



## Orientation Checklist

### CAREGIVER JOB DESCRIPTION

**Reports to:** Field Staff Coordination

**Job Description:**

Provide personal care services, minor housekeeping and other health related supportive tasks for a patient with skilled home health care needs. A physician, based on an assessment of the patients' needs, orders their services. The aide follows a plan of care established by a registered professional nurse and is routinely supervised by the RN in carrying out assigned duties.

**Job Duties/ Knowledge**

1. Personal care duties including bathing, grooming, feeding, turning and positioning.
2. Assist the patient with transfer, ambulating and prescribed exercise and instructed by the Home Care Nurse or professional therapist.
3. Reinforce and change simple non-sterile dressings.
4. When instructed by the Home Care Nurse, record weight, measure food and fluid intake and output. Collect urine, stool and sputum specimens and perform simple urine test.
5. Prepare modified diet as ordered by the physician.
6. Observe and report specific vital signs and symptoms as instructed by the Home Care Nurse.
7. Remind the patient to take medications specifically ordered by the physician, which are ordinarily self-administered.
8. Assist with prescribed skin care.
9. Perform incidental household functions necessary to maintain a safe environment. E.g. comfort and cleanliness of the patient and grocery shopping.
10. Report changes on the patients' physical status to the Home Care Nurse or Field Staff Coordinator

**Qualifications**

1. Have completed a training program approved by the New York State Department of Health as a Certified Home Health Aide(HHA), Personal Care Aide (PCA) or be enrolled as a trainee aide in a New York State approved training program under the supervision of a qualified RN.
2. Be a minimum of 18 years of age, able to read and write English and to carry out directions.
3. Have a physical examination satisfying the New York State Department of Health requirements for Home Health Care Workers.

**Degree of Travel**

-High degree of travel necessary to provide services in patients' homes

**Degree of Disruption to Routine Overtime**

-Minimum

**Safety Hazards in Job**

-Possible exposure to infectious diseases



## **EMPLOYEE PHOTOGRAPH IDENTIFICATION POLICY**

To commence employment at True Care, Inc. ("True Care"), all applicants for employment must present government-issued photo identification in order for True Care to verify the applicant's identity. In most cases, any such required photo identification will also be required to satisfactorily complete the Form I-9 Employment Eligibility Verification. For the purposes of this policy, True Care shall follow the standards as set forth by the Federal Government and the New York Department of Motor Vehicles.

Applicants may use validly issued government photo identification for purposes of identification at True Care. Consistent with the U.S. State Department, it is acceptable for an employee's hair to be covered for religious purposes in the photo identification so long as the employee's full face is clearly visible, there is no shadow on the employee's face, and the employee's features are easily ascertainable in the photo.

True Care will reasonably accommodate applicants for employment and/or employees who wear face coverings for religious purposes (including but not limited to niqabs and burqas). As a potential reasonable accommodation, True Care will assign a True Care representative who is the same sex as the applicant or the employee to verify, in a private room, applicant/employee's identity as presented on the government photo identification unobscured by any face covering. True Care also requires that all employees have a True Care identification card with them when working for True Care.

True Care requires its identification card to contain a photo without face covering. As an accommodation, True Care may permit an employee to use the same photo as his/her government identification if the employee does not wish his/her photo to be taken by True Care without face covering for religious reasons. Further, any such employees will be permitted to store their True Care identification cards away from public view (for example, in their pockets or purses). Please note however, True Care identification cards must be presented whenever requested by a True Care representative.

If you should have any questions regarding this policy, please contact our anonymous hotline at 646-668-5899.



## Orientation Checklist

### **EMPLOYEE STATEMENT OF CONFIDENTIALITY**

I, the employee undersigned and understand the importance of observing strict confidentiality policies. Therefore, I agree, not to discuss / release any information obtained within the agency regarding any True Care client, their medical record or any client's condition with any individual not directly associated with that client. I also agree that any information that is released regarding the clients' record will only be done with proper authorization and or in accordance with established agency policy for the release of the information.

In the event you are made aware that your patient is HIV positive. You cannot disclose this information to any other individual. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains or as permitted by law. Any unauthorized further disclosure is violation of State Law and may result in a fine or jail sentence or both. General authorization for the release of medical or any other information is not sufficient authorization for further disclosure.

My signature on the document above indicates that I understand and agree to abide by the aforementioned policies and that any breach in the aforementioned policies will result in DISMISSAL from employment at True Care.



## Orientation Checklist

### **HIV CONFIDENTIALITY STATEMENT**

I, the employee undersigned and understand the importance of observing strict confidentiality policies. Therefore, I agree, not to discuss / release any information obtained within the agency regarding any True Care client, their medical record or any client's condition with any individual not directly associated with that client. I also agree that any information that is released regarding the clients' record will only be done with proper authorization and or in accordance with established agency policy for the release of the information.

In the event you are made aware that your patient is HIV positive. You cannot disclose this information to any other individual. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains or as permitted by law. Any unauthorized further disclosure is violation of State Law and may result in a fine or jail sentence or both. General authorization for the release of medical or any other information is not sufficient authorization for further disclosure.

My signature on this document indicates that I understand and agree to abide by the aforementioned policies and that any breach in the aforementioned policies will result in implementation of the disciplinary procedure up to and including possible IMMEDIATE DISMISSAL from employment at True Care.



## Orientation Checklist

### **HIPAA EMPLOYEE TRAINING ACKNOWLEDGMENT FORM**

Statement:

I acknowledge that I have received and thoroughly reviewed TRUE CARE HIPAA education handouts and attend the HIPAA training session during Orientation date. This session included training on the federal and state laws and regulations regarding the HIPAA privacy and security rules requiring the use of confidentiality as well as integrity and accessibility safeguards for patient protected health information (PHI).

I agree to comply strictly with the principles set forth in True Care's training on HIPAA and the Organization's Privacy & Security Policies and Procedures, which include but are not limited to:

- Maintaining confidentiality of PHI
- Patient Privacy rights under HIPAA
- Password Management
- Log-in procedures and requirements
- Identifying and reporting security incidents

I received training and understand the policies and procedures specific to my job functions. I agree to follow the policies and procedures and otherwise maintain the confidentiality and integrity of PHI.

I understand that I will be subjected to disciplinary action up to and including termination if I violate the principles set forth in the HIPAA training session.



## Orientation Checklist

### **OSHA INFORMATION ACKNOWLEDGEMENT**

I have received the OSHA Orientation information and I acknowledge understanding of the following as they should be practiced, in addition to any further policies and procedures, which are to be followed:

- ✓ **Personal Protective Equipment**
- ✓ **Infection Control, Exposures & Standard Precautions**
- ✓ **OSHA Blood-borne Pathogen Standard**
- ✓ **Tuberculosis & Exposure, Risk Management**
- ✓ **HIV Confidentiality Protection**
- ✓ **Disaster Preparedness: Fire safety & Emergencies**
- ✓ **HIPAA**
- ✓ **Resident Rights**
- ✓ **Abuse Prevention**
- ✓ **Accident Prevention**
- ✓ **Emergency and Disaster Preparedness**
- ✓ **Infection Control**
- ✓ **Fire Safety**
- ✓ **DNR**



## Orientation Checklist

### **True Care Complaints and Grievances**

As an employee of True Care, I am informed of the procedures for submitting patient complaints, voice complaints, and recommend changes in the policies and services to the Director of Coordination by calling the following telephone number: **718-854-8783 x129** or the Chief Compliance Officer at **646-668-5899**. You may report an issue to the hotline without fear or concern of any adverse action taken against you by True Care

If dissatisfied with the outcome, you may also submit the complaint to the New York State Department of Health or any outside representative of your choice. The expression of such complaints by the patient or patient designee shall be free from interference, coercion, discrimination, or reprisal.

NYS Department of Health  
Metropolitan Regional Office  
90 Church Street  
New York, NY 10007  
[212-417-5888](tel:212-417-5888)

The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181  
[patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org)  
Fax: [630-792-5636](tel:630-792-5636)



# WHAT CAN I DO FOR MY PATIENT ?

## A Caregiver (HHA/PCA) Can:

- Prepare meals , including any modified prescribed diets
- Assist with eating your meals
- Take & record your blood pressure, pulse rate, respirations & bodyweight (HHA Only)
- Help with showering & bathing
- Wash & comb hair
- Provide or assist with mouth care
- Assist with getting dressed
- Provide skin care (on unbroken skin only)
- Clean & file nails
- Give reminder to take medication
- Assist with medical equipment, such as wheelchairs, walkers, crutches, canes & electric chair lifts.
- Transfer patient from bed to a chair
- Assist in using the restroom
- Turn & position patient in bed
- Assist with therapy exercise plan & range of motion
- Change linens
- Tidy up immediate surroundings
- Clean up after Patient ONLY, NOT Patient family members or roommates.
- Perform light housekeeping
- Do dishes & laundry for patient only
- Assist in transporting patient to MD appointments
- Accompany Patient outdoors for errands including laundry & groceries.

## A Caregiver (HHA/PCA) CANNOT:

- Perform nursing duties
- Wound Care
- Perform glucose testing
- Cut fingernails or toenails
- Apply heat or cold of any kind
- Prepare or administer medications
- Interpret medical information
- Do banking or assist with writing checks or paying bills
- Open mail if you are not present
- Perform heavy housework(cleaning windows, curtains, moving heavy furniture, cleaning entire house, cleaning up after family/roommates.)
- Assist in the preparation of or witness any advance Directive or Will
- Stay with you if you are admitted to the hospital
- **ASK YOUR PATIENT FOR THEIR MEDICAL/VACCINATION HISTORY**
- STAY IN YOUR PATIENTS' HOME IF THEY ARE NOT PRESENT

This is ONLY a *GUIDELINE*. **The actual tasks you may perform will be identified by the Field Nurse Supervisor on your Plan of Care that is kept in your home.** Your Plan of Care will be customized to meet your individual needs. the nurse communicates frequently with the HHA and if necessary, your physician, to update your plan of care. ***The aide may not perform any task not listed on you Plan of Care.***

# My First Day of Work

I got my first case! Next Steps...

## What Do I Need to Know?

1. Be sure you have the patients' name, address, and phone number clearly written down.
2. Be sure you have directions and know how to get to the patient's home.
3. Be sure HHAExchange is downloaded on your phone, True Care ID and the name and extension of your coordinator. As a back up, have the company's phone number handy as well.

## What Do I Bring to the Patient's Home?

- **Your True Care ID** (if you lose your ID contact HR for a new one)
- **Cell Phone** To Clock In & Out, in case of emergencies while out with the patient and to call the agency.
- **Disposable Gloves & Face Masks**
- **The Orientation Handout** on how to clock in and out properly.
- **A light snack or lunch**
- **A small notebook** to take notes on anything that will help you better service your patient.
- **Wet Wipes/Hand Sanitizer**

**Live-Ins** must bring his/her own food, clothes & toiletries that should last the entire length of the stay. The patient/patient's family is responsible for providing the HHA/PCA a place to sleep (bed, sofa bed, cot or air mattress.) Also, the patient's family should provide the HHA/PCA with towels, pillows & blankets while they are working.



**Dress Code: For your first day, please wear scrubs!**

See Employee Handbook for details

# Caregiver (HHA/PCA)

What do I wear to the patient's home?

## Dress Code



### Tops:

- Scrub tops Preferred
- Professional tops (any color)

### Bottoms:

- Scrub bottoms preferred
- Bottoms are to be solid navy, blue, black, white or khaki
- Skirts may not be more than 3 inches above the knee
- Walking Shorts may not be more than 3 inches above the knee

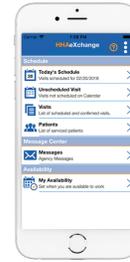
## Footwear and Accessories:

- Must be closed toe shoes. No flip-flops or open toe sandals. Sneakers preferred.
- pantyhose must be worn with a skirt.
- Small earrings, minimal jewelry (nothing that hangs too much that may harm you or the patient)
- Short, clean cut nails (long nails can irritate the patient's skin & bacteria builds up under long nails)
- Hair is clean and tidy. Tied up or pushed back.

**No pajamas, No sweatpants or workout clothes. No baseball caps. No clothes that are too revealing, too short, show too much cleavage, back, stomach or your underwear, torn, dirty, wrinkled or frayed clothes.**

# Visit Confirmation Clock In & Out

There are three methods of clocking in & out to ensure that your patient visit is recorded.



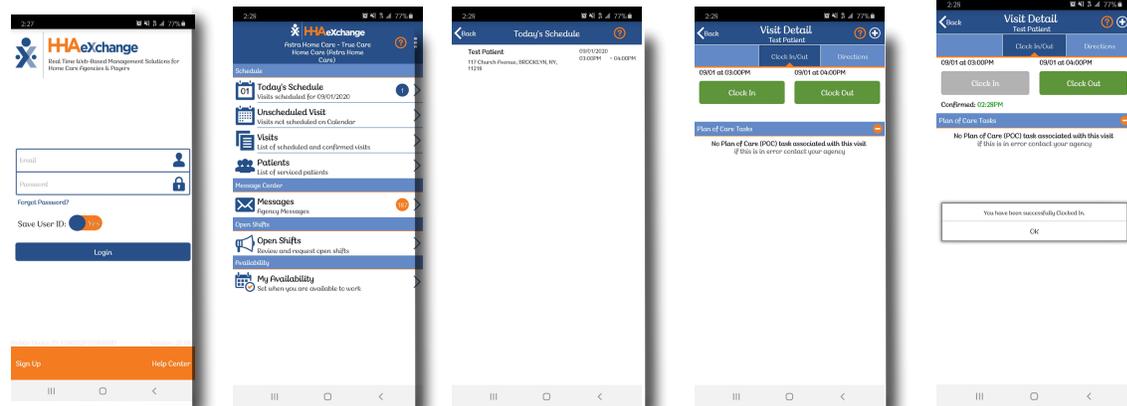
## 1. Use the HHAExchange Mobile App

The app is free to download on iTunes & Google Play

### How to sign up and connect to True Care on the Mobile App:

1. Click on "Sign-Up" on the lower left corner of the screen. Enter all the information required.
2. Once you entered all the information, click "Sign-Up" at the bottom of the screen.
3. You will then receive a Mobile ID number on the screen which will also be emailed to you. Click on "Okay".
4. Keep this number in a safe location.
5. Provide the number to the HR representative at True Care so that they may enter the number in HHAExchange. This will link you to True Care in the program.

For a Demo on how to download the app  
& Clock in & out:



# Visit Confirmation Clock In & Out

There are three methods of clocking in & out to ensure that your patient visit is recorded.

## 2. Use the patients' phone to clock in & out



**Call the following numbers to reach the Electronic Visit Confirmation Center:**

1. English Phone #: 718 705 6189      2. Por Espanol: 718 705 6190

Make sure to punch in your **duty codes** correctly during **clock out**, there must be a total of 6 codes, with a minimum of **2 Personal Care** tasks and **4 additional tasks**.

**For a Demo on how to Clock In & Out:**



## 3. Time Sheets

This is the last resort option, if the App or patient's phone is not available.

**Steps to submit your time sheet to True Care:**

1. Pick up a time sheet from your local office. **It will be valid to use for 10 days**
2. Complete the time sheet & have your patient sign off on it.
3. **Scan & Email your timesheet to [tctimesheets@truecareny.com](mailto:tctimesheets@truecareny.com)**
  - a. Download a **free Scan App** from iTunes or Google Play store
  - b. Scan a picture, then email to [tctimesheets@truecareny.com](mailto:tctimesheets@truecareny.com)

Examples of free Scan Apps: Evernote, Scannable. Tiny Scanner or Genius Scan.

**Note:** to be paid for the same week as the missed clock in/out, you must have your timesheet in to payroll by closing, which is 12 pm Wednesday.

# HOW TO CALL IN & OUT USING IVR

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## CALL IN

1. Call **718-705-6189** for **English**
2. Press **1** for **CALL-IN**
3. Enter your **ASSIGNMENT ID (PIN)**
4. The system will repeat the Assignment ID (PIN) you entered
5. Press **1** to confirm or Press **0** to re-enter

## CALL OUT Note: A CALL OUT for a shift without a CALL IN will NOT be accepted

1. Call **718-705-6189** for **English**
2. Press **2** for **CALL OUT**
3. Enter your **ASSIGNMENT ID (PIN)**
4. The system will repeat the Assignment ID (PIN) you entered
5. Press **1** to confirm or **0** to re-enter
6. Enter **all** the **DUTY ID's** of all the duties performed during the shift  
Note: Please enter at least 2 Personal Care tasks and 4 additional tasks (For a total of 6 tasks)
7. Press **000** to complete the call  
Note: The system will say, "Your call has registered successfully."

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## VERIFICATION CALL

The system will call the client's home phone number during the shift. Press **1** to confirm that the aide is present or Press **0** if the aide is not present.

## OTHER LANGUAGES

**ENGLISH:** 718-705-6189  
**CHINESE:** 718-663-0256  
**FRENCH:** 718-705-6191

**SPANISH:** 718-705-6190  
**RUSSIAN:** 718-705-6192

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## LIVE-IN

The aide should call in regularly. If the call out should be made within 30 minutes of the scheduled start time for the next shift, the aide will automatically be clocked in for the next shift. (Ex: if scheduled start time is 8:00 a.m. and the aide clocks out for the previous shift at 7:45 a.m. then call in for the following shift is not required) This is **ONLY VALID** when the second shift starts at the end time of the first shift and the service is provided by the same aide.

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## MUTUAL CASES

Mutual cases are case where the same aide is working 2 consecutive shifts for different clients at the same location (**Ex: husband and wife**). The aide needs to call for the **CALL-IN** at the beginning of the first shift and **CALL-OUT** at the end of the second shift. During the call-out the system will require the tasks for both shifts.

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## VERIFICATION CALLS

Verification is not performed between 8PM and 7:30AM. If the shifts start after 8PM the Verification will happen the next day at 7:30 AM.

## SABBATH OBSERVANT

Notify the agency if the client is Sabbath observant. In such case, no verification call will be done from Friday 5PM to Saturday night.

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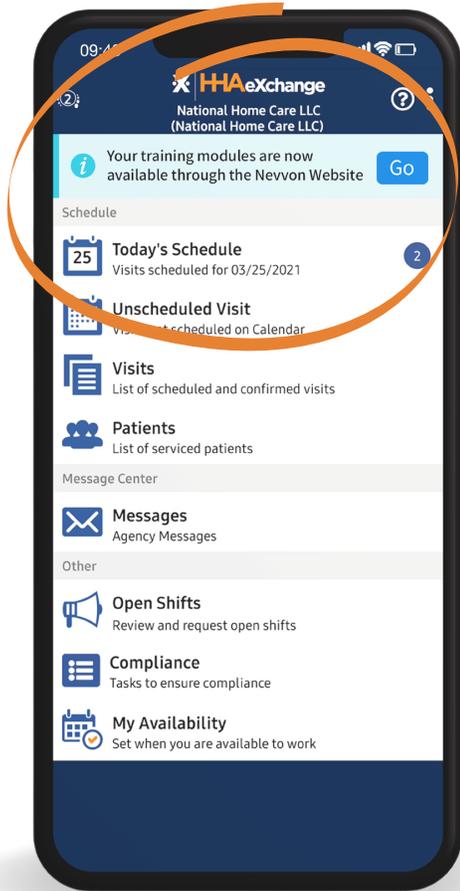
## NO DIRECT PHONE NUMBERS

Clients in facilities might not always have a direct phone number. In such case, notify the agency of the situation so that they will turn off the verification call. The verification will have to be done manually by your agency.

## ROTARY PHONE

The time and attendance system will not work with a rotary phone. In such case, the call in/out and duties will have to be done manually entered. Notify the agency of the situation so that they turn off the time/attendance for the client.

# In Service Training Now on HHAeXchange!



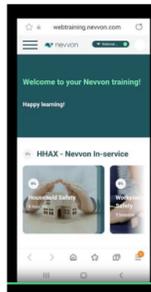
**Click here to access your In-service Training.**

You are automatically signed in to view your trainings when you open your HHAeXchange App!

Follow the prompts to nevvon, our new training platform!

### Step 1

Select one of your assigned modules



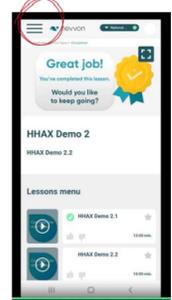
### Step 2

Click play and follow the prompts



### Step 3

Select the menu to return to the home screen and continue the next module.



What you'll see:



# Get a \$50 or a \$100 referral bonus

## Did you know....

If you refer a friend or caregiver for employment with True Care, you can earn \$50 or \$100 if they are hired and work for 90 days. Fill out the form below and refer your friend now!

## HHA Referral Form

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**True Care Employee Name**

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**HHA/PCA ID #**

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**Phone Number**

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**Email**

## Terms and Conditions

- I understand that if my referral is hired, I am eligible for the referral payment of \$50 if they work for 90 days
- I understand I am only eligible for \$100 if my referral works 160 hours during 90 days
- I understand overtime is not included
- I understand my referral and myself have to be employed by True Care at the time of eligibility and in good standing
- I understand I am only eligible for one of the referral bonuses
- I understand payment of the referral bonus will occur after my referral has completed their 90-day probationary period or completed 160 hours during 90 days

I understand I have to meet all of these requirements to qualify. I have referred the candidate below for employment at True Care Home Health Care. Speak with a representative for more details

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**Signature**

---

**Month**

---

**Day**

---

**Year**

## Referral Candidate

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**Name of Candidate**

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**Phone Number of Candidate**

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**Email of Candidate**

# TotalBen Commuter Rewards Program



Receive a rebate for commuting to work

Transportation, Vanpool and Parking

## EMPLOYER INFORMATION

Company Name
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## EMPLOYEE INFORMATION

Employee Last Name	First Name	Social Security Number	
Street Address	City	State	Zip
Daytime Phone Number	Email		

**2018 MASS TRANSIT AND PARKING EXPENSE LIMITS: \$260 FOR MASS-TRANSIT ♦ \$260 FOR PARKING (YOU MAY HAVE BOTH)**

Type of Transportation Expense (Commuter Bus, Train, Van Pool, Parking, etc.)	Month/Year Expense Begins (mmm / yyyy)	Transit Agency or Parking Provider (and parking location)	Cost (whole dollar amounts only)
<b>TOTAL:</b>			<b>\$</b>

## TERMS AND CONDITIONS

I understand that I cannot change or revoke this Agreement as of any date prior to the next month, except that my election will be revoked upon my termination of employment or cessation of eligibility for other reasons. However, I understand that I can revoke my election and make a new election by submitting a new Express Form prior to the first day of the next monthly period.

I hereby represent that I have consistent expenses month-to-month. I further represent that I do not receive a receipt in the normal course of business. If I do begin to receive receipts in the normal course of business, I realize that I am required to submit them, even when having begun the Program using this Express Form.

## AFFIDAVIT

I am submitting this rewards request for parking and/or mass transit transportation expenses, which are eligible for favorable income tax treatment in accordance with federal guidelines under Internal Revenue Code Section 132(f). I understand and confirm that (1) I am solely responsible for submitting proper documentation of my eligible expenses, (2) that these expenses are indeed qualified transportation expenses which qualify for reimbursement and are eligible to be excluded from my federal taxable wages, (3) they have not been reimbursed from any other source or previously submitted for reimbursement, and (4) for each expense listed above, for which I have not attached a receipt or verifying document, such receipt or verifying document was not provided in the ordinary course of business.

I request reimbursement from my account(s) and certify that the information provided is true and correct.

Employee Signature	Date
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Send completed form and documentation to TotalBen.

**FAX:** (718) 535-7071

**Mail:** TotalBen LLC  
P.O. Box 100496  
Brooklyn, NY 11210

# Commuter Benefits Participation Form

Under NYC's Commuter Benefits Law, certain employers must offer commuter benefits to existing full-time employees beginning January 1, 2016 or four weeks after an employee begins full-time work, whichever is later. For more information, please call 311 or visit [nyc.gov/commuterbenefits](http://nyc.gov/commuterbenefits) to read Frequently Asked Questions about the Commuter Benefits Law.

**Note to Employees:**

Your employer is required by law to offer you a commuter benefits program; however, your participation is voluntary. You may decline to enroll in the program, or you may cancel your participation at any time. You may also choose to enroll in the program at a later date.

EMPLOYER INFORMATION	
Employer Name	
Address	
City/State/ZIP Code	
Phone Number	
EMPLOYEE INFORMATION	
Name (First/Middle/Last)	
Address	
City/State/ZIP Code	
Phone Number	
Email Address	
Date of Hire	

I, \_\_\_\_\_, (*Employee's printed name*)  Accept  Decline my employer's offer to use pre-tax income to pay for qualified transportation benefits to the extent permitted under federal law.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**If you have questions about your employer's obligations under NYC's Commuter Benefits Law or to report non-compliance, please contact the Department of Consumer Affairs (DCA) at [nyc.gov/commuterbenefits](http://nyc.gov/commuterbenefits), email [commuterbenefits@dca.nyc.gov](mailto:commuterbenefits@dca.nyc.gov), or contact 311 (212-NEW-YORK outside NYC).**

# NYC's Commuter Benefits Law

## Information for Employers and Employees

NYC's Commuter Benefits Law takes effect on January 1, 2016. Under the law, covered employers must offer commuter benefits to eligible full-time employees beginning January 1, 2016.

### WHAT ARE THE ADVANTAGES OF A COMMUTER BENEFITS PROGRAM?

#### Advantages for Employers

- Employers save by reducing their payroll taxes. The more employees who sign up for transportation benefits, the more the employer can save.
- Employers can attract and retain employees by offering transportation benefits.

#### Advantages for Employees

- Employees can lower monthly expenses by using pre-tax income to pay for their commute.

### WHO IS COVERED BY THE LAW?

#### Employers

##### Covered

- For-profit and nonprofit employers with 20 or more full-time\* non-union employees in New York City, including temporary help firms.

\*Under the Commuter Benefits Law, a full-time employee is an employee who works an average of 30 hours or more per week in the most recent four weeks, any portion of which was in New York City.

##### Not Covered

- United States, New York State, and New York City governments, including any office, department, independent agency, authority, institution, association, society, or other body of the state, including the legislature and the judiciary.
- Employers not required to pay federal, state, and City payroll taxes.

#### Employees

##### Covered

- Full-time\* employees of covered employers.

##### Not Covered

- Employees who work less than an average of 30 hours per week in a four-week period.
- Full-time employees who are New York City residents but work outside of New York City.
- Full-time employees who are covered by a collective bargaining agreement.
- Independent contractors.
- Former employees.



Bill de Blasio  
Mayor

Consumer  
Affairs

Lorelei Sales  
Commissioner

## WHICH TRANSIT IS COVERED BY THE LAW?

### Covered

- New York City regional mass transit services, including Metropolitan Transportation Authority (MTA) subway and bus; Long Island Rail Road; Amtrak; New Jersey Transit; and Metro-North.
- Eligible ferry and water taxi services.
- Eligible vanpool services.
- Eligible commuter bus services.
- Access-A-Ride and other area paratransit providers.

### Not Covered

- Parking expenses.
- Bicycling expenses, including CitiBikes.\*\*

\*\*Under federal tax law, employees cannot use pre-tax income for the qualified bicycle commuting reimbursement benefit, and bicycle rental fees are not qualified transportation fringe benefits.

## WHAT INFORMATION AND RESOURCES ARE AVAILABLE?

### For Employers

Contact **311** or visit [nyc.gov/commuterbenefits](http://nyc.gov/commuterbenefits) for information about:

- NYC's Commuter Benefits Law
- Setting up a commuter benefits program

### For Employees

Contact **311** or visit [nyc.gov/commuterbenefits](http://nyc.gov/commuterbenefits) for information about NYC's Commuter Benefits Law.

*For employees eligible for refundable tax credits like the Earned Income Tax Credit (EITC), the pre-tax transit benefit could reduce the amount of a tax credit. Employees should consult a tax professional.*

Contact **311** or visit [nyc.gov/consumers](http://nyc.gov/consumers) for information about:

- NYC Financial Empowerment Centers, where New Yorkers can get free one-on-one professional financial counseling
- Free tax preparation assistance for eligible New Yorkers (during tax season)

**THERE'S A BETTER  
WAY TO WORK.**

**NYC's Commuter  
Benefits Law**



## CAREGIVER (HHA/PCA) PTO REQUEST FORM

PTO form must be given to someone in the office or emailed to HHAPTORquests@Truecareny.com

Name - \_\_\_\_\_ Phone Number - \_\_\_\_\_

Today's Date- \_\_\_\_\_

**Requested Dates:**

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Date Year

If available would you like to use your accumulated paid time off?

Yes No

**Date Returning to Work:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I am not guaranteed to get the day(s) off that I have requested. I also understand that the approval or disapproval of my request will be based on the needs of True Care and is subjected to management approval of company policies.

Employee Name [Print]: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name [Signature]: \_\_\_\_\_

----- **OFFICE USE ONLY [DO NOT WRITE BELOW]** -----

### Step ① Coordination

**Caregiver Code:** \_\_\_\_\_ **Approved:**    
Yes No

I confirm that I have selected the status of this aide's request and will call and text this aide to inform them of the approval or disapproval of their request

Supervisor/ Manager Approval [Print]: \_\_\_\_\_

Supervisor/ Manager Approval [Sign]: \_\_\_\_\_

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

⇒ Only If the request is approved you should email the form to Payroll, if not approved please email the form to the compliance department to upload

### Step ② Payroll

**Aide has PTO time which will be used**    
Yes No

I confirm that I have selected the status of this aide's PTO request and will call and text this aide to inform them of the approval or disapproval of their PTO request

Payroll Employee[Print]: \_\_\_\_\_

Payroll Employee[Sign]: \_\_\_\_\_

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

⇒ Once accepted please forward to the compliance department to upload

Documentation should ONLY be sent via email to the Coordination Department, Payroll and then Compliance to document and enter on the aide's profile and place an absence on the aide's profile

# Employee Handbook

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We will no longer print and handout the employee handbook.

- You may use the link below to view on your computer or smartphone

<https://www.truecareny.com/hha-handbook>

If you cannot view the handbook on your phone or computer, there will be hard copies for your review at each office.

**\*\*Note: These copies cannot leave the office.**



## HHAx App Setup

IVR/EVW compliance is not an option and should be the main mode of verification for all HHA's should not leave orientation without an installed and activated HHAx app. Our goal is to increase IVR usage for all offices.

1. Download HHA app  using Google Play  or Apple Store .
2. Once downloaded, complete the setup using your unique email address. The app will prompt you to create a password.
  - Passwords should be at least 8 characters long and include one capital letter and one special character.
  - Upon successful setup the user will receive an email (from info@hhaexchange) providing further instructions on how to link your agency. Follow the 3 step process to complete sign-up. The user will be prompted to enter their first and last name, last 4 of their social security number and date of birth. Entries should be double checked for errors
  - Once completed a second email will be sent that will include their **MOBILE ID NUMBER**. This **must** be provided to us in order to link the user to TrueCare.

**Note:** Even if demographics (ssn, phone number, DOB) are incorrectly entered by the caregiver they will still be able to complete the setup process. We are able to edit and correct demographics in "Mobile User Management" located in the admin section. As long as the user is not associated with multiple agencies.

## Account Locked/Password Reset

In the case the user does not remember their password and makes three (3) attempts to log in their account will be locked. Follow the steps below to regain access:

1. In the app select the forgot password function. The original email address used when initially setting up the account will be required. Enter the email address and then click “reset password”
    - If the email address is correct, the user will receive an email with a temporary password. Copy the temporary password received **without** the quotation marks.
    - Paste the copied temporary password into the HHAX app and follow prompts for creating a new password.
    - If the initial email is unknown, we are able to retrieve it from HHAX in the “Mobile User Management” function located in the admin section. Search the caregiver by the Mobile ID and one additional filter required in HHAX
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