Employee Affidavit of a Position of Trust

State of Florida, County of _____.
Before me personally appeared _____ who, being duly sworn, deposes and says:
I understand and agree that as a staff person employed by Life's New Beginnings, Inc., that I have a position of trust with the individuals with whom I work and with individuals with whom I come in contact in my capacity as an employee.

By signing this form, I am swearing that I will take all steps necessary to ensure the health, safety, and well-being of the client(s) in my care.

If an employee is on company time, then the employee should be working towards accomplishing the goals of the consumer as stated in the Support Plan and Implementation Plan for the consumer. An employee on company time, should not be conducting personal business nor participating in personal social activities. Naturally, staff are encouraged, when stated in the Support Plan and Implementation Plan, to assist the consumer(s) with community and social integration. However, this integration will consist of activities of interest to the consumer, in keeping with the consumers' age, health, needs, wishes, and requirements, in keeping with the guardian's wishes, as well as in keeping with the Support Plan and Implementation Plan.

Any staff person who wishes to take a competent consumer to a friend's home, family home, or any other home for a period of two hours or more will ensure that the competent consumer agrees to this visit and staff will ensure that the friend, family member, or any other person who will be in the presence of the competent consumer has completed the local law check and the fingerprint card and submitted the documentation and any fees associated with processing the documentation to the Program Administrator.

Any staff person who wishes to spend time with a competent consumer in the community for a period of two hours or more with a friend, family member, or any other person who will be in the presence of the competent consumer will ensure that the consumer agrees to this and staff will ensure the friend, family member, or any other person who will be in the presence of the competent consumer has completed the local law check and the fingerprint card and submitted the documentation and any fees associated with processing the documentation to the Program Administrator.

No staff person will have an overnight guest in a competent consumer's home or stay overnight with the competent consumer in another person's home or any other location unless the competent consumer has agreed to this and staff will ensure that the guest or person(s) residing in the other person's home has completed the local law check and the fingerprint card and submitted them and any fees associated with processing the documentation to the Program Administrator.

Staff who are responsible for consumers who are incompetent, who have a guardian, and/or who cannot be left alone at home or in the community will ensure that all persons who will be in contact for a period of two hours with the consumer whether in the consumers' home, any other home, or in the community have completed a local law check and the fingerprint card and submitted them and any fees associated with processing the documentation to the Program Administrator and staff must also leave readily accessible written information in the consumers' home as to where they are, time expected to return, and a contact number in case of an emergency. This is to ensure that if a parent or guardian is unable to contact the staff person or the consumer, there is some way for the supervisor to contact the staff person and consumer. In addition, if staff are consistently in the company of non-staff (such as, but not limited to a friend, family member, or any other person) while also in the company of a consumer who is incompetent, who has a guardian, and/or who cannot be left alone at home or in the community, then staff will ensure that written notification of this is made to the consumers' guardian and to the Program Administrator.

As an employee of Life's New Beginnings, Inc., I agree to these guidelines and understand my position of trust with the developmentally disabled individuals with whom I work and with whom I come in contact and I agree to ensure the health, safety, and well-being of the individuals with whom I work and with whom I come in contact.

_____ _____
Signature of Affiant Date

Sworn to and subscribed before me this _____ day of _____, 20_____.

_____ _____
My commission expires NOTARY PUBLIC, STATE OF FLORIDA

My signature, as a Notary Public, verifies the affiant's identification has been validated by

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