

## Endless Options LLC

### Process for Fingerprinting

All potential technicians need to pass a criminal history background check. This background check can be done by going to the address below:

**CJIS Central Repository  
6776 Reisterstown Road, Suite 102  
Pikesville, Maryland 21215**

CJIS is open Monday, Tuesday, Wednesday, & Friday between 8:30am-5pm and Thursday between 8:30am- 6:30 pm. on Thursday. It is also open on the first and third Saturday of each month from 8:30 a.m and 5:00 p.m. ( **times change without notice please call ahead** )

**You can use a check, money order or credit card to pay for the cost.  
Call our office (410-526-3637) or CJIS (410-764-4501) to verify the cost before you go.**

**Keep copy of the check, money order or the receipt to be reimbursed by Endless Options LLC.**

**Our policy for reimbursement is as follows. We reimburse you the cost for the process. If you work for Endless Options LLC for at least 100 hours there is no cost to you. If you quit before 100 hours we will take the cost out of your final check.**

Below, is the information explaining the type of report to request, our authorization number and the position you are applying for. Please take this information with you when you go. Upon, completing your visit you will get a receipt of payment. This receipt will allow us to start you with a family on a temporary basis. Permanent employment will be offered to you once we receive copies of **clean reports** from both the State of Maryland and the F.B.I.

**Authorization Number: 0400102393**

**Type of report to request: Child Care - both a state and FBI  
report**

**Position applying for: technician**

If you have any questions do not hesitate or to call Joe Lindemon or our office staff @ 410-526-3637. When you go you will be provided a receipt. Mail the receipt to the address below to be reimbursed.

## Endless Options LLC

### Job Description Technician and or/ Respite Provider

- After completion of your reference check, criminal background check and a interview you will be placed with a family .
- It will be your responsibility to make contact with the family and to develop a schedule of days and times that you are available to work.
- In addition to developing a schedule, provisions need to be clarified with the family on how you and/or they will contact the other if a scheduled time will be missed. If time is lost you must make every effort to reschedule that time.
- You will work directly with the child in a variety of skill areas. Your job will be providing the regular instruction in each of these areas. That instruction may need to be carried out in the home, on the grounds of the home and/or in the community. The instructional goals will be developed by supervisory staff in conjunction with the family and/or other agencies involved with the care of the child.
- You will be assigned a supervisor who will work closely with you on any concerns you have regarding data collection, implementing goals and family dynamics. Your supervisor will work directly in the home with you for up to 5 hours each month and will be on call during working hours and/or evenings.
- As part of your job you will be expected to keep simple but accurate data on how individual sessions are proceeding. It will be your supervisor's job to interpret that data and modify instruction if necessary.
- If during the instructional programming the child becomes distressed or noncompliant it will be your job to implement behavioral protocols developed to address behaviors. You will receive ongoing training in the home to address these behaviors as they arise. In addition to training a Crisis Plan will be on site and will be kept in a student binder that will be provided to you by your supervisor. At no time are you to place hands on a child in a way that has not been taught to you. If you have concerns over this behavior and the protocols in place please call management of Endless Options LLC and you supervisors immediate for support.
- Finally, as an employee you will be responsible for keeping a timesheet for hours worked. You will verify your timesheet with the parent by having them sign your timesheet daily. You will fax the timesheet to Endless options LLC to be reimbursed for your service.

# ENDLESS OPTIONS LLC

## Personal Reference 1

\_\_\_\_\_ has applied for a part time position working with children with autism. They have listed you as a reference. Please complete the questionnaire below feel free to call us with any questions or concerns.

1. Your name \_\_\_\_\_ Contact # \_\_\_\_\_

2. Your association with applicant?

3. How long have you known the applicant? \_\_\_\_\_

4. How is the applicant around children?

5. Is the applicant responsible? Explain

6. Is the applicant able to work without direct supervision? Explain

7. Does the applicant work well under pressure? Explain

8. If you were an employer briefly describe why you would hire the applicant?

\_\_\_\_\_ date completed: \_\_\_\_\_  
signature of reference

# ENDLESS OPTIONS LLC

## Personal Reference 2

\_\_\_\_\_ has applied for a part time position working with children with autism. They have listed you as a reference. Please complete the questionnaire below feel free to call us with any questions or concerns.

1. Your name \_\_\_\_\_ Contact # \_\_\_\_\_

2. Your association with applicant?

3. How long have you known the applicant? \_\_\_\_\_

4. How is the applicant around children?

5. Is the applicant responsible? Explain

6. Is the applicant able to work without direct supervision? Explain

7. Does the applicant work well under pressure? Explain

8. If you were an employer briefly describe why you would hire the applicant?

\_\_\_\_\_ date completed: \_\_\_\_\_  
signature of reference

## ENDLESS OPTIONS LLC

Professional Reference

\_\_\_\_\_ has applied for a part time position working with children with autism. They have listed you as a reference. Please complete the questionnaire below. Feel free to call us with any questions or concerns.

1. Your name \_\_\_\_\_ contact number \_\_\_\_\_
2. Organization you represent \_\_\_\_\_ org. phone # \_\_\_\_\_
3. Your association with applicant? \_\_\_\_\_
4. How long have you known the applicant? \_\_\_\_\_
5. Did you directly supervise applicant? \_\_\_\_\_ How long? \_\_\_\_\_
6. What duties did applicant perform?
7. How was applicants attendance? \_\_\_\_\_
8. Did applicant seem responsible and was able to perform duties independent of direct or constant monitoring from others?
9. Did the applicant work well under pressure?
10. Did you ever witness or know of any action by the applicant that you would consider unprofessional or caused you concern? \_\_\_\_\_  
  
If yes, please explain.
11. As an employer briefly describe why you would hire the applicant again?

\_\_\_\_\_ date completed: \_\_\_\_\_  
signature of reference

# Endless Options LLC Payroll New Hire Form

First name \_\_\_\_\_ MI. \_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_

US Citizen    yes    no

Social Security Number \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Street address:  
\_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

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Date of Hire: \_\_\_\_\_

Position: \_\_\_\_\_

# Endless Options LLC

## Direct Deposit Agreement Form

By providing Endless Options LLC with my signature below I am authorizing Endless Options LLC and its agents to initiate automatic deposits into the bank account provided. In the event that an overpayment is made I agree to make restitutions in the amount stipulated and agreed upon.

This agreement will remain in effect until I send a written notice to cancel or change any or all stipulations set here in.

*\*\*\*\*A test run for direct deposit will be conducted to verify the process before monies will be deposited. A \$0.00 dollar balance will appear on the first month's deposit notice. For this reason a paper check will be used as payment the first month of your contract.*

### Account Information

Name of financial institution:

Type of account monies are to be deposited to:      **checking**      **savings**

Authorization Signature:

Date:

Your Name:

Your address:

Phone #

Cell phone#

e-mail address

# Attach voided check Here

## ENDLESS OPTIONS, LLC

### *Employee Employment Agreement / Job Description and Service Implementation Policies and Procedures*

**1. Relationship.** Subject to the provisions hereof, you will be hired as an **Employee** of **ENDLESS OPTIONS, LLC** (the "LLC") to work with one or more autistic individuals. Your being hired by the LLC is not intended to be exclusive as you may work with such other individuals as you desire.

**2. Background Check.** The LLC will place you with one or more autistic individuals (hereinafter "client" or "clients") upon completion and/or satisfaction of the following:

- a. **Criminal Background.** You will be required to pass a criminal justice fingerprinting investigation.
- b. **Training.** You must participate in and complete all orientation training required by the LLC (approximately 10 hours). The LLC may require continued training after you are hired and you agree to participate and complete any such additional training.
- c. **Test.** Upon completion of the training, you must pass a test (written or verbal) conducted by the LLC.
- d. **References.** You must provide the LLC with references upon its request.

**3. Your Responsibilities.** Once hired by the LLC, your responsibilities will include the following:

a. You are responsible for contacting the client's family and scheduling the date, time and location that you will work. In addition, you must coordinate with the client's family how you and/or they can contact each other if a scheduled time is missed. If a scheduled time is missed, you must make every reasonable effort to reschedule that time.

b. You are responsible for working directly with the client in a variety of skill areas. Such work may be carried out in the client's home, on the grounds or in the community as determined by you and the client's family (provided, however, that if you intend to transport the client in your vehicle you must (i) first work with the client for a period of at least two (2) weeks; (ii) obtain a signed, written release from the client's parents, which release has been approved by the LLC; and (iii) agree that any such transportation will be directly related to the instructional goals for the client).

c. You will conduct individual sessions with the client in such order or sequence as you deem appropriate. Your work with the client will be in accordance with instructional goals developed (and modified from time-to-time) by the LLC, in conjunction with the client's family and/or other agencies involved with the care of the client. You will be assigned a supervisor, to whom you may address any questions or concerns you have with regard to the client. The supervisor will supervise your work in-person with the client up to five (5) hours per month and will be on call during working hours and/or evenings.

d. As part of your work with the client, you will keep accurate data on how each individual session proceeds as described in your training. If during your work with the client, the client becomes distressed or noncompliant, it will be your responsibility to implement appropriate behavior controls as instructed in your training, or in accordance with a Crisis Plan which is to be kept on-site in a client binder provided to you by your supervisor. **AT NO TIME ARE YOU TO PLACE YOUR HANDS ON THE CLIENT IN A WAY THAT HAS NOT BEEN TAUGHT TO YOU BY THE LLC IN YOUR ORIENTATION TRAINING OR BY YOUR SUPERVISOR.**

e. As an employee, you will be responsible for keeping a time sheet for the actual hours you work with the client. As a condition to your payment, the client's parent must verify and sign the time sheet daily, which must then be faxed to the LLC.

f. You must be on-time for your scheduled sessions with the client. Once you have agreed on a schedule for services with a client's family, you must make every reasonable effort to provide those service hours, including, but not limited to, rescheduling for vacations, illness and/or acts of nature. A pattern of missed hours of service by you may result in your termination. If significant changes in scheduling become necessary due to your vacation or other interests, you should provide written notice to each client's family, your supervisor and the LLC approximately three (3) weeks prior to the scheduling change.

**4.Placement.** You will be assigned to such client or clients based on the needs of each client's family, your schedule and the needs of the LLC. If you should request a change in the client with whom you work, and provided you have worked with the client for at least thirty (30) days, the LLC will make reasonable efforts to place you with a different client.

**5.Your Compensation.** You will be paid between \$14.00 and \$15.00 per hour for "Direct Care Services" actually provided to the client and their family. Your starting compensation will be determined by the LLC based upon your skill and experience. For purposes hereof, "Direct Care Hours" means the hours you spend with the client/family working on program goals and does not include the mandatory training referenced herein and/or commuting to and from the scheduled work location. You will be paid once per month through direct deposit to your checking account. The LLC will make every reasonable effort to have your compensation deposited into your checking account no later than the twenty-eight day of the month, provided you have turned in your verified time sheet.

**6.Termination.** The following are some of the reasons you may be terminated from further work with a client and/or any existing placement by the LLC:

- a. You are repeatedly late for scheduled sessions. Please note that a warning may be issued if you fail to contact a client's parent or guardian at your earliest opportunity (which must be no later than fifteen (15) minutes prior to the scheduled session) if you are going to miss and/or be late for a scheduled session).
- b. You act in an unprofessional or inappropriate manner towards a client, a client's family, your supervisor or representatives of the LLC, which may include (but is not limited to) inappropriate speech, written correspondence, gestures and/or other acts, as determined by the LLC in its sole discretion.
- c. You fail to follow all safety and/or crisis intervention guidelines for the client as provided in the client's binder.
- d. You make and/or submit fraudulent or materially incorrect time sheets.
- e. You act in any manner that is unlawful.

**7.Miscellaneous.**

- a. The LLC is not responsible for supplying you with any materials, supplies or equipment in connection with your instruction of a client, except for an initial client binder. Additional and/or ongoing materials, equipment or supplies are to be provided by the client's family.
- b. This document is not intended to create an indefinite relationship between you and the LLC.

c. This agreement may not be modified in any way without the signed written consent of all parties. This agreement will be governed in accordance with the laws of the State of Maryland. Failure to insist on strict performance of any covenant or obligation arising hereunder shall not constitute a waiver of covenant or obligation. Any rights, duties and/or obligations you have hereunder may not be assigned to any other person or entity without the LLC's signed written consent, which consent may be withheld in the LLC's sole and absolute discretion.

d. Unless otherwise indicated in writing by either party, notices hereunder shall be given as follows:

If to the LLC: (i) Endless Options, LLC  
Attn.: Joseph Lindemon, Manager  
22 Brian Daniel Court  
Reisterstown, MD 21136  
Phone (443)-801-9501  
Fax (410)-526-0056  
e-mail phredyall@aol.com

If to you: (ii) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The parties have read and reviewed the foregoing Employee Description of Services, and by signing below, do hereby indicate their consent to be bound by all of the terms, provisions and conditions contained herein.**

**ENDLESS OPTIONS, LLC**

By: \_\_\_\_\_  
Joseph Lindemon, Manager

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

**Employee**

By: \_\_\_\_\_  
Sign Here

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