



JOB DESCRIPTION

Direct Service Provider (DSP)

4173 MacArthur Blvd., #15
Oakland, CA 94619

510-336-2900
FAX 510-336-2903

Objective A Manos DSP provides relief to parents/guardians of children and/or adults with disabilities by providing care and supervision to the individual with disabilities (client). Common disabilities Manos clients may have are Autism, Cerebral Palsy, Down Syndrome, Seizure Disorder and Developmental Delay.

Description of Service Types **Respite** services are defined as the intermittent or regularly scheduled temporary, non-medical care provided to a client. Respite services are used to assist family members to maintain the client in their home environment.

Day Care/Personal Assistance services are used to help people with disabilities perform tasks and supervise their daily routine that they are unable to do for themselves.

Expectations A Manos DSP is expected to provide appropriate care and supervision to ensure the client's safety in the absence of family members while relieving them from the constant demanding responsibility of caring for the client.

A Manos DSP is expected to attend to the client's basic needs and other activities of daily living including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by the family members.

Tasks A Manos DSP may need to be accommodating and available based on the families' needs. You may be asked to be involved in the client's activities such as exercise routines like walking or playing or possibly studying. You may be asked to remain indoors or spend time outdoors. You may be required to perform minor chores, light meal preparation or similar tasks.

Personal Care A Manos DSP may be required to assist in toileting, turning, bathing, errands, appointments, and other activities of daily living.

Basic Abilities Needed to Perform the Job as a Manos DSP:

- ❖ Must have the ability to set limits, supervise and maintain a safe and positive environment.
- ❖ Must have the ability to engage the child/adult client in a manner appropriate to his or her skill level.
- ❖ Must have the ability to provide services to the child/adult client in a friendly, patient and caring manner.
- ❖ Must have the physical ability to transfer and/or lift a client from a wheelchair to a toilet, to a bed, et cetera, and possibly chase if the client runs toward any dangerous situation.
- ❖ Must have the ability to initiate and receive verbal communications between managers, clients, and parents regarding how to deliver service and resolve issues.
- ❖ Must be able to provide references who can verify successful employment and/or volunteering experience.
- ❖ Must be able to arrive at work on time and as scheduled, and be able to complete your timesheets appropriately, track your hours based on assignments given to you by Manos office staff, and not work more than approved.
- ❖ Must be able to keep Manos informed at all times of current phone numbers, email address, and residential/ mailing address.
- ❖ If hired by Manos, you must recognize Manos as your employer. All communication must be made promptly with Manos regarding questions or concerns involving assignments, absences, sick leave, time off, et cetera.

I acknowledge that I have read and understand the job description:

Applicant Printed Name

Applicant Signature

Date



Respite California Code of Regulations Title 17

Respite Care by Manos Home Care is a vendored service through state regional centers and overseen by the Department of Developmental Services, under CCR Title 17, Sections 56780 – 56802

Service Definition –

In-home respite services means the intermittent or regularly scheduled temporary non-medical care and supervision provided in the client's own home, for a regional center client who resides with a family member. These services are designed to do all of the following:

- Assist family members in maintaining the client at home.
- Provide appropriate care and supervision to ensure the client's safety in the absence of family members.
- Relieve family members from the constantly demanding responsibility of caring for the client.
- Attend to the socialization, and continuation of usual daily routines which would ordinarily be performed by the family members.

1) Each respite worker shall be responsible for the following functions:

- a) Performing the in-home respite services;
- b) Maintaining information as required in Section 56796 (A)(4) and 56798 (2)(B) of these regulations;
- c) Obtaining information concerning any specific care needs unique to the individual consumer at the time when services are delivered.
- d) Obtaining phone numbers and locations where family members can be contacted during the provision of in-home respite services.

2) The respite worker shall possess the following minimum qualifications:

- a) Has received Cardiopulmonary Resuscitation (CPR) and First Aid training from agencies offering such training, including, but not limited to, the American Red Cross;
- b) Education and experience required in the job description; and
- c) The ability to perform the functions required in the service design.

Respite Workers must also:

- Be at least 18 years of age at the time of application
- Be able to clear appropriate background checks
- Be legally able to work in the United States
- Not live in the consumer's place of residence



Employment Application Direct Service Provider (DSP)

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Employer of Record Full Service

I only wish to work for one client, which
I will discuss with a Manos representative

First Name _____ Middle Name _____ Last Name _____ Previous Name(s) Used _____

Residence: Number Street _____ Unit/Apt # _____ City, State, Zip Code _____

(_____) _____ (_____) _____
Cell Phone _____ Home/ Message Phone _____ E-Mail Address _____

How did you hear about Manos? _____

	Yes	No
Have you applied for or worked for Manos before?	<input type="checkbox"/>	<input type="checkbox"/>
Are you at least 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to work legally in the US?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been fired or asked to leave a job?	<input type="checkbox"/>	<input type="checkbox"/>
Did you review the Manos Direct Service Provider (DSP) Job Description?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any reason that you are unable to perform the tasks of the DSP position you are applying for?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please specify reason: _____

Highest Level of Education Completed: High School Some College AA BS/BA other: _____

Name of School _____ City, State _____

What language(s) other than English do you speak? _____

	Yes	No		Yes	No
Do you have a driver's license without restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a current CPR/First Aid card?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a reliable car?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a current CPI card?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have valid and current car insurance?	<input type="checkbox"/>	<input type="checkbox"/>	Are you a registered HCA, CNA or MA?	<input type="checkbox"/>	<input type="checkbox"/>

What skills do you have that are relevant to working with individuals with disabilities?

Emergency Contact: _____

In case of emergency, notify: _____

Relationship to applicant: _____

Phone #: _____ email: _____

Address, City _____

I authorize Manos to investigate all statements contained in this application.

I understand and agree to the following:

- Misrepresentation or omission in responding to these questions may be cause for denial or dismissal
- Neither an invitation nor attendance at orientation or training constitutes an offer of employment
- If I am offered employment with Manos, it will be on an at-will basis, that is, Manos and I each have the right to terminate the employment at any time, with or without cause
- If I am offered employment with Manos, it may be contingent upon my passing a job-related physical examination, being bonded and proving my ability to drive a car safely and legally
- If I am hired, Manos may require that I be photographed and fingerprinted and may investigate my job-related criminal convictions.
- No one is authorized to promise me anything that differs from this agreement

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice. I have also received Manos' wage and benefits policy for this position.

Applicant Printed Name _____

Applicant Signature _____

Date _____



Employment History

- Please list all employment for the last 3 years, starting with the present or most recent
- Explain any periods of unemployment over three months by listing it on a separate row
- If you do not have 3 work reference, use the rows to list personal reference and describe the capacity in which you know them

Month/Year	Company/ Individual Name	Contact Person Name	Telephone &/or email address	Address, City, State & Zip Code	Position/Job Title	Reason for Leaving
Start: ____ / ____ End: ____ / ____						<input type="checkbox"/> Presently Employed <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off
Start: ____ / ____ End: ____ / ____						<input type="checkbox"/> Presently Employed <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off
Start: ____ / ____ End: ____ / ____						<input type="checkbox"/> Presently Employed <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off

Dates	Please explain employment gaps of over three months:
Start: ____ / ____ End: ____ / ____	

Personal References

- Please list personal references. These are people who can attest to your character and your ability to perform this job. It is preferred that you use people you know in a professional manner but should be different from contacts listed in your employment history
- Some examples of people you may list are landlord, people involved with organizations you are involved in, i.e., churches, neighborhood associations, charities, community volunteers, schools, et cetera.
- Family friends and long-time acquaintances may also be considered (please no family members)

Name / Phone Number	Email address if one is available	Title / Organization	Years Acquainted	Describe in What Capacity You Know This Person?
Name / Phone Number	Email address if one is available	Title / Organization	Years Acquainted	Describe in What Capacity You Know This Person?
Name / Phone Number	Email address if one is available	Title / Organization	Years Acquainted	Describe in What Capacity You Know This Person?

Applicant Printed Name

Applicant Signature

Date



Availability Chart

I am NOT interested in additional clients. I am an applicant for Employer of Record Service to a specific client and do NOT wish to be contacted regarding more assignments. (NOTE TO APPLICANT: The Availability Chart is NOT Required)

I am interested in taking on more than one client
 (APPLICANT: Please complete the Schedule Availability Chart & Area Chart Below):

Schedule Availability

In the box below, please write in the hours you are available. You may not have to work every week on the days you list. F

For example, stating that you are available on Fridays from 2:00 pm to 6:00 pm may mean you can only work one or two Fridays a month during that time, which is fine.

Please list the earliest start time you can begin a shift, and the latest time you can end a shift. Cross out days you CANNOT work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Earliest Start Time							
Latest End Time							

Area Availability (Check the cities in which you are willing to work)

Central East Bay Cities	South East Bay Cities	North-West East Bay Cities	Central-Eastern East Bay Cities	North-Eastern East Bay Cities	South-East Central East Bay Cities
Alameda <input type="checkbox"/>	Fremont <input type="checkbox"/>	Kensington <input type="checkbox"/>	Orinda <input type="checkbox"/>	Martinez <input type="checkbox"/>	Dublin <input type="checkbox"/>
Albany <input type="checkbox"/>	Newark <input type="checkbox"/>	El Cerrito <input type="checkbox"/>	Lafayette <input type="checkbox"/>	Pacheco <input type="checkbox"/>	Pleasanton <input type="checkbox"/>
Berkeley <input type="checkbox"/>	Union City <input type="checkbox"/>	Richmond <input type="checkbox"/>	Walnut Creek <input type="checkbox"/>	Concord <input type="checkbox"/>	Livermore <input type="checkbox"/>
Emeryville <input type="checkbox"/>	Hayward <input type="checkbox"/>	San Pablo <input type="checkbox"/>	Alamo <input type="checkbox"/>	Bay Point <input type="checkbox"/>	San Ramon <input type="checkbox"/>
Oakland <input type="checkbox"/>	San Lorenzo <input type="checkbox"/>	El Sobrante <input type="checkbox"/>	Moraga <input type="checkbox"/>	Pittsburg <input type="checkbox"/>	Danville <input type="checkbox"/>
Piedmont <input type="checkbox"/>	Castro Valley <input type="checkbox"/>	Pinole <input type="checkbox"/>	Pleasant Hill <input type="checkbox"/>	Antioch <input type="checkbox"/>	
San Leandro <input type="checkbox"/>		Hercules <input type="checkbox"/>		Brentwood <input type="checkbox"/>	
		Rodeo <input type="checkbox"/>		Discovery Bay <input type="checkbox"/>	
		Tormey <input type="checkbox"/>		Byron <input type="checkbox"/>	
		Selby <input type="checkbox"/>			

Applicant Printed Name

Applicant Signature

Date



LETTER OF AGREEMENT REGARDING EMPLOYMENT

This is an agreement between the signatory and Manos Home Care (MHC). I understand and acknowledge the following:

I authorize MHC to investigate my statements in my application

The Facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. Manos is hereby authorized to make any investigation of my personal history through any investigative agencies or bureaus of your choice.

I waive all claims and rights from damages and liability regarding investigations

I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives, and release them, and their agents, employees, and representatives from all liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against this company as a result of any information, which it obtains in this investigation. A copy of this document is the same as an original.

I understand my employment is at will

I further understand that this application is not intended to be a contract of employment, nor does this application obligate Manos in any way if Manos decides to employ me.

I authorize character and employment checks

In submitting this application for employment, I authorize Manos to complete an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of an such investigative report that is made.

I understand training is not an employment offer

That neither an invitation to nor attendance at an orientation or training constitutes an offer of employment by Manos and that no one is authorized to make any contrary promises.

MHC retains the right to remove me from a case for any reason

That if I am assigned to a case, Manos has the right to remove me from that case at any time, with or without cause and that such removal does not, by itself, constitute termination and that if I am removed from a case, Manos is under no duty to reassign me to another case.

MHC can terminate my employment at any time

That if I am hired, there is no agreement between Manos and me for any definite period of employment and that Manos and I each have the right to terminate my employment at any time, with or without cause.

Changes must be in writing

That this agreement may not be altered, amended, modified or otherwise changed except in writing which has been approved and signed by someone authorized by Manos to do so.

Agree to training and in-services required and/or requested by MHC

That I will take any mandatory training offered by MHC in order to work for the Full Service Division. I understand that I may have to take these sessions after I begin work for MHC and that I must pass in order to maintain my employment. If I do not have a valid CPR/First Aid card, I agree to take certification training. I understand that the first CPR/First Aid training is free. If I fail to pass or appear form training, I agree to pay the cost of each additional course required until I pass to maintain employment with MHC.

Applicant Printed Name

Applicant Signature

Date