

HCAB
Home Care Agency Blueprint
Building Successful Home Care Businesses

New Hire

Onboarding Kit

Complete Employee Orientation Package

Professional Kit

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Supervisor Signature

Date

Employee Information Form

Complete this form accurately. This information will be used for payroll, benefits administration, and emergency contact purposes.

Personal Information

LEGAL LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

PREFERRED NAME (IF
DIFFERENT)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

Contact Information

STREET ADDRESS

CITY

STATE

ZIP CODE

PRIMARY PHONE

SECONDARY PHONE

EMAIL ADDRESS

Employment Information

POSITION/TITLE

DEPARTMENT

START DATE

SUPERVISOR NAME

EMPLOYMENT TYPE

PAY RATE

Certifications & Licenses

Certification/License Type	License Number	State Issued	Expiration Date

Background Check Authorization

I authorize [Agency Name] to conduct a background check, including but not limited to criminal history, employment verification, and reference checks as required for this position.

DRIVER'S LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE
_____	_____	_____

Authorization & Certification

I certify that all information provided on this form is true and accurate to the best of my knowledge. I understand that falsification of information may result in termination of employment.

_____	_____
Employee Signature	Date

FOR OFFICE USE ONLY		
EMPLOYEE ID	PROCESSED BY	DATE PROCESSED
_____	_____	_____

Emergency Contact Form

Please provide at least two emergency contacts who can be reached in case of an emergency. Keep this information current and notify HR of any changes.

Employee Information

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

Primary Emergency Contact

FULL NAME

RELATIONSHIP

PRIMARY PHONE

SECONDARY PHONE

WORK PHONE

ADDRESS

CITY

STATE

ZIP CODE

Secondary Emergency Contact

FULL NAME

RELATIONSHIP

PRIMARY PHONE

SECONDARY PHONE

WORK PHONE

ADDRESS

CITY

STATE

ZIP CODE

Medical Information (Optional)

PRIMARY CARE PHYSICIAN

PHYSICIAN PHONE

KNOWN ALLERGIES

CURRENT MEDICATIONS

MEDICAL CONDITIONS WE SHOULD BE AWARE OF

Employee Signature

Date

Direct Deposit Authorization Form

Complete this form to authorize direct deposit of your paycheck to your bank account(s). Attach a voided check or bank verification letter for each account.

Employee Information

EMPLOYEE NAME

EMPLOYEE ID

SOCIAL SECURITY NUMBER (LAST 4)

Primary Account

BANK NAME

BANK ADDRESS

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

ACCOUNT TYPE

 Checking Savings

DEPOSIT AMOUNT

 100% of Net Pay Fixed Amount:
\$_____

Secondary Account (Optional)

BANK NAME

BANK ADDRESS

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

ACCOUNT TYPE

 Checking Savings

DEPOSIT AMOUNT

 Remainder of Net Pay Fixed
Amount: \$_____

Authorization Agreement

I hereby authorize [Agency Name] to deposit my pay directly into the account(s) indicated above. I also authorize [Agency Name] to make any necessary adjustments for any errors or corrections to my account(s).

I understand that:

- This authorization will remain in effect until I provide written notice of cancellation or submit a new Direct Deposit Authorization Form.
- It may take 1-2 pay periods for direct deposit to take effect.
- I am responsible for verifying the accuracy of all information provided.
- If my account is closed or invalid, I may experience delays in receiving my pay.

REQUIRED ATTACHMENT

Please attach a voided check or bank letter for each account listed. Deposit slips are NOT accepted.

Employee Signature

Date

FOR PAYROLL USE ONLY

VERIFIED BY

DATE VERIFIED

EFFECTIVE PAY DATE

Equipment & Supplies Checklist

Use this checklist to document all equipment and supplies issued to the employee. Employee is responsible for all items issued and must return them upon separation.

Employee Information

EMPLOYEE NAME

EMPLOYEE ID

DATE ISSUED

Identification & Access

Item	Qty	ID/Serial #	Date Issued
<input type="checkbox"/> Employee ID Badge			
<input type="checkbox"/> Building Access Card/Key			
<input type="checkbox"/> Parking Pass			
<input type="checkbox"/> Office Keys			

Technology & Communication

Item	Qty	ID/Serial #	Date Issued
<input type="checkbox"/> Mobile Phone			
<input type="checkbox"/> Phone Charger			
<input type="checkbox"/> Laptop Computer			
<input type="checkbox"/> Laptop Charger			

Item	Qty	ID/Serial #	Date Issued
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Tablet/iPad

Uniforms & Apparel

Item	Qty	Size	Date Issued
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Scrub Top

Scrub Pants

Company Polo Shirt

Name Badge Holder/Lanyard

Caregiver Supply Bag

Item	Qty	Notes	Date Issued
<input type="checkbox"/> Supply Bag/Tote			
<input type="checkbox"/> Disposable Gloves (box)			
<input type="checkbox"/> Hand Sanitizer			
<input type="checkbox"/> Face Masks			
<input type="checkbox"/> Gait Belt			
<input type="checkbox"/> Blood Pressure Cuff			
<input type="checkbox"/> Thermometer			
<input type="checkbox"/> Pulse Oximeter			
<input type="checkbox"/> Stethoscope			

Documentation & Reference Materials

Item	Qty	Notes
<input type="checkbox"/> Employee Handbook		
<input type="checkbox"/> Policy & Procedure Manual		
<input type="checkbox"/> Emergency Procedures Guide		
<input type="checkbox"/> Documentation Forms Packet		

Acknowledgment

I acknowledge receipt of all items checked above and agree to:

- Use these items only for work-related purposes
- Keep all items in good working condition
- Report any lost, stolen, or damaged items immediately
- Return all items upon separation from employment
- Accept financial responsibility for unreturned or damaged items

Employee Signature

Date

Issuing Staff Signature

Date

Training Schedule Template

Use this template to create a customized training schedule for each new hire. Ensure all required training is completed within the specified timeframes.

Employee Information

EMPLOYEE NAME

POSITION

START DATE

Week 1 Training Schedule

Day	Time	Training Topic	Trainer	Complete
Day 1	9:00 AM	Company Orientation & Culture		<input type="checkbox"/>
	10:30 AM	HR Paperwork & Benefits Overview		<input type="checkbox"/>
	1:00 PM	Technology Systems Training		<input type="checkbox"/>
	3:00 PM	Safety & Emergency Procedures		<input type="checkbox"/>
Day 2	9:00 AM	HIPAA Training & Certification		<input type="checkbox"/>
	11:00 AM	Infection Control & PPE		<input type="checkbox"/>
	1:00 PM	Documentation Requirements		<input type="checkbox"/>
	3:00 PM	Client Rights & Dignity		<input type="checkbox"/>
Day 3	9:00 AM	Abuse, Neglect & Exploitation		<input type="checkbox"/>
	11:00 AM	Communication Skills		<input type="checkbox"/>
	1:00 PM	Shadow Shift - Experienced Caregiver		<input type="checkbox"/>
Day 4	9:00 AM	Shadow Shift - Continued		<input type="checkbox"/>

Day	Time	Training Topic	Trainer	Complete
	2:00 PM	Debrief & Questions		<input type="checkbox"/>
Day 5	9:00 AM	Skills Competency Review		<input type="checkbox"/>
	2:00 PM	Week 1 Review with Supervisor		<input type="checkbox"/>

Week 2-4 Training Schedule

Week	Training Topic	Hours	Due Date	Complete
Week 2	ADL Assistance Techniques	2		<input type="checkbox"/>
	Transfers & Body Mechanics	2		<input type="checkbox"/>
	Nutrition & Meal Preparation	1		<input type="checkbox"/>
	Medication Reminders	1		<input type="checkbox"/>
	Supervised Client Visits	8		<input type="checkbox"/>
Week 3	Dementia/Alzheimer's Care	2		<input type="checkbox"/>
	Fall Prevention	1		<input type="checkbox"/>
	CPR/First Aid (if required)	4		<input type="checkbox"/>
	Independent Client Visits (monitored)	8		<input type="checkbox"/>
Week 4	Special Conditions Training	2		<input type="checkbox"/>
	Emergency Response Scenarios	1		<input type="checkbox"/>
	Final Competency Assessment	2		<input type="checkbox"/>
	30-Day Performance Review	1		<input type="checkbox"/>

Required Certifications Tracker

Certification	Required By	Date Completed	Expiration	Verified By
HIPAA Certification	Day 2			
CPR Certification	Week 3			
First Aid Certification	Week 3			

Certification	Required By	Date Completed	Expiration	Verified By
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State-Required Training Hours	Day 30			
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Employee Signature

Date

Training Coordinator Signature

Date

New Employee Orientation Agenda

This comprehensive orientation agenda ensures all new employees receive consistent, thorough introduction to our organization, culture, policies, and expectations.

Orientation Details

ORIENTATION DATE

LOCATION

FACILITATOR

Morning Session (8:00 AM - 12:00 PM)

● 8:00 AM - Welcome & Introductions (30 min)

- Welcome message from leadership
- Ice-breaker activity
- Distribute orientation materials
- Review agenda and expectations

● 8:30 AM - Company Overview (45 min)

- Company history and mission
- Vision and values
- Organizational structure
- Services we provide
- Our commitment to quality care

● 9:15 AM - Break (15 min)

9:30 AM - Human Resources (90 min)

- Complete all new hire paperwork
- Review employee handbook
- Benefits overview and enrollment
- Payroll procedures and schedule
- Time and attendance policies
- PTO and leave policies

11:00 AM - Facility Tour (30 min)

- Office layout and departments
- Break room and restrooms
- Supply room
- Emergency exits and assembly points
- Parking information

11:30 AM - Meet the Team (30 min)

- Introduction to supervisors
- Meet department colleagues
- Mentor/buddy introduction

Afternoon Session (1:00 PM - 5:00 PM)

● 1:00 PM - Policies & Compliance (60 min)

- Code of conduct
- Anti-harassment policy
- Confidentiality and HIPAA
- Social media policy
- Dress code and appearance standards

● 2:00 PM - Safety Training (45 min)

- Workplace safety overview
- Emergency procedures
- Incident reporting
- Workers' compensation
- Infection control basics

● 2:45 PM - Break (15 min)

● 3:00 PM - Technology & Systems (60 min)

- Email and communication tools
- Scheduling system overview
- Documentation software
- Time clock/attendance system
- IT support and resources

● 4:00 PM - Job-Specific Overview (45 min)

- Role responsibilities review
- Performance expectations
- Quality standards
- Career growth opportunities
- Training schedule review

● **4:45 PM - Wrap-Up & Q&A (15 min)**

- Questions and answers
- Distribute remaining materials
- Confirm Day 2 schedule
- Orientation evaluation form

FACILITATOR NOTES

- Ensure all equipment (projector, materials) is ready 30 minutes early
- Have snacks and beverages available
- Collect all signed forms before end of day
- Take group photo for employee directory

Attendance Verification

Employee Name	Signature	Time In	Time Out

Policy Acknowledgment Forms

All employees must read, understand, and sign acknowledgment of the following policies. These signed forms will be maintained in the employee's personnel file.

Employee Handbook Acknowledgment

I acknowledge that I have received a copy of the Employee Handbook. I understand that:

- I am responsible for reading and understanding the contents of the handbook
- The handbook describes important information about my employment
- I should consult my supervisor or HR with any questions
- The handbook is not an employment contract
- Policies may be modified at any time at the company's discretion
- My employment is at-will unless otherwise specified in writing

Employee Signature

PRINT NAME

Date

Confidentiality & HIPAA Agreement

I understand that in the course of my employment, I may have access to confidential information including but not limited to:

- Protected Health Information (PHI) of clients
- Personal information of clients and their families
- Employee personnel information
- Business and financial information
- Proprietary company information

I agree to:

- Maintain strict confidentiality of all protected information
- Only access information necessary to perform my job duties
- Never share confidential information with unauthorized parties
- Comply with all HIPAA regulations and company privacy policies
- Report any suspected privacy breaches immediately
- Maintain confidentiality even after my employment ends

I understand that violation of this agreement may result in disciplinary action up to and including termination, as well as potential legal consequences.

Employee Signature

Date

Code of Conduct Acknowledgment

I acknowledge that I have reviewed the Code of Conduct and agree to:

- Treat all clients, families, and coworkers with dignity and respect
- Maintain professional boundaries at all times
- Arrive on time and be reliable in my attendance
- Dress professionally according to company guidelines
- Refrain from using drugs or alcohol while on duty
- Not engage in harassment, discrimination, or retaliation
- Report any unethical or illegal behavior I witness
- Follow all company policies and procedures

Employee Signature

Date

Safety Policy Acknowledgment

I acknowledge that I have received training on workplace safety and agree to:

- Follow all safety procedures and guidelines
- Use proper body mechanics and lifting techniques
- Use personal protective equipment (PPE) as required
- Report any unsafe conditions or hazards immediately
- Report all workplace injuries or incidents promptly
- Participate in required safety training
- Know and follow emergency evacuation procedures

Employee Signature

Date

Social Media Policy Acknowledgment

I understand and agree to comply with the company's social media policy:

- I will not post any client information on social media
- I will not photograph or record clients without explicit written consent
- I will not represent myself as speaking on behalf of the company
- I will not make disparaging remarks about the company, clients, or coworkers
- I understand that my personal social media activity may reflect on the company

Employee Signature

Date

Drug-Free Workplace Acknowledgment

I acknowledge the company's commitment to maintaining a drug-free workplace and agree that:

- I will not use, possess, distribute, or be under the influence of illegal drugs or alcohol while on company premises or during work hours
- I will notify my supervisor if I am taking any medication that may affect my ability to perform my job safely
- I consent to drug and alcohol testing as required by company policy
- I understand that violation of this policy is grounds for immediate termination

Employee Signature

Date

At-Will Employment Acknowledgment

I understand and acknowledge that:

- My employment with [Agency Name] is "at-will"
- Either the company or I may terminate the employment relationship at any time, with or without cause or notice
- No manager, supervisor, or representative has the authority to enter into an employment contract unless it is in writing and signed by an authorized company officer
- Nothing in the employee handbook or any other company document creates a contract of employment

Employee Signature

Date

Policy Acknowledgment Summary

Policy	Initials	Date
Employee Handbook		
Confidentiality & HIPAA		
Code of Conduct		
Safety Policy		
Social Media Policy		
Drug-Free Workplace		
At-Will Employment		

HR REPRESENTATIVE

DATE COLLECTED

Caregiver Competency Checklist

This competency checklist documents the caregiver's demonstrated ability to perform essential job functions safely and effectively. All competencies must be verified before independent client assignments.

Employee Information

EMPLOYEE NAME

POSITION

EVALUATOR

Rating Scale



Personal Care Skills

Competency	Rating	Date	Initials
Bathing assistance (bed bath, shower, tub)			
Dressing and grooming assistance			
Oral hygiene care			
Hair care and nail care			
Toileting assistance			
Incontinence care			
Catheter care (external)			
Skin care and prevention of pressure sores			

Mobility & Transfer Skills

Competency	Rating	Date	Initials
Proper body mechanics			
Bed-to-chair transfer			
Chair-to-standing transfer			
Gait belt use			
Wheelchair assistance			
Walker/cane assistance			
Fall prevention techniques			
Positioning and repositioning			

Nutrition & Meal Preparation

Competency	Rating	Date	Initials
Safe food handling and storage			
Meal planning and preparation			
Special diet knowledge			
Feeding assistance			
Fluid intake monitoring			
Choking prevention and response			

Health Monitoring & Safety

Competency	Rating	Date	Initials
Vital signs - temperature			
Vital signs - pulse			
Vital signs - blood pressure			
Vital signs - respiration			
Pulse oximetry			
Recognizing changes in condition			
Medication reminders			
Emergency response procedures			

Infection Control

Competency	Rating	Date	Initials
Proper hand washing technique			
Hand sanitizer use			
PPE donning and doffing			
Standard precautions			
Proper disposal of contaminated materials			
Environmental cleaning			

Communication & Documentation

Competency	Rating	Date	Initials
Clear verbal communication			
Active listening skills			
Documentation accuracy			
Care plan comprehension			
Reporting changes to supervisor			
Professional boundaries			

Competency Assessment Summary

TOTAL COMPETENCIES EVALUATED	COMPETENCIES PASSED (3+)	REQUIRES REMEDIATION
_____	_____	_____

Areas Requiring Additional Training:

Evaluator Comments:

Final Determination:

Approved for Independent Assignments
Evaluation Required

Requires Additional Training

Re-

Evaluator Signature

Date

Employee Signature

Date

30-60-90 Day Performance Review

Regular performance reviews during the onboarding period help ensure new employees are integrating successfully and receiving the support they need to excel.

Employee Information

EMPLOYEE NAME

POSITION

HIRE DATE

SUPERVISOR

REVIEW TYPE

REVIEW DATE

30-Day 60-Day
 Day 90-Day

Performance Rating Scale

1

Does Not
Meet

2

Needs
Improvement

3

Meets
Expectations

4

Exceeds
Expectations

5

Outstanding

Performance Categories

Category	Rating	Comments
Job Knowledge Understanding of role, procedures, and policies		
Quality of Work Accuracy, thoroughness, attention to detail		
Reliability Attendance, punctuality, dependability		
Communication Verbal, written, and listening skills		

Category	Rating	Comments
Teamwork		
Collaboration, cooperation, positive attitude		
Initiative		
Self-motivation, problem-solving, going above and beyond		
Client Care		
Compassion, respect, quality of care provided		
Professionalism		
Appearance, behavior, boundary maintenance		

30-Day Review

Training Progress

REQUIRED TRAINING COMPLETED

Yes No In Progress

COMPETENCY ASSESSMENT PASSED

Yes No In Progress

Accomplishments This Period:

Areas for Improvement:

Goals for Next 30 Days:

60-Day Review

Progress on Previous Goals:

Accomplishments This Period:

Areas for Improvement:

--

Goals for Next 30 Days:

--

90-Day Review (Probationary Period Evaluation)

Progress on Previous Goals:

Overall Performance Summary:

Strengths:

Development Areas:

Probationary Period Recommendation

- PASS - Complete Probationary Period**
Employee has successfully met expectations and is recommended for regular employment status.

- EXTEND - Extend Probationary Period**
Employee shows potential but needs additional time. Extend probation for _____ days.

- FAIL - Terminate Employment**
Employee has not met minimum requirements for continued employment.

Justification for Recommendation:

Signatures

Supervisor Signature

Date

Employee Signature

Date

Employee signature indicates that this review has been discussed. It does not necessarily indicate agreement with all contents.

HR/Administrator Signature

Date

Quick Reference Guide

Onboarding Timeline at a Glance

Timeframe	Key Milestones	Responsible
Pre-Start	Welcome email, paperwork prep, system setup, mentor assignment	HR/Admin
Day 1	Orientation, paperwork completion, facility tour, tech setup	HR/Supervisor
Week 1	Core training (HIPAA, safety, infection control), shadow shifts	Training Dept
Week 2	Skills training, supervised client visits, competency start	Supervisor
Week 3	CPR/First Aid, specialty training, monitored independence	Training Dept
Day 30	30-day review, training completion verification	Supervisor
Day 60	60-day review, goal progress check	Supervisor
Day 90	90-day review, probation evaluation, status determination	Supervisor/HR

Key Contacts

Role	Name	Phone	Email
HR Manager			
Training Coordinator			
Payroll			
IT Support			
On-Call Supervisor			

Important Reminders

DOCUMENT RETENTION

All signed onboarding documents must be retained in the employee's personnel file for a minimum of 3 years after separation (or as required by state law).

COMPLIANCE NOTE

Ensure all required state-specific training is completed within mandated timeframes. Check your state regulations for specific requirements.

Home Care Agency Blueprint

Professional Resources for Home Care Success

This document is provided as a template and should be customized to meet your agency's specific needs and state requirements.