ALAY
HOME CARE

DECLARATION FORM

Employee Name: _____ Date: _____

Declaration of Clear Record:

I hereby declare that I was never held civilly liable for abuse or neglect of an individual with developmental disabilities.

Signed: _____

Records Information Permission Form:

I hereby give Alay Home Care permission to contact Boggs Center or College of Direct Support to access any necessary information or documentation such as training documentation that may be need in reference to my employment.

Signed: _____

Picture Release Form:

I give permission for photographs or videos to be taken of me during my employment with Alay Home Care. I understand that these pictures or videos may be used for informational or educational brochures, presentations, or other public presentation purposes.

☐ Agree ☐ Disagree ☐ For Employee ID Purposes only

Signed: _____

Clean Driving Record Statement:

In order to provide transportation to individual I work with, I hereby ascertain that I have a driver's license that is valid in the State of New Jersey, and that I have a clean driving record. I will inform Alay Home Care immediately if my driving record is ever compromised. Staff may not transport individuals if they do not have a clean driving record. In addition, I ascertain that I maintain current insurance coverage on the vehicles I drive at all times. As required by DDD, I hereby give Alay Home Care permission to conduct a driver's records abstract check at any time.

☐ I will be providing transportation ☐ I will not be providing Transportation

Signed: _____

Declaration of Education Requirement:

I understand that the education eligibility for a Community Support Staff Position at Alay Home Care requires that at a minimum the staff member has completed their high school education, or its equivalent. I hereby ascertain that I have completed my high school education requirements or its equivalent (GED).

Signed: _____

For Office Use Only

Provided a copy of Diploma: Y N Date Contacted School for Diploma: _____

Verified By: _____ Date: _____