

Dear Potential Extended Family Home Provider,

Thank you for your interest into Omni Inventive Care's Extended Family Home (EFH) Program. Omni is a unique EFH provider in that we most often work with clients who sometimes exhibit difficult behavioral and mental health challenges. Enclosed is an intake packet that we would like you to complete in order to begin the process of becoming an EFH Provider with Omni. The process of becoming an EFH Provider includes the following:

- Fill out the Intake Packet/Application completely and accurately.
 - Feel free to mail or bring in the packet back to Omni when you are finished.
 - Label it: Attention EFH Administrative Assistant.
- If Omni feels that you are good fit for our program, we will contact you to set up an interview in order to get to know you better and understand what kind of client may best fit in with your family.
- Once the interview is completed and your background checks come back without issues, you will be notified and you can begin the EFH training process with Omni. Training includes but is not limited to the following:
 - CPR/First Aid
 - Medication Aide Training (Webinar/ Test/ Class)
 - MANDT Training
 - Training Quizzes
 - Residence walk-through/approval

This process often takes some time to complete before you can accept a client into your home. Please be patient with us and we will walk through the process with you!

Thank you again for your interest. Please contact me with any questions!

Extended Family Services
Administrative Assistant
Omni Inventive Care
(402)397-9866 ext. 1009

Walk-In Hours:

Tuesday's 1:00pm-3:00pm

Wednesday's 10:00am-12:00pm

EFH Subcontractor Responsibilities

Summary: The Extended Family Home Provider functions as the primary caregiver for an individual (adult or child) with intellectual/developmental disabilities. The EFH provider welcomes the individual into his/her home with the goal being permanent placement, and is responsible for supervising, supporting, and guiding the individual who is placed in his/her home. The EFH provider runs individualized programming on a daily basis, including Behavior Support Plans and Habilitative Plans, as developed by Omni Inventive Care staff. The EFH provider models acceptable behaviors and how to manage daily household duties. The EFH provider works collaboratively with Omni Inventive Care staff, as well as part of the individual's IPP team, which includes the DD Service Coordinator and guardian. The EFH provider provides reliable and on-time transportation of the individual to all appointments/meetings/work, etc. The EFH provider is organized and completes online documentation on a daily basis.

Required knowledge, skills, and abilities:

- Valid Nebraska Driver's license
- Ability to travel by means of dependable transportation; and to maintain adequate car insurance
- Ability to communicate clearly and effectively with the individual served, as well as team members, including Omni Inventive Care staff, DD service coordinators, guardians, nurses, etc.
- Ability to accept feedback from team members and implement changes in programming and/or the home when recommended
- Ability to record accurate information in Therap as part of daily documentation

Major Responsibilities:

- Establish a familial environment with the individual in the home while maintaining confidentiality
- Run programming daily with the client as written by Omni Inventive Care staff
- Complete online documentation for programs and medications on a daily basis
- Recognize emergency situations and be able to apply Mandt and the individual's safety plan
- Learn and use teaching strategies as appropriate, including modeling, role playing, positive praise, etc.
- Attend and participate in team meetings for the individual
- Assist the individual with financial and medical services as needed
- Attend all mandatory trainings with Omni Inventive Care

EFH Application Checklist

The following items are necessary to complete your EFH application. The application process cannot be completed without all these items. Please wait until you have all documents completed prior to turning in your application. Thanks!

- Application – one per household
- Personal History Questionnaire – one for each adult applicant
- Support Staff Application – one for each potential support staff

The following forms must be completed by each adult in the home over the age of 12 years. Any adult that will have regular contact with clients will also need to complete these forms.

- APS/CPS background check – Online release
 - <https://ecmp.nebraska.gov/DHHS-CR/CheckRequest/BeginOrgCheck/80429758>
- Sex offender registry check form
- Nebraska Department of Motor Vehicles check form
- Independent Contractor Criminal History Release
- E-Verify Background Check
- Copy of Driver's License, Social Security Card, and Vehicle insurance

Any person you wish to help support you by providing transportation, care or anyone you expect to have contact with the client in your home must complete the following:

- Support Person Personal History Questionnaire
- APS/CPS Background check – Online release
 - <https://ecmp.nebraska.gov/DHHS-CR/CheckRequest/BeginOrgCheck/80429758>
- Sex offender registry check form
- Nebraska Department of Motor Vehicles check form
- Independent Contractor Criminal History Release
- E-Verify Background Check
- Copy of Driver's License, Social Security Card, and Vehicle insurance

What to expect as an EFH

1. Weekly home visits

- EFH Specialists will be in your home at least weekly to visit with you and the client to ensure that the placement is a good “fit” and to help the EFH provider with any behavioral difficulties they may be experiencing.

2. Behavior & Habilitation Plans

- You will be asked to run Behavior Programs in order to decrease negative behaviors of the individual in your home. Some of the techniques we may ask you to use may be the opposite of what you would normally do. Please follow-through and work with you EFH Specialist on the plan. Your EFH Specialist has lots of experience with behavior modification and they get a lot of supervision within Omni.
- You will also be asked to work on Habilitation Tasks with the individuals in your home. These plans are designed to teach the individual skills to be more independent. Plans can include things like helping to cook a meal, doing laundry, money management, social skills, etc.

3. Accurate & Timely Data Collection

- You will be expected to collect data on medication administration, behavior and habilitation plans, financial transactions and medical appointments daily. This is completed on a computer based system, so internet is required. Timeliness is essential in providing this documentation.
- Data should reflect verbal reporting that is being provided to the EFH Specialist. For example, if the written data that you are providing reflects that the client is meeting their behavior goals, we would be confused if you verbally report that they are experiencing behavior difficulties.

4. Keep and transport to all appointments

- It is the EFH provider’s responsibility to ensure that client’s appointments are made and may also include family visits.

5. Manage Financial ledger

- Ledger should be maintained on our computer based system and all receipts need to be maintained in the client file. This is done to protect the EFH provider so that there is never a question of where the individual’s money is being spent.

6. Trainings are maintained

- At the onset of your work with Omni as an EFH provider, you will be provided with online quizzes. It is the EFH Program Lead Staff’s responsibility to ensure that all of the training is done by the time specified on the Training Log. The information being trained on is meant to educate you on regulations in order to help you work with the individual in your home.

7. Family Home

- As the name indicates, Extended FAMILY Homes are meant to be a long-term home for the individual you are serving. We expect that the individual in your home is treated as a family member and is afforded all the rights that any other person in your family is.



Omni Inventive Care

APPLICATION FOR EXTENDED FAMILY HOME PROVIDERS

Applicant 1 Name: _____ Gender: _____

Applicant 2 Name: _____ Gender: _____

Address: _____ City: _____

State: _____ Zip: _____

County: _____ Home: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Preferred method of contact (Check all that apply): Home Work Cell Email

How did you hear about our program? (Check all that apply):

Friend Family Flyer/Brochure Facebook Twitter LinkedIn

Other: _____

Children or other household members:

| Name | DOB | Grade/ Occupation | Relationship (parent, bio, adopt, step, etc.) |
|-------|-------|----------------------|--|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Does anyone living in the home smoke? _____

Do you have any pets? _____ yes _____ no Please list: _____

Are they licensed and current on vaccinations? _____ yes _____ no

Do they have a history of causing any type of injury? _____ yes _____ no

If yes, explain: _____

Support System

Are family members supportive of your decision to become an EFH provider?

Which family members can assist and support you? _____

Are they willing to submit to background checks and the EFH training procedures?

_____yes _____no

If no, please explain:

Are there others in the community who can provide support to you?

Would you be comfortable attending a religious ceremony outside of your religion if the client required supervision for the event? _____ yes _____ no

If no, explain:

Comfort Level

How comfortable would you be working with an individual that has the following characteristics or behaviors on a scale of 1-5?

| | |
|------------------------|---|
| Very comfortable | 1 |
| Somewhat comfortable | 2 |
| Neutral | 3 |
| Somewhat uncomfortable | 4 |
| Very uncomfortable | 5 |

| Characteristic | Rate |
|--|------|
| Child (ages 0-12) | |
| Adolescent (ages 13-18) | |
| Adult (ages 19-100) | |
| Male | |
| Female | |
| Physically handicapped or disabled | |
| Poor Vision or Hearing Problems | |
| Special dietary needs (possibly due to medical conditions) | |

| | |
|---|--|
| Has a diagnosis of an intellectual disability | |
| Has a diagnosis of a severe and persistent mental illness | |
| Requires Physical Assistance for: | |
| Bathing | |
| Toileting | |
| Brushing Teeth/Washing face | |
| Utilizing adaptive devices | |
| Eating | |
| Administering medications | |
| Requires Continuous Prompting for: | |
| Personal hygiene | |
| Meal prep | |
| Behaviors | |
| Drinks Alcoholic Beverages | |
| Smokes | |
| Requires 1:1 staffing | |
| Requires awake hours line of sight supervision | |
| Engages in verbal aggression (name calling, cussing, threats) | |
| Engages in physical aggression (kicking staff, hitting staff, spitting on staff) | |
| Engages in property damage (breaks items in household or other property) | |
| Engages in elopement (runs away or purposefully leaves staff line of sight) | |
| Engages in self-harm (head-banging, skin-picking, using objects to poke or cut self) | |
| Has a history of sexually inappropriate behaviors (inappropriate masturbation, explicit language) | |
| Registered sex offender | |

What are your “can’t stands” which would make it difficult to work with an individual client? For example, “I can’t stand when a person drools.”

What type of client would not be appropriate for your home?

How do you plan to assimilate an individual into your family home? _____

Relationship

Are you currently married? _____yes _____no Date of Marriage: _____

Describe how decisions are made within the relationship, particularly in the areas of finance and parenting.

What are the most common conflicts in your relationship and how are they resolved? _____

Describe your partner's personality:

What are your partner's strengths? _____

What are your partner's weaknesses? _____

What would your partner say your strengths are? _____

Your Background

Please describe your strengths, and qualities that help you succeed and get along with others:

Describe your weakness: _____

Describe your personality: _____

Describe your current state of health _____

What was the date of your last physical examination? _____

What was the outcome of the physical? _____

Do you have any medical/mental/physical issue which would limit your ability to provide care for a client?

Have you received mental health care in the past (including but not limited to individual or family therapy, psychiatric or psychological evaluations or appointments, inpatient hospitalizations, etc.) ?

Yes _____ No _____ if yes, please explain _____

How often do you drink alcohol?

Daily _____ Weekly _____ Monthly _____ Other _____

How much do you drink? _____

Have you ever used illegal drugs? _____

Have you ever had problems as a result of your drug/alcohol use? _____

Have you ever received treatment for the use of drugs or alcohol? _____

Are you currently or in the past been arrested, charged, or convicted of a criminal offence; been placed on probation or parole or in any way been subject to the criminal justice system? Please note that this includes instances where you were ticketed but not charged, were fingerprinted for any reason and instances that the crime was expunged from your record. _____ yes _____ no

Please detail any tickets, arrests, convictions, etc. Please include the date and circumstances of the event.

Have you lived outside of the state of Nebraska within the last 5 years? If so, list where and dates _____

Vehicle

Do you have a working, licensed, and insured vehicle? _____ yes _____ no (please include copy of insurance with application)

Do you have a Nebraska driver's license? _____ yes _____ no (please include copy of license with application)

Are you willing to provide transportation for outings, doctor appointments, meetings, etc.? Yes _____ No _____

Do you have any infractions against driver's license within the last 5 years? Yes _____ No _____

If yes, please explain _____

List at least 3 personal references (name, address, phone,):

1) _____

2) _____

3) _____

Personal History Questionnaire

All adult individuals in your household must complete this form completely in order to begin the process of applying to become an EFH home.

Name: _____ Date of birth _____ Age _____

Alias or Maiden Name: _____ Social Security #: _____

Phone #: _____ Email Address: _____

Education

What is the highest level of education you have achieved?

GED _____ High School Diploma _____ Some College _____ Associate's Degree _____

Bachelor's Degree _____ Master's Degree _____

Name of Location of School: _____

Degree Received: _____

Employment

What is your current occupation and place of employment?

Occupation: _____ Employer: _____

Address & Phone #: _____

Length of employment there: _____

Describe work schedules, hours, and flexibility: _____

Do you plan on continuing employment if a client is place in your home _____yes _____ no?

If yes, is your employer aware of your pursuit of being an EFH provider? _____yes _____no

Do you have any experience working with individuals with intellectual disabilities or mental illness?

_____yes _____no

Please explain: _____

All information herein is, to the best of my knowledge, truthful.

Signature

Date

Omni Inventive Care

5115 F St Omaha, NE 68117 402-397-9866

Independent Contractor Criminal History Release

I, _____, authorize Omni Inventive Care to obtain criminal history record information checks from any law enforcement agency, including the Federal Bureau of Investigation. Upon my request, I may review a copy of the results received by Omni.

I understand that if Omni does not contract for my services or terminates my contract to provide services based on the FBI report, I must be notified and allowed the opportunity to challenge the accuracy of the information contained in the FBI identification record.

To obtain a change, correction, or updating of an FBI identification record as set forth in the Code of Federal Regulations:

“28-CFR Sec. 16.34 Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.”

Signed

Date

Nebraska Department of Motor Vehicles Records Check

Please include a quality copy of your driver's license along with this document.

I hereby authorize the Nebraska Department of Motor Vehicles to conduct a records check on me and to provide the results to Omni Inventive Care's Human Resources Coordinator

Printed Name

Nebraska Driver's License #

Signature

Date

SEX OFFENDERS REGISTRY CHECK

*PLEASE PROVIDE A COPY OF YOUR SOCIAL SECURITY CARD

Requested by: Omni Behavioral Health 5115 F Street Omaha, NE 68117-2807

Reason for Request: _____ INITIAL _____ ANNUAL _____ OTHER

REQUEST FOR CHECK ON:

First Name

Middle Initial

Last Name

Current Address (Street, City, State, Zip Code)

Date of Birth (MM-DD-YYYY)

Social Security Number

Other names previously used such as former married names, maiden names, and nick names:

Previous addresses at which you have resided in the past 5 years:

Signature

Date

Support Staff Questionnaire

The Extended Family Home Provider functions as the primary caregiver for an individual (adult or child) with intellectual/developmental disabilities. The EFH provider welcomes the individual into his/her home with the goal being permanent placement, and is responsible for supervising, supporting, and guiding the individual who is placed in his/her home. The EFH support staff is meant to assist the EFH provider in their duties by supervising the individual in the EFH provider's home. These responsibilities include running individualized programming, modeling acceptable behaviors, passing medication, transporting the individual, and reporting any and all incidents to the EFH provider and their respective EFH specialist. The EFH support staff's pay and scheduling will be a private agreement between staff and provider.

Required knowledge, skills, and abilities:

- Valid Nebraska Driver's license
- Ability to travel by means of dependable transportation; and to maintain adequate car insurance
- Ability to record accurate information in Therap as part of daily documentation
- Recognize emergency situations and be able to apply Mandt and the individual's safety plan
- Learn and use teaching strategies as appropriate, including modeling, role playing, positive praise, etc.
- Attend all mandatory trainings with Omni Inventive Care

Training includes but is not limited to the following:

- CPR/First Aide
- Medication Aide Training
- Mandt Training
- Extended Family Home Manual
- Therap Training

The following items are necessary to complete your EFH support staff. The application process cannot be completed without all these items. Please wait until you have all documents completed prior to turning in your application. Thanks!

- Support Person Personal History Questionnaire
- APS/CPS Background check form
- Sex offender registry check form
- Nebraska Department of Motor Vehicles check form
- Independent Contractor Criminal History Release
- Copy of Driver's License, Social Security Card, and Vehicle insurance

Support Staff Questionnaire

Name: _____ Date of birth _____
Alias or Maiden Name: _____ Social Security #: _____
Name of EFH Provider: _____
Telephone Number: _____ Email Address: _____

Education

What is the highest level of education you have achieved?

GED _____ High School Diploma _____ Some College _____ Associate's Degree _____

Bachelor's Degree _____ Master's Degree _____

Name of Location of School: _____

Degree Received _____

Employment

What is your current occupation and place of employment?

Occupation: _____ Employer: _____

Address & Phone #: _____

Length of employment there: _____

Describe work schedules, hours, and flexibility: _____

Do you have any experience working with individuals with intellectual disabilities or mental illness? _____yes _____no

Please explain: _____

List at least 3 personal references (name, address, and phone):

1.) _____

2.) _____

3.) _____

All information herein is, to the best of my knowledge, truthful.

Signature

Date

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Requested by: Omni Behavioral Health 5115 F Street Omaha, NE 68117-2807

Reason for Request: _____ INITIAL _____ ANNUAL _____ OTHER

REQUEST FOR CHECK ON:

First Name

Middle Initial

Last Name

Current Address (Street, City, State, Zip Code)

Date of Birth (MM-DD-YYYY)

Social Security Number

Other names previously used such as former married names, maiden names, and nick names:

Previous addresses at which you have resided in the past 5 years:

Signature

Date