



3206 Conway Rd Suite 5 Orlando FL 32812 | Phone: 407-930-6577

Name: _____

Must have **ALL** documents listed below before making an appointment to sign the contract. Please note if you are missing any documents, we will kindly re-schedule your appointment.

Send copies to docs@adelcare.com

DOCUMENTS

- ___ Driver's License. *(Original) **NO Copies***
- ___ Social Security Card. *(Original) **NO Copies***
- ___ If needed proof of work authorization *(Original) **NO Copies***
- ___ Resume.
- ___ Experience verification **(HHA training counts for experience)**
- ___ High School Diploma, Official Transcript or GED
- ___ APD and AHCA Level 2 Background Screening.
- ___ Local Law Background Check from the county you reside.
- ___ Direct Deposit form **typed** from bank or voided check.
- ___ General liability/Malpractice Insurance. *(Within 30 days)*
- ___ Vehicle Insurance.
- ___ Vehicle Registration.

CERTIFICATIONS

- ___ CPR Certification **(NOT online).**
- ___ First Aid Certification **(NOT online).**
- ___ Physical Exam **(within 1 year, must read free from communicable disease).**
- ___ CNA License OR
- ___ HHA 75 hours Certificate and the following Continuing Education Certificates:
 - ___ OSHA Bloodborne Pathogens/Infection Control
 - ___ Alzheimer's Disease and other Dementias
- ___ Free APD Mandatory certificates (we help you to obtain them).
 - ___ APD – Requirement for All Providers Waiver
 - ___ APD - Zero Tolerance
 - ___ APD - HIV/AIDS Certificate
 - ___ APD – HIPAA
 - ___ APD – Direct Care Core Competencies