says "Directions."
- If a shift is pink, that means your employer needs you to confirm you can work that shift by clicking the "Accept" or "Decline" button. If the shift is blue, that means you are definitely scheduled and should call your employer if it is a problem.



## What do you see after logging in on a smartphone or tablet?

- Once you are logged into the portal you can view today's shifts, the clients you are scheduled to work with, and your weekly calendar.
- Click on "Today's Shifts" to clock in/out for your shift and to view or update your tasks for that shift.
- Click on "All Clients" to view the clients you are scheduled to work with and to view their assessment and care plan.

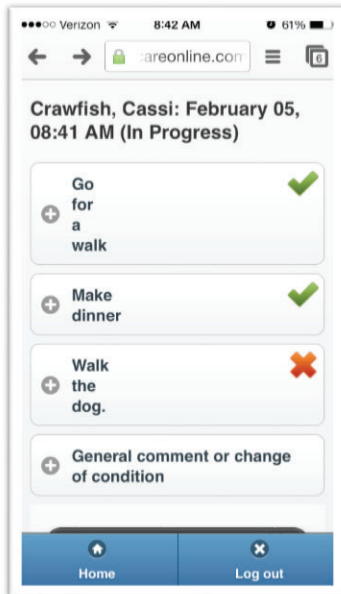


# Welcome to the Caregiver Portal

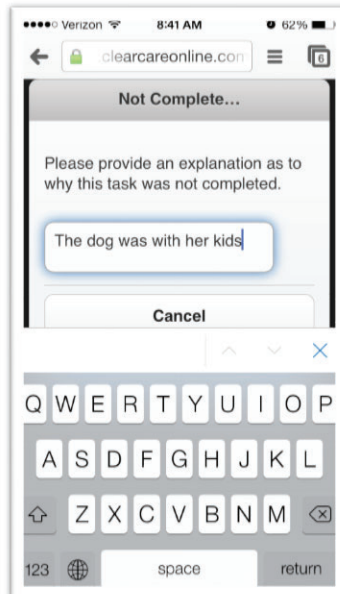


## What do you do when you are done with your shift?

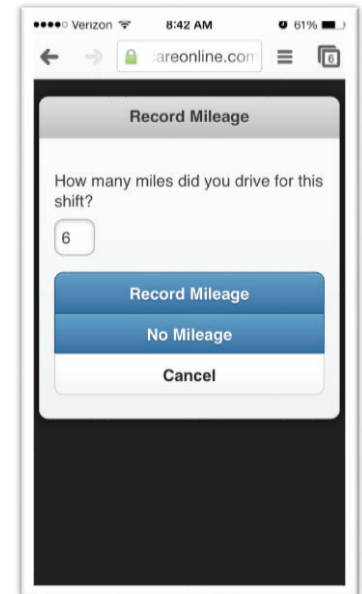
Log back into the portal to update your tasks.



Leave a comment or change of condition.



Record your mileage.



If your agency has allowed you do so, clock out of your shift.

## Congratulations!

You are now using the caregiver portal.

For questions, please contact your agency admin at **559-228-8918**.

# Caregiver Telephony Training

**Right At Home - Fresno** uses a telephony system that helps our agency, clients, and their families have real-time visibility into the point of care. This system allows you to clock in and clock out using the client's home phone.

Our goal is to improve the quality of care we provide and offer much needed peace of mind to our clients and their families and we're confident you will love this system and appreciate how easy it is to use.

**To use the system and report your hours, please follow the steps below at every shift.**

## 1. Clock in when you arrive at the home

a. The first thing to do when you arrive at a client's home is to clock in:

**b. Telephony number: 1-855-997-1201**

*You will be prompted to push 1 to identify yourself. The recording will continue but you do not have to stay on the line if you're only clocking in and you've selected 1. Hang up.*

## 2. Clock out

a. The last thing to do before leaving the client's home is to clock out

**b. Telephony number: 1-855-997-1201**

**First:** *The voice prompt will list names and ask you to press a corresponding number (usually 1 or 2) if you would like to update tasks and/or clock out*

**Second:** *The system will ask if your client seems different, press 1 to record a change in condition, press 2 if there is no changes*

**Third:** *If client is an insurance client, tasks will be listed at this point and you will need to follow the prompts to record that each task was completed*

**Fourth:** *You will be prompted to push 7 to record mileage. Do not use this UNLESS you have transported the client in YOUR vehicle or ran errands for the client in YOUR vehicle. You can skip this step by not pressing 7*

**Fifth:** *You will be prompted to push 8 to record a voice comment. You can skip this step by not pressing 8*

**Sixth:** *The system will then ask you to press 9 to record a safe shift and clock out. You should press 9 to select this option*

**Lastly:** *You will be asked if you had a safe shift, press 1 for yes, press 2 for no. Once you select 1 or 2 you can hang up, the clocking out process is complete*

# Employee Anytime Access Guide

## Logging Into Employee Portal

### Step 1:

Log into <http://employee.dhrlive.com>

When you reach this new Employee Login screen for the first time, click "Registration" in the lower right.



Welcome  
Please log in

[Forgot Password](#) [Registration](#)

### Step 2:

This initial login will ask you to enter your **Social Security Number, your Date of Birth and your Phone Number.**

If all of the data matches, you will be asked to establish your login information: an email address and a personal password, and you will be able to sign in. ***If the data doesn't match, you will re-ceive an error message. You will need to call your HR Representative at 888-828-5511.***



Welcome  
Please set up your account

Your SSN Number

Date Of Birth

Personal Phone

or

Driver's License Number

### Step 3:

Once the information is verified, it will ask you to enter the email address and password you want associated with this account.

Welcome  
Please set up your account

First Name  
Johnny

Last Name  
Quakes

Email Address

If you already have an account in Worklio and want to use the same email address, please enter your current password in both the New and Confirm Password fields.

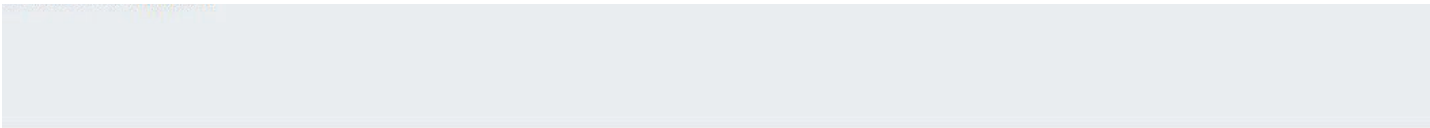
New Password


Confirm Password

**SAVE**


### Step 4:

Now you can login. From the dashboard, click into any item to view your information.







**Payroll History**




**Time Off Overview**




**Personal Information**



**Contact Information**



**Employment Detail**



**Tax Setup**

## Emergency or Fall Protocol

1. Attend to client immediately but **DO NOT** move the client.
  - a. Does incident meet 911 criteria outlined below?  
**Yes:** Call 911, attend to client and call Right at Home office.  
**No:** Proceed to #2.
2. Call the Right at Home office and relay all information to the office staff and together assess the situation.
3. Personal Care Attendant is to make client as comfortable as possible without significantly moving them until you hear back from the office staff member.
4. Personal Care Attendant is **NOT** to call the family unless instructed to do so by Right at Home. Only the office staff is to talk to family with initial notice. After they have been notified, the family may contact the Personal Care Attendant at which time the Personal Care Attendant may relay information to family.
5. If 911 is not called and client stays at their residence the Personal Care Attendant is to update the office staff 1 to 2 times throughout each shift, the office staff is to update family 1 to 2 times throughout day/shift.
6. Follow all instructions given by Right at Home office staff.
7. Alert office staff of any changes in client such as confusion, headache, nausea/vomiting, swelling, bleeding, pain, visual problems, etc.

### Reasons a Home Care Aide should call 911

1. Client stops breathing/is not breathing
2. Client is unconscious or in/out of consciousness
3. Client complains of chest pain and is accompanied with one or more of the following: shortness of breath, nausea, vomiting, pain in jaw or neck, pain radiating down left arm/hand, confusion, sweating
4. Life threatening injury. (Example: profuse bleeding, serious car accident)
5. Fire
6. Break-in in progress or residence was broken into upon arrival

**Right at Home Office Number: 559-228-8918**



## INCIDENT REPORT FORM

**CONFIDENTIAL:** Return to Director of Nursing/Client Care Coordinator within 24 hours.

**Note:** Employee Injuries send to Human Resources Department.

Client/Person Involved: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_ Date Report Filed: \_\_\_\_\_

Client     Employee     Family Member     Other: \_\_\_\_\_

### Check Applicable Event:

- |   |  |
|---|--|
| <input type="checkbox"/> Hospital Admission       | <input type="checkbox"/> Equipment Failure   |
| <input type="checkbox"/> AMA                      | Lot # _____ Tracking # _____   |
| <input type="checkbox"/> Cardiopulmonary Arrest   | <input type="checkbox"/> Client Fall <input type="checkbox"/> Witnessed <input type="checkbox"/> Unwitnessed |
| <input type="checkbox"/> Abusive Behavior:        | <input type="checkbox"/> Infusion Equipment Problems   |
| <input type="checkbox"/> Client                   | <input type="checkbox"/> Employee Injury   |
| <input type="checkbox"/> Family Member            | <input type="checkbox"/> Employee Property Missing/Damaged   |
| <input type="checkbox"/> Medication Problem:      | <input type="checkbox"/> Client Injury   |
| <input type="checkbox"/> Missed Dose              | <input type="checkbox"/> Client Property Missing/Damaged   |
| <input type="checkbox"/> Incorrect Dose           | <input type="checkbox"/> Surgical Complication/Infection   |
| <input type="checkbox"/> Incorrect Medication     | <input type="checkbox"/> Untoward Reaction to Treatment/Procedure  |
| <input type="checkbox"/> Reaction to/Toxic Effect | <input type="checkbox"/> Wound Disruption  |
| <input type="checkbox"/> HIPAA Violation          | <input type="checkbox"/> Other: _____  |

Describe the event, effects, outcome and potential risk issue (name equipment, drug, procedure, treatment, etc., if applicable).

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I declare under penalty of perjury that my statements are true, accurate, complete and correct. I understand and agree that any misrepresentation, falsification, or material omission of information may be grounds for Right at Home to terminate my at-will employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Director of Nursing/Client Care Coordinator Use Only:**

Date Received: \_\_\_\_\_

Medical Legal Implications (Specify): \_\_\_\_\_

Effect:

Trending

Inconsequential

Consequential

Non-existing/Unknown

Comments: \_\_\_\_\_

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I declare under penalty of perjury that my statements are true, accurate, complete and correct. I understand and agree that any misrepresentation, falsification, or material omission of information may be grounds for Right at Home to terminate my at-will employment.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information of individual completing form if not Right at Home employee.

I declare under penalty of perjury that my statements are true, accurate, complete, and correct.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **MEMO: A SPECIAL ANNOUNCEMENT TO ALL CAREGIVERS**

We, at Right at Home, are dedicated to providing the best in-home care, and we are especially dedicated to you, our caregivers, who help us accomplish our goals. To help us better understand your needs and concerns, we have hired a company called Home Care Pulse to interview a percentage of our caregivers and clients each month in order to gather feedback. As one of our caregivers, you will receive a call from Home Care Pulse twice a year (no more than once every six months) and have the opportunity to give us *anonymous* feedback to help us recognize our strengths, identify issues and make improvements. We hope you will be honest and open with Home Care Pulse and let them know how we are doing as your employer.

### **Who is Home Care Pulse and what do they do?**

Home Care Pulse is a third-party research company, which means they are able to interview our clients and caregivers and gather feedback without outside influence. This way, your feedback will always remain anonymous, and you can give us honest, helpful feedback.



Home Care Pulse conducts these interviews in-house and maintains a high level of professionalism, complying with all state and federal confidentiality laws. We provide them with your name and phone number, and it will only be used for gathering feedback about our services.

Each month Home Care Pulse will send us a report that details all of the client and caregiver feedback we have received. Your feedback is completely anonymous and will not be shared with our clients. It is only meant to help us better serve *you* and our clients.

### **What can I expect when Home Care Pulse calls me?**

You will receive a call from **(208) 656-6219**. A Home Care Pulse associate will explain that they are calling on behalf of Right at Home and ask if you have a few minutes to answer some questions about your job as a caregiver. The associate will have you rate our business on a scale of 1-10 in several categories, such as scheduling, training being provided and overall satisfaction with your job. A rating of “10” means you are very satisfied. A rating of “8” or below means we need to improve in that area, so please be as open as possible and choose a rating that most reflects your experiences as a caregiver for our company. During the interview, you will also be invited to share any comments you have about your job satisfaction.

If you have any questions about the interview process or this new program, please do not hesitate to contact us. Please watch for a call from Home Care Pulse sometime within the next six months. We appreciate your willingness to participate and look forward to receiving your feedback.

Thank You,  
Right at Home Office



## Sick Time Accrual Policy

### **Purpose:**

Sick paid days are provided to employees to care for themselves or a family member for the diagnosis, care of treatment of an existing health condition or preventive care, or specified purposes for an employee who is a victim of domestic violence, sexual assault or stalking.

### **Eligibility:**

An employee who, on or after January 1, 2015 works in California for 30 or more days within a year from the beginning of employment is entitled to paid sick leave. Part time and full time employees are eligible.

### **Accruals:**

Employees will accrue one (1) hour for every 30 hours worked. The maximum accrual is up to 80 hours. Overtime is used in calculating accruals. Exempt employees will be calculated at forty (40) hours per week.

Employees can only use 40 hours of sick time per year.

### **Notification:**

A doctor's note may be required if employee has missed more than three days.

### **Usage:**

Employee may use California Sick Pay Leave after 90 days of employment. Time must be used at a minimum of 2 hour increments. The employee MUST verbally request or in writing to use accrued sick time at the time they are calling off work. No request will be accepted after the pay period has been processed.

When using sick time for a full day, please call in six (6) hours before the start of the shift, or as soon as practicable.

### **Carryover:**

Employees can carryover a maximum of 40 hours per year.

### **Termination:**

Sick time is not paid out at the time of termination.



## WHY RIGHT AT HOME IS NON-UNION

### WE BELIEVE IN:

**DIRECT AND OPEN COMMUNICATION** with our employees rather than through a representative.

**FLEXIBLE SCHEDULES** for our employees. We want to offer a schedule that works for you instead of one that has been arranged for all employees as a group.

**INDIVIDUALITY** for our employees. We want to work with you and your needs when they arise instead of being locked into an agreement that doesn't allow the flexibility you need.

### **We are non-union because we believe in YOU!!!**

Right at Home **values its employees** and we prefer working directly with our employees, rather than communicating through an outside third party who may know little or nothing about our industry. We believe that the best interests of our employees are served through sound management practices, fair treatment, and positive employee relations and experiences.

Under federal law, the National Labor Relations Act (the "Act"), employees have the right to form, join, or assist a labor organization. Importantly, however, under the Act, employees also have the right not to belong to a union. It is our firm belief that it is not necessary for any employee to become a member of a union or to be required to pay union dues in order to receive fair and equitable treatment and the competitive compensation we provide.

We feel that if our employees have an opportunity to express their concerns, suggestions, and comments to us directly, which we encourage all employees to do, a union is unnecessary. Further, employees should understand that **paying union dues cannot guarantee job security or higher wages**, and that unionization campaigns and unions themselves can cause friction and disruption in communication between the Company and its employees.

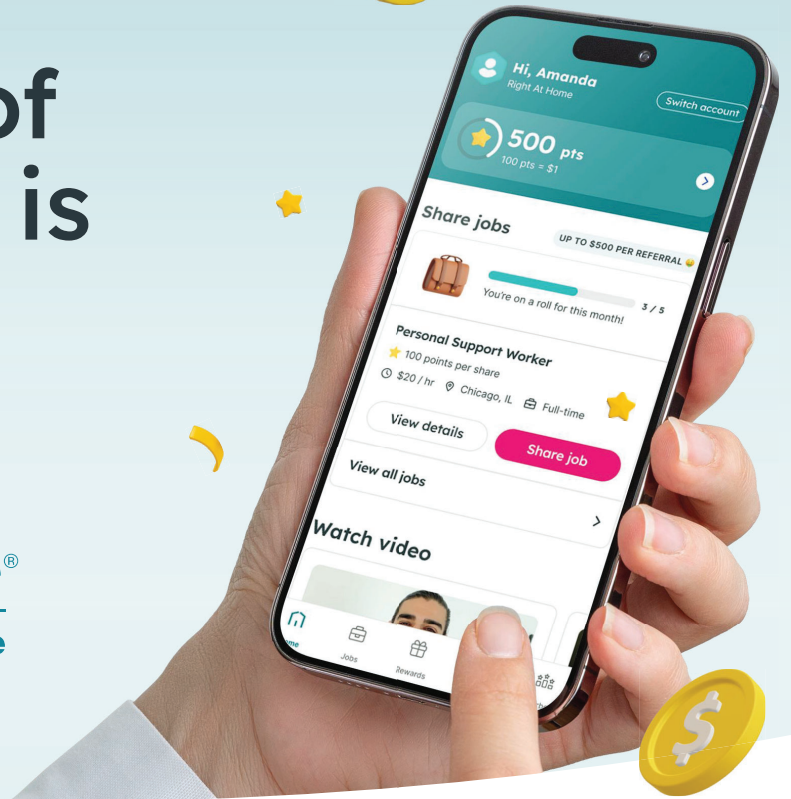
As noted above, Right at Home employees receive competitive wages and have received these without having to pay union initiation fees, monthly dues, possible assessments, and possible union fines. It is our desire to continue to provide such wages to our employees, without their having to give anything to a union.

We want to keep, as much as possible, Right at Home free from the artificially created tensions that are so often brought about by the intervention of outsiders such as a union. In our opinion, a union is of no advantage to any of us and could potentially hurt the business upon which we all depend for our livelihood.

If you have any questions or concerns, Right at Home encourages you to immediately contact HR or Company management. If your question isn't answered or your problem isn't resolved with this initial interaction, Right at Home encourages you to contact the Company's owners.

**Right at Home is committed to hearing any and all employee concerns and working directly with its employees to promote a working environment where the Company, clients, and all employees prosper and thrive.**

A new era of  
**recognition** is  
here at



## Introducing **Right At Home Rewards!**

Points that can be redeemed for cash rewards



**EARN POINTS** for picking up shifts, customer compliments, referring friends, and more!



Earn points or draw tickets for completing surveys, being EVV compliant



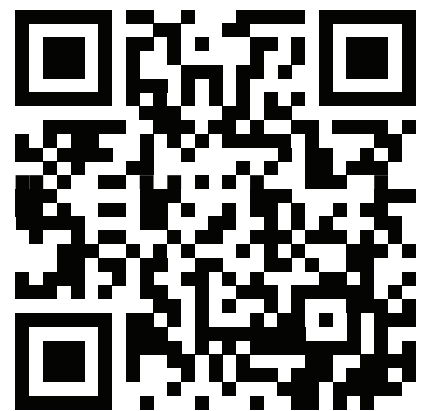
**SHARE A JOB IN 3 TAPS AND 30 SECONDS**  
to earn up to \$442

### Why **YOU** should use **Right At Home Rewards**

- ✓ Earn extra cash (earn up to \$442 for each successful referral)
- ✓ Help members of the community find a great job with Right At Home
- ✓ Help more clients get access to the care they need

### Get started today

- Step 1** Scan the QR code and enter your phone number
- Step 2** Go to "Share Jobs" and share a job posting with a friend!



## Referral Structure

Referral Step	Amount
Sharing a job posting	<b>1 draw ticket</b> Up to maximum of 5/month
Friend applies	<b>200 points (\$2)</b>
Completed orientation	<b>500 points (\$5)</b>
Completed first shift	<b>1,000 points (\$10)</b>
100 hours worked	<b>20,000 points (\$200)</b>
300 hours worked	<b>22,500 points (\$225)</b>

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**DI Office Locations & Mailing Addresses**

- Chico ..... 645 Salem Street  
(PO Box 8190, Chico, CA 95927-8190)
  - Chino Hills ... 15315 Fairfield Ranch Road, Ste. 100  
(PO Box 60006, City of Industry, CA 91716-0006)
  - Fresno ..... 2550 Mariposa Mall, Rm. 1080A  
(PO Box 32, Fresno, CA 93707-0032)
  - Long Beach ... 4300 Long Beach Blvd., Ste. 600  
(PO Box 469, Long Beach, CA 90801-0469)
  - Los Angeles ..... 888 S. Figueroa Street, Ste. 200  
(PO Box 513096, Los Angeles, CA 90051-1096)
  - Oakland ..... 7677 Oakport Street, Ste. 325  
(PO Box 1857, Oakland, CA 94606-1857)
  - Riverside ..... 1190 Palmyria Avenue, Ste. 100  
(PO Box 59903, Riverside, CA 92517-9903)
  - Sacramento ..... 5009 Broadway  
(PO Box 13140, Sacramento, CA 95813-5140)
  - San Bernardino ..... 371 West 3rd Street  
(PO Box 781, San Bernardino, CA 92402-0781)
  - San Diego ... 9246 Lightwave Avenue, Bldg. A, Ste. 300  
(PO Box 120831, San Diego, CA 92112-0831)
  - San Francisco ..... 745 Franklin Street, Rm. 300  
(PO Box 193534, San Francisco, CA 94119-3534)
  - San Jose ..... 297 West Hedding Street  
(PO Box 637, San Jose, CA 95106-0637)
  - Santa Ana ... 605 West Santa Ana Blvd., Bldg. 28, Rm. 735  
(PO Box 1466, Santa Ana, CA 92702-1466)
  - Santa Barbara ..... 128 East Ortega Street  
(PO Box 1529, Santa Barbara, CA 93102-1529)
  - Santa Rosa ..... 606 Healdsburg Avenue  
(PO Box 700, Santa Rosa, CA 95402-0700)
  - Stockton ..... 3127 Transworld Dr., Ste. 150  
(PO Box 201006, Stockton, CA 95201-9006)
- California State Government Employees  
(PO Box 2168, Stockton, CA 95201-2168)
- Van Nuys ..... 15400 Sherman Way, Rm. 500  
(PO Box 10402, Van Nuys, CA 91410-0402)



**STATE OF CALIFORNIA**

**LABOR AND WORKFORCE DEVELOPMENT AGENCY**

**EMPLOYMENT DEVELOPMENT DEPARTMENT**

*This pamphlet is for general information only and does not have the force and effect of the law rule or regulation.*

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids and/or alternate formats need to be made by calling DI at 1-866-490-8679 (voice), or through the California Relay Services at 711.

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**Disability** is an illness or injury, either physical or mental, which prevents customary work. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions.

**Disability Insurance (DI)** is a component of the State Disability Insurance (SDI) program, designed to partially replace wages lost due to a non-work-related disability (see "Other Programs," for job-related disabilities).

SDI contributions are paid by California workers covered by the SDI program. Contribution rates may vary from year to year. For current rates, visit the DI website at [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability), or contact the Employment Development Department (EDD) Disability Insurance customer service at 1-800-480-3287 or EDD employment tax customer service at 1-888-745-3886.

**DI Plans**

- **State Plan.** The DI state plan is covered in this brochure.
  - **Voluntary Plan (VP).** A private plan, approved by the Director of the EDD, which may be substituted for the State Plan. Voluntary Plans may be established if the employer and majority of employees agree to do so. VP information and filing a claim may be done through your employer. If you are covered by a VP, the provisions of this brochure may not apply to you. Obtain information about your coverage and file a VP claim through your employer.
  - **Elective Coverage (EC).** Employers and self-employed persons, including general partners, may elect coverage. The method of computing benefits for EC participants is not the same as for mandatory rate payers. The cost of participating, which is set annually, can be obtained from your local EDD Employment Tax Customer Service Office.
- EC claims are filed in the same manner as State Plan claims; however, there are some differences in eligibility requirements from those listed in this pamphlet.
- For additional information or to apply for coverage, contact EDD DI customer service at 1-800-480-3287, EDD employment tax customer service at 1-888-745-3886, or visit our website at [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability).

**How to Claim State Plan Benefits**

1. Use **SDI Online** to securely file for benefits or request a paper claim form online.
  - By Internet: [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability).
  - By phone: **1-800-480-3287**.
  - By mail: EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95798-9777.
2. In person by visiting any of the DI offices listed under "DI Office Locations."
  - California state government employees covered by SDI should call **1-866-352-7675**.
3. When filing SDI Online, complete all required fields. A receipt number will be generated when your claim is submitted.
  - If using a paper claim form, complete and sign the "Claim Statement of Employee." Print clearly, and verify your answers are complete and correct as errors delay payments.

4. Have your physician/practitioner complete the "Physician/Practitioner Certification" online or use the paper claim form. If filing online, your physician/practitioner will need your receipt number to complete the "Physician/Practitioner Certification."

Usually a claim cannot begin more than seven days before you were examined by or under the care of a physician/practitioner. Certification may be made by a licensed medical or osteopathic physician and surgeon, nurse practitioner, physician assistant, chiropractor, dentist, podiatrist, optometrist, designated psychologist, or an authorized medical officer of a United States government facility. Certification may also be made by a licensed nurse-midwife or licensed midwife for disabilities related to normal pregnancy or childbirth.

File online or submit your paper claim form within 49 days from the date your disability begins. If your claim is late, you may lose benefits unless your explanation of the delay is accepted as reasonable.

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### How Benefits Are Paid

- SDI benefits are paid electronically or by mail. You do not need to appear in person to apply or receive benefits.
- Benefits are paid via the EDD Debit Card<sup>SM</sup>. The EDD Debit Card<sup>SM</sup> works like other debit cards, giving you access to funds 24 hours a day, 7 days a week, and can be used everywhere Visa<sup>®</sup> debit cards are accepted. When your claim is received, you may be contacted through SDI Online, by phone, or by mail for additional information. Most properly completed claims are processed within 14 days.

- The first seven days of your DI claim are a non-payable waiting period. If a claim is filed for the same or related cause or condition within 60 days of the initial claim, it will be processed as a continuation of the initial claim for which a waiting period was already served. There will not be a new waiting period in such cases.

Benefits are paid as quickly as possible after all information to determine eligibility is received. If you meet all eligibility requirements, benefits will be authorized. If you are eligible for further benefits, you will be authorized additional benefits electronically or sent a "continued claim" certification form for you to complete for the next benefit period. Usually these benefit periods are for two-week intervals. However, DI pays benefits based on daily eligibility within a seven-day calendar week. Partial weeks are paid at a daily rate. This rate is one-seventh of your weekly benefit amount. Please allow 10 days from the date you mail or electronically submit a certification for receipt of payment.

### How Your Benefit Rate is Determined

Benefit amounts are based on wages paid during a specific 12-month **base period**, determined by the date your claim begins. Consider when to start your claim since this may affect your weekly benefit rate, your maximum benefit amount, and the period of your benefit eligibility.

Only **base period** wages subject to the SDI contributions can be used in computing your benefits. To qualify, you must have earned at least \$300 during your base period. The month your claim begins determines which four consecutive quarters are used.

If your claim begins in:

- **January, February, or March, your base period is the 12 months ending last September 30.** (Example: A claim beginning February 14, 2016, uses a base period of October 1, 2014, through September 30, 2015.)
- **April, May, or June, your base period is the 12 months ending last December 31.** (Example: A claim beginning June 20, 2016, uses a base period of January 1, 2015, through December 31, 2015.)
- **July, August, or September, your base period is the 12 months ending last March 31.** (Example: A claim beginning September 27, 2016, uses a base period of April 1, 2015, through March 31, 2016.)
- **October, November, or December, your base period is the 12 months ending last June 30.** (Example: A claim beginning November 2, 2016, uses a base period of July 1, 2015, through June 30, 2016.)

**Exceptions:** If your claim is determined to be invalid, but you were unemployed and seeking work for 60 days or more in any quarter of your base period, you may be able to substitute wages paid in prior quarters.

You may be entitled to substitute wages paid in prior quarters to either validate your claim or increase your benefit amount, if during your base period you:

- were in the military service.
  - received workers' compensation benefits.
  - did not work because of a labor dispute.
- If your situation fits any of the above, include a letter and supporting documentation with your claim form.

**Wage Continuation.** If your employer continues to pay you wages during your DI claim, your DI benefits may be affected. DI benefits plus wages cannot exceed your regular weekly wage. DI benefits are not affected by vacation pay you may receive.

**Maximum Benefits.** The maximum benefit amount is 52 times the weekly rate, but not more than your total base period wages. Exception: For employers and self-employed individuals who elect SDI coverage, the maximum benefit amount is 39 times the weekly rate.

Additionally, benefits are payable only for a limited period to a resident in an alcoholic recovery home or drug-free residential facility that is both licensed and certified by the state in which the facility is located. However, disabilities related to or caused by acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

**Pregnancy.** As with any medical condition, your disability period begins the first day you are unable to do your regular or customary work. DI benefits are based on the period of time your physician/practitioner certifies you are unable to do your regular or customary work. Do not send in your claim for pregnancy-related DI benefits until the date your physician/practitioner certifies you are unable to work.

**NOTE:** For information on Paid Family Leave (PFL) bonding benefits, see the "Other Programs" section of this brochure.

### You May Not be Eligible for Benefits

- If you are receiving Unemployment Insurance or PFL benefits.
- If you are not working or looking for work at the time your disability begins.
- If you are in custody due to conviction of a crime.

- If your full wages are paid.
- If you are receiving workers' compensation at a weekly rate equal to or greater than the DI rate. If workers' compensation benefits are paid at a lower rate than your DI rate, you may be paid the difference.

- For the amount of time a claim is late (without good cause).
- If you make a false statement or fail to report a material fact. (A 30 percent penalty may be assessed if benefits are overpaid because you willfully withheld a material fact or made a false statement.)
- If you fail to attend an independent medical examination when requested. (Fees for such examinations are paid by the EDD.)

The California Unemployment Insurance Code provides for penalties consisting of fines, imprisonment, and loss of benefit rights for fraud against the SDI program.

### Your Rights. You are entitled to:

- Know the reason and basis for any decision that affects your benefits.
- Appeal any decision about your eligibility for benefits. (Appeals must be sent to the DI office in writing.)
- Request an appeal hearing before an Administrative Law Judge (ALJ). You may further appeal the ALJ's decision to the California Unemployment Insurance Appeals Board and the courts.
- Privacy – all claim information will be kept confidential except for the purposes allowed by law.

### Your Obligations. Your responsibilities:

- Complete your claim and other forms correctly, completely, and truthfully.
- Submit your claim and other forms according to time limits on forms. If your claim is submitted late and you believe you have a good reason for being late, you should include a written explanation of the reason(s) with the form.
- Contact DI if you do not understand a question or how to answer it.
- Include your name and claim identification number on letters to DI.

### Contact DI

- By email at <https://askedd.edd.ca.gov>
- By phone at:
  - English 1-800-480-3287
  - Spanish 1-866-658-8846
- By U.S. mail addressed to PO Box 13140, Sacramento, CA 95813-3140. If you do not have a current claim, you may write to any DI office. Note: Do not mail claim forms to this PO Box.
- By TTY (teletypewriter for deaf, hearing-impaired, and speech-impaired persons only) at 1-800-563-2441.
- In person by visiting any of the DI offices listed under "DI Office Locations."

### Other Programs

If you are injured on the job or become ill as a result of your occupation, notify your employer. If you are able and available to work but unemployed, contact the Unemployment Insurance program of the EDD through the website at [www.edd.ca.gov/unemployment](http://www.edd.ca.gov/unemployment), or by phone at 1-800-300-5616 (TTY 1-800-815-9387).

If you need help in finding work, job training, retraining, or other services in order to return to work, visit your local America's Job Center of California<sup>SM</sup> formerly known as One-Stop Career Centers listed at [www.servicelocator.org](http://www.servicelocator.org), or in the white pages of your phone directory.

If your disability is permanent or is expected to continue for a year or more, contact the U.S. Social Security Administration at [www.ssa.gov](http://www.ssa.gov), or by phone at 1-800-772-1213 (TTY 1-800-325-0778).

If you take time off work to care for a family member or if you take time off from work to bond with a new child, including newly adopted, newly placed foster children, or those of your registered domestic partner, contact the EDD PFL program at [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability), or by phone at 1-877-238-4373, or through the California Relay Service at 711.

**Note:** A PFL bonding claim form will be sent automatically with the final benefit payment to new mothers receiving DI benefits. If you are a victim of a crime, contact the California Victim Compensation program at 1-800-777-9229 (TTY 1-800-735-2929). You may also contact your county Victim/Witness Assistance Center.

Questions about spousal or parental support obligations should be directed to the district attorney's office for the county that issued the court order.

Questions about child support obligations should be directed to the Department of Child Support Services at 1-866-901-3212 (TTY 1-866-399-4096).

## UNEMPLOYMENT INSURANCE

File Claims • Payment Information • General Information

### WHO SHOULD FILE A CLAIM

You may file a claim for Unemployment Insurance (UI) benefits if you are no longer working or your hours are reduced. To be eligible to receive UI benefits you must be out of work due to no fault of your own and be physically able to work, ready to accept work, and looking for work.

#### WHEN TO FILE

You should apply for benefits as soon as you are unemployed or your hours are reduced. Your claim will be filed or reopened the Sunday of the week you file. All claims have a one-week, unpaid waiting period. The waiting period does not begin until the claim is filed.

#### WHAT YOU NEED TO FILE

To determine if you are eligible to receive benefits, you will be asked a variety of questions such as information about your past employers and the reason you are out of work. To ensure your claim is filed as quickly as possible, you should have the following information ready before you file your claim:

- Your Social Security number, name (including all names you used while working), date of birth, mailing and residence address (including ZIP code) and phone number (including area code).
- Your driver's license or identification card number.
- The last date you worked for any employer.
- Last employer information including the name of the business or company you last physically worked for, address (mailing and physical location) and phone number. We also need the ZIP code for both addresses and the area code for the employer's phone number.
- The reason you are no longer working for your last employer and the name of your supervisor.
- Information on all employers you worked for during the 18 months prior to filing of your claim, including name, address, period of employment, wages earned, and how you were paid.
- Information from your DD214 Member Copy 4, if you were in the Military the last 18 months.
- Information from your Standard Form 8, "Notice to Federal Employees About Unemployment Insurance" if you worked for an agency of the federal government during the last 18 months.
- Your alien registration number and expiration date if you are not a U.S. citizen.

### HOW TO FILE OR REOPEN YOUR CLAIM

#### ONLINE

Use eApply4UI to file for UI or to reopen your claim. It is available online 24 hours a day, seven days a week and is available in English or Spanish. It is secure, reliable, and is the fastest way to apply for UI or to reopen your claim.



#### TELEPHONE

Call to speak with an Employment Development Department (EDD) customer service representative to file or reopen your claim. You may call one of the toll-free numbers anywhere in the U.S, between 8 a.m. and 12 noon (Pacific Standard Time), Monday through Friday except holidays:

**English 1-800-300-5616**  
**Spanish 1-800-326-8937**  
**Cantonese 1-800-547-3506**

**Mandarin 1-866-303-0706**  
**Vietnamese 1-800-547-2058**  
**TTY (non-voice) 1-800-815-9387**

## WHAT HAPPENS NEXT

After you file your claim, please allow 10 days for processing. If you do not receive notification in the mail after 10 days, call or contact us by submitting your inquiry online at [www.edd.ca.gov/Unemployment](http://www.edd.ca.gov/Unemployment) and email your questions by selecting "Contact Us" under General Information.

## PAYMENT INFORMATION

For the status of your last UI payment made, call the EDD toll-free Automated Self-Service telephone number listed below. You will need to have your Social Security number and 4-digit Personal Identification Number (PIN) to access payment information. The Automated Self-Service number provides step-by-step instructions to help you set up your PIN so you can access your confidential UI claim information. The Automated Self-Service will also guide you to other services you may need.

**Automated Self-Service (English and Spanish) 1-866-333-4606**

## GENERAL INFORMATION

### FREQUENTLY ASKED QUESTIONS

#### How much does UI pay?

Weekly benefit amounts range from a minimum of \$40 to a maximum of \$450 depending on your past quarterly earnings.

#### When is the best time to call a customer service representative?

To lessen your wait time, avoid calling during our busiest times: Mondays, the day after a holiday, and between 8 a.m. and 8:30 a.m. Our least busy days are Wednesdays and Thursdays.

#### Why am I scheduled for a telephone interview?

If there are any questions about your eligibility to receive benefits, further information is needed from you and you will receive notification in the mail of a scheduled phone interview. For example, you will be scheduled for a phone interview if you quit your last job, if you were discharged from your last job, if you are not able or available for work, if you do not look for work. It is important to review the information on the notification to help you prepare for the interview.

## OTHER RESOURCES

The EDD provides a comprehensive range of employment and training services in partnership with state and local agencies and organizations. These services, provided statewide through the [America's Job Center of California<sup>SM</sup>](#) (formerly known as One-Stop Career Centers) benefit job seekers, laid-off workers, youth, veterans, and people with disabilities. All of these no-fee resources are provided to ensure that a job search is a successful one.

America's Job Center of California<sup>SM</sup> offers:

- Job search assistance
- Job listings through CalJOBS<sup>SM</sup>
- Access to telephones, Internet, printers, fax machines, and copy machines
- Workshops
- Information on wages and trends
- Community resources
- Referrals to other services and more

To find the nearest local America's Job Center of California<sup>SM</sup>, call the America's Workforce Network Toll-Free Help Line at 1-877-US 2 JOBS (1-877-872-5627) or access [www.servicelocator.org](http://www.servicelocator.org) to receive information about available services in your local community. The information is available in more than 140 languages and there is TTY access 1-877-889-5627 for the hearing impaired.



## Fast Facts About Paid Family Leave

- Provides eligible workers with partial wage replacement when taking time off work to care for a child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.
- Provides coverage to employees who are covered by SDI (or a Voluntary Plan in lieu of SDI).
- Offers up to six weeks of benefits in a 12-month period.
- Bonding benefits are payable within one year of birth, adoption, or foster care placement.
- Provides benefits of approximately 55 percent of lost wages.
- PFL benefits are considered taxable income.
- Provides benefits but does not provide job protection or return rights.

In California, it's the law.

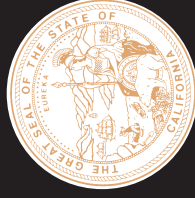
## Paid Family Leave Benefits

### Benefits

To apply online or for more information, visit:

[www.edd.ca.gov/disability](http://www.edd.ca.gov/disability).

English	1-877-238-4373
Spanish	1-877-379-3819
Cantonese	1-866-692-5595
Vietnamese	1-866-692-5596
Armenian	1-866-627-1567
Punjabi	1-866-627-1568
Tagalog	1-866-627-1569



State of California

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice) or through the California Relay Service at 711.

This pamphlet is for general information only and does not have the force and effect of law, rule, or regulation.



# The time you need for times like these.

## Paid Family Leave



## Paid Family Leave Benefits for California Workers

There may be times in the life of a working person when they need to care for a loved one. Whether it's a working parent bonding with a new child or an employee caring for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner, California's Paid Family Leave (PFL) was created for these times.



## A Program Benefiting You and Your Family

California leads the nation as the first state to make it easier for employees to balance the demands of the workplace and family care needs at home. PFL benefits are based on the claimant's (care provider's) past quarterly earnings. For more information regarding maximum benefit amounts paid, read the *Disability Insurance (DI) and Paid Family Leave (PFL) Weekly Benefit Amounts in Dollar Increments form*, DE 2589, at [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability).

## Paid Family Leave for California Employees

To qualify for PFL benefits, you must meet the following requirements:

- Be covered by State Disability Insurance (SDI) (or a Voluntary Plan in lieu of SDI) and have earned at least \$300 in your base period from which deductions were withheld.
  - Supply medical information supporting your claim that the care recipient has a serious health condition and requires your care.
  - Submit your claim no earlier than nine days after the first day your family leave begins, but no later than 49 days after your family leave begins.
  - Provide documentation to support a claim for bonding with a new biological, adopted, or foster child.
  - You may need to use up to two weeks of any earned but unused vacation leave or paid time off, if required by your employer, prior to the initial receipt of benefits.
  - Serve a seven-day unpaid waiting period before benefits are paid for each different care recipient within the 12-month period.
- You may not be eligible for benefits if:
- You are receiving Disability Insurance, Unemployment Insurance, or workers' compensation benefits.
  - You are not working or looking for work at the time you begin your family care leave.
  - You are not losing wages.
  - The need for care is not supported by the certificate of a treating physician/practitioner.
  - You are in custody due to conviction of a crime.

You are entitled to:

- Know the reason and basis for decisions affecting your benefits.
- Appeal decisions about your eligibility for benefits.
- Appeals must be sent to PFL in writing.
- A hearing of your appeal before an Administrative Law Judge. Decisions may be further appealed to the California Unemployment Insurance Appeals Board and the courts.
- Privacy information about your claim will be kept confidential except for the purposes allowed by law.

PFL benefits do not provide job protection or return rights. Job protection may be provided if your employer is subject to the federal Family and Medical Leave Act and the California Family Rights Act. Notify your employer of the reason for taking leave in a manner consistent with your company's leave policy.

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## Apply for Benefits

Apply for PFL benefits using SDI Online at [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability). Employers and physicians/practitioners can submit claim information through SDI Online. You may also file a claim using a paper form. To request a claim form, visit [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability).

If you are currently receiving DI pregnancy-related benefits, it is not necessary to request a PFL claim form. Claim filing information will be sent through your SDI Online account or a claim form will be sent via mail when your pregnancy-related disability claim ends.

If you are covered by a Voluntary Plan, contact your employer to obtain information about your coverage and instructions on how to apply for benefits.

## Contact Paid Family Leave

For questions about PFL benefits, please visit [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability).

The phone number is located on the back panel.

Claim forms should be mailed to PFL at:  
PO Box 989315

West Sacramento, CA 95798-9315

SEXUAL HARASSMENT INCLUDES MANY FORMS OF OFFENSIVE BEHAVIORS

## BEHAVIORS THAT MAY BE SEXUAL HARASSMENT:

THE MISSION OF THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING IS TO PROTECT THE PEOPLE OF CALIFORNIA FROM UNLAWFUL DISCRIMINATION IN EMPLOYMENT, HOUSING AND PUBLIC ACCOMMODATIONS, AND FROM THE PERPETRATION OF ACTS OF HATE VIOLENCE AND HUMAN TRAFFICKING.



## SEXUAL HARASSMENT

1 *Unwanted sexual advances*

2 *Offering employment benefits in exchange for sexual favors*

3 *Leering; gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters*

4 *Derogatory comments, epithets, slurs, or jokes*

5 *Graphic comments, sexually degrading words, or suggestive or obscene messages or invitations*

6 *Physical touching or assault, as well as impeding or blocking movements*

Actual or threatened retaliation for rejecting advances or complaining about harassment is also unlawful.

Employees or job applicants who believe that they have been sexually harassed or retaliated against may file a complaint of discrimination with DFEH within one year of the last act of harassment or retaliation. DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a civil complaint in state or federal court to address the causes of the discrimination and on behalf of the complaining party. DFEH may seek court orders changing the employer's policies and practices, punitive damages, and attorney's fees and costs if it prevails in litigation. Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

### THE FACTS

Sexual harassment is a form of discrimination based on sex/gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, or sexual orientation. Individuals of any gender can be the target of sexual harassment. Unlawful sexual harassment does not have to be motivated by sexual desire. Sexual harassment may involve harassment of a person of the same gender as the harasser, regardless of either person's sexual orientation or gender identity.

### THERE ARE TWO TYPES OF SEXUAL HARASSMENT

①

“*Quid pro quo*” (Latin for “this for that”) sexual harassment is when someone conditions a job, promotion, or other work benefit on your submission to sexual advances or other conduct based on sex.

②

“*Hostile work environment*” sexual harassment occurs when unwelcome comments or conduct based on sex unreasonably interfere with your work performance or create an intimidating, hostile, or offensive work environment. You may experience sexual harassment even if the offensive conduct was not aimed directly at you.

The harassment must be severe or pervasive to be unlawful. That means that it alters the conditions of your employment and creates an abusive work environment. A single act of harassment may be sufficiently severe to be unlawful.

### FOR MORE INFORMATION

Department of Fair Employment and Housing

Toll Free: (800) 884-1684

TTY: (800) 700-2320

Online: [www.dfeh.ca.gov](http://www.dfeh.ca.gov)

Also find us on:



If you have a disability that prevents you from submitting a written pre-complaint form on-line, by mail, or email, the DFEH can assist you by scribing your pre-complaint by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or call us through your VRS at (800) 884-1684 (voice).

To schedule an appointment, contact the Communication Center at (800) 884-1684 (voice or via relay operator 711) or (800) 700-2320 (TTY) or by email at [contact.center@dfeh.ca.gov](mailto:contact.center@dfeh.ca.gov).

*The DFEH is committed to providing access to our materials in an alternative format as a reasonable accommodation for people with disabilities when requested.*

Contact the DFEH at (800) 884-1684 (voice or via relay operator 711), TTY (800) 700-2320, or [contact.center@dfeh.ca.gov](mailto:contact.center@dfeh.ca.gov) to discuss your preferred format to access our materials or webpages.



## CIVIL REMEDIES:

## ALL EMPLOYERS MUST TAKE THE FOLLOWING ACTIONS TO PREVENT HARASSMENT AND CORRECT IT WHEN IT OCCURS:

- 1 *Damages for emotional distress from each employer or person in violation of the law*
- 2 *Hiring or reinstatement*
- 3 *Back pay or promotion*
- 4 *Changes in the policies or practices of the employer*

## EMPLOYER RESPONSIBILITY & LIABILITY

All employers, regardless of the number of employees, are covered by the harassment provisions of California law. Employers are liable for harassment by their supervisors or agents. All harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassment or for aiding and abetting harassment. The law requires employers to take reasonable steps to prevent harassment. If an employer fails to take such steps, that employer can be held liable for the harassment. In addition, an employer may be liable for the harassment by a non-employee (for example, a client or customer) of an employee, applicant, or person providing services for the employer. An employer will only be liable for this form of harassment if it knew or should have known of the harassment, and failed to take immediate and appropriate corrective action.

Employers have an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory and harassing conduct, and to create a workplace free of harassment.

A program to eliminate sexual harassment from the workplace is not only required by law, but it is the most practical way for an employer to avoid or limit liability if harassment occurs.

manager, so that the company can try to resolve the claim internally. Employers with 50 or more employees are required to include this as a topic in mandated sexual harassment prevention training (see 2 CCR 11024).

- Indicate that when the employer receives allegations of misconduct, it will conduct a fair, timely, and thorough investigation that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected.
- Make clear that employees shall not be retaliated against as a result of making a complaint or participating in an investigation.

④ Distribute its harassment, discrimination, and retaliation prevention policy by doing one or more of the following:

- Printing the policy and providing a copy to employees with an acknowledgement form for employees to sign and return.
- Sending the policy via email with an acknowledgment return form.
- Posting the current version of the policy on a company intranet with a tracking system to ensure all employees have read and acknowledged receipt of the policy.
- Discussing policies upon hire and/or during a new hire orientation session.
- Using any other method that ensures employees received and understand the policy.

⑤ If the employer's workforce at any facility or establishment contains ten percent or more of persons who speak a language other than English as their spoken language, that employer shall translate the harassment, discrimination, and retaliation policy into every language spoken by at least ten percent of the workforce.

⑥ In addition, employers who do business in California and employ 50 or more part-time or full-time employees must provide at least two hours of sexual harassment training every two years to each supervisory employee and to all new supervisory employees within six months of their assumption of a supervisory position.

① Distribute copies of this brochure or an alternative writing that complies with Government Code 12950. This pamphlet may be duplicated in any quantity.

② Post a copy of the Department's employment poster entitled "California Law Prohibits Workplace Discrimination and Harassment."

③ Develop a harassment, discrimination, and retaliation prevention policy in accordance with 2 CCR 11023. The policy must:

- Be in writing.
- List all protected groups under the FEHA.
- Indicate that the law prohibits coworkers and third parties, as well as supervisors and managers with whom the employee comes into contact, from engaging in prohibited harassment.
- Create a complaint process that ensures confidentiality to the extent possible; a timely response; an impartial and timely investigation by qualified personnel; documentation and tracking for reasonable progress; appropriate options for remedial actions and resolutions; and timely closures.
- Provide a complaint mechanism that does not require an employee to complain directly to their immediate supervisor. That complaint mechanism must include, but is not limited to including: provisions for direct communication, either orally or in writing, with a designated company representative; and/or a complaint hotline; and/or access to an ombudsman; and/or identification of DFEH and the United States Equal Employment Opportunity Commission as additional avenues for employees to lodge complaints.
- Instruct supervisors to report any complaints of misconduct to a designated company representative, such as a human resources

## What kind of Client Experience do YOU provide when caring for a Right at Home client?

- **Professionalism** – Do your clients feel a high level of professionalism and courtesy from you when you're in their home?
- **Confidence** – Do you promote confidence to your clients with every task you perform?
- **Consistency** – Do your clients receive the same high level of care on EVERY shift, from EVERY caregiver? Don't be the weak link in the care team and not give your ALL.
- **Integrity** – Do you promote trust and honesty with your clients?
- **Compassion** – What kind of compassion is felt by your clients and their families? Are you kind and gentle with them?
- **Safety** – Do your clients feel safe and secure when they are under your care? Learn all you can about your client so you give the right care.

These attributes reflect the “**RIGHT CARE by RIGHT AT HOME**”. Be part of the **RIGHT AT HOME WAY** when caring for your clients.