

Aveanna Healthcare has organized this guide to assist clients, client’s family members, and care providers in completion of the electronic enrollment packet.

This guide is designed to help clients, client’s family, and care providers navigate the DocuSign program. This is not a complete guide. Not every step and field are identified. However, it will help the user complete the enrollment packet in DocuSign.

Green Tab Legend

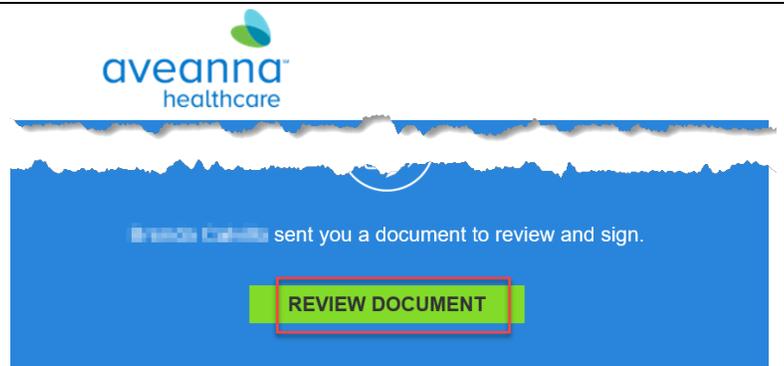
Below is a legend of green navigation tabs the user will encounter in DocuSign and their meanings.

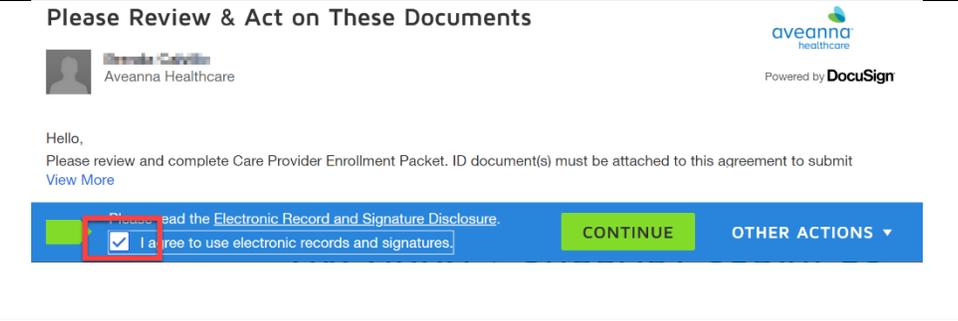
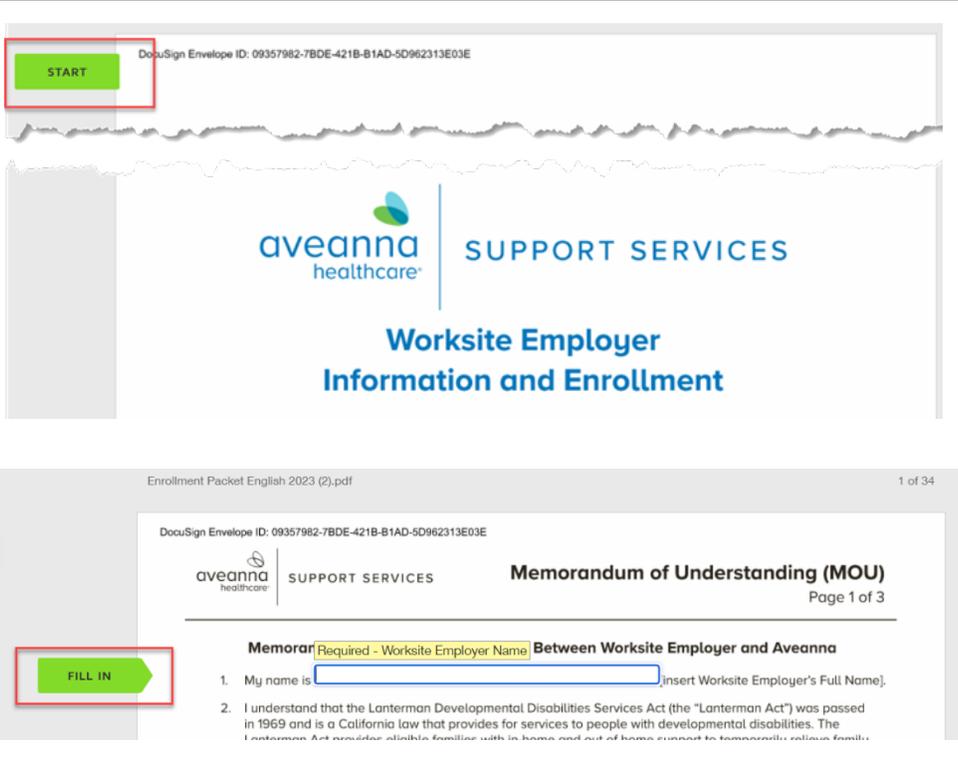
CONTINUE	Proceed to the next step.
START	Begin the electronic form entry.
FILL IN	Type information. For example: Type full name.
ADOPT AND SIGN	Create and apply an electronic signature.
NEXT	Advance to the next step.
FINISH	Complete forms.

Client or Client Guardian DocuSign

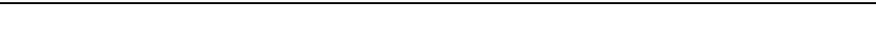
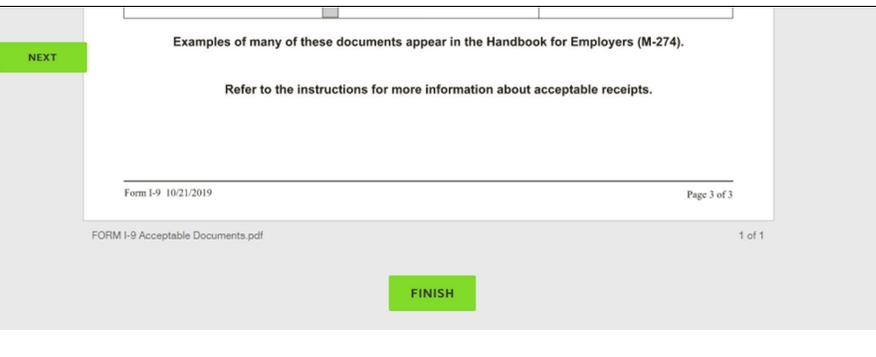
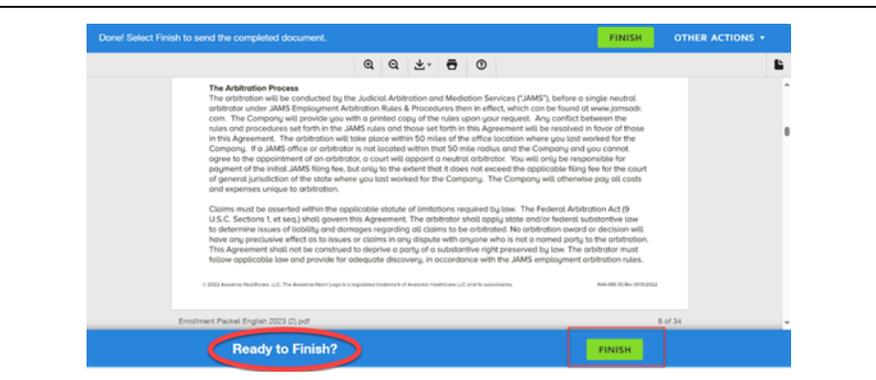
1. Retrieve the **DocuSign** email sent to your personal email.

2. Open the email and click on the green **Review Document** button.



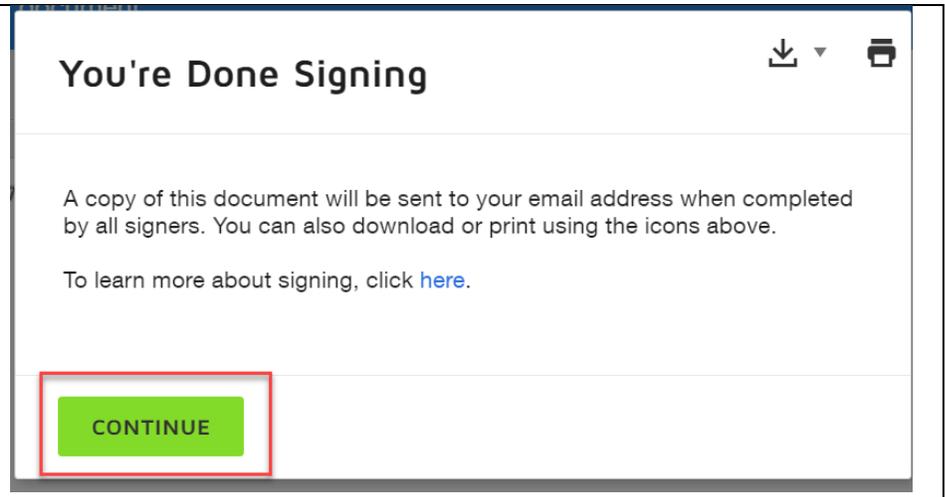
<p>3. Review the Electronic and Signature Disclosure. Click on the checkbox to agree with the electronic records and signatures.</p>	 <p>Please Review & Act on These Documents</p> <p>Sherrida Calvillo Aveanna Healthcare</p> <p>aveanna healthcare Powered by DocuSign</p> <p>Hello, Please review and complete Care Provider Enrollment Packet. ID document(s) must be attached to this agreement to submit View More</p> <p>Please read the Electronic Record and Signature Disclosure. <input checked="" type="checkbox"/> I agree to use electronic records and signatures. <input type="button" value="CONTINUE"/> <input type="button" value="OTHER ACTIONS"/> </p>
<p>4. Click Continue.</p>	 <p>Please Review & Act on These Documents</p> <p>Sherrida Calvillo Aveanna Healthcare</p> <p>aveanna healthcare Powered by DocuSign</p> <p>Hello, Please review and complete Care Provider Enrollment Packet. ID document(s) must be attached to this agreement to submit View More</p> <p>Please read the Electronic Record and Signature Disclosure. <input checked="" type="checkbox"/> I agree to use electronic records and signatures. <input type="button" value="CONTINUE"/> <input type="button" value="OTHER ACTIONS"/> </p>
<p>5. Click on the Start green button.</p> <p>Note: Follow the green tabs on the left-hand side of the electronic document. These tabs will direct where to start and what field comes next.</p>	 <p>DocuSign Envelope ID: 09357982-7BDE-421B-B1AD-5D962313E03E</p> <p>START</p> <p>aveanna healthcare SUPPORT SERVICES</p> <p>Worksite Employer Information and Enrollment</p> <p>Enrollment Packet English 2023 (2).pdf 1 of 34</p> <p>DocuSign Envelope ID: 09357982-7BDE-421B-B1AD-5D962313E03E</p> <p>aveanna healthcare SUPPORT SERVICES Memorandum of Understanding (MOU) Page 1 of 3</p> <p>Memorandum of Understanding (MOU) Required - Worksite Employer Name Between Worksite Employer and Aveanna</p> <p>1. My name is <input type="text"/> (insert Worksite Employer's Full Name).</p> <p>2. I understand that the Lanterman Developmental Disabilities Services Act (the "Lanterman Act") was passed in 1969 and is a California law that provides for services to people with developmental disabilities. The Lanterman Act provides eligible families with in-home and out-of-home support to temporarily reduce family...</p> <p>FILL IN</p>



<p>6. Adopt your signature.</p> <p>Note: Signer will need to manually change the Full Name and Initials. Once entered it cannot be changed.</p>	
<p>7. Fill in the date.</p>	
<p>8. Complete all green tabs.</p>	
<p>Note: The "Finish" button indicates the specific page of the electronic document has been completed. DO NOT click the "Finish" button as it will lock you out of the application. User will continue to the next page.</p>	
<p>Note: Once the Ready to Finish? notice appears, all required fields have been completed.</p> <p>9. Click Finish to complete the documents.</p>	



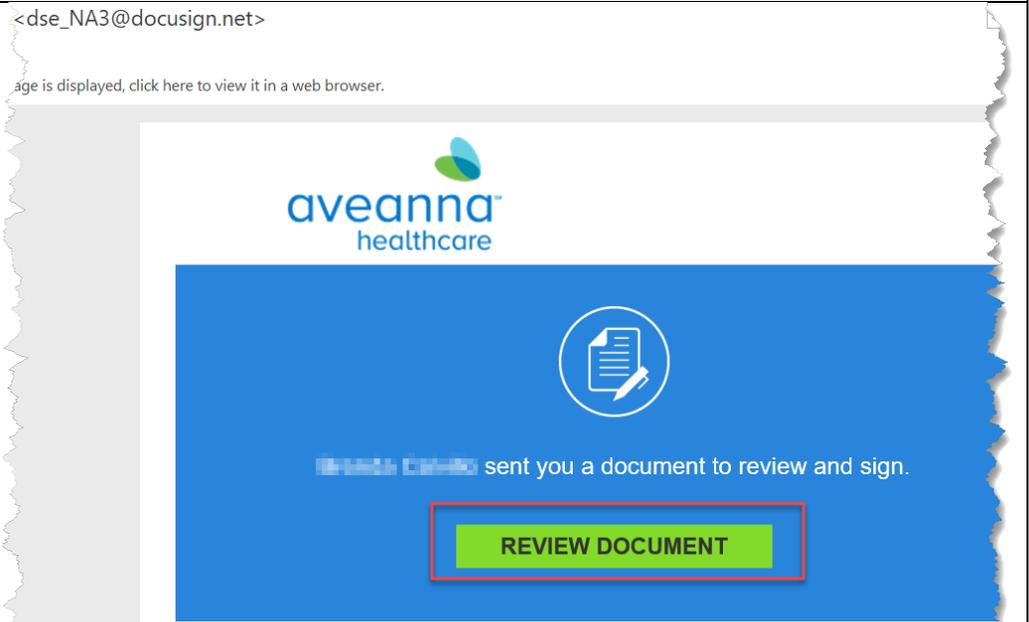
10. Click **Continue** to complete your portion of the electronic document.

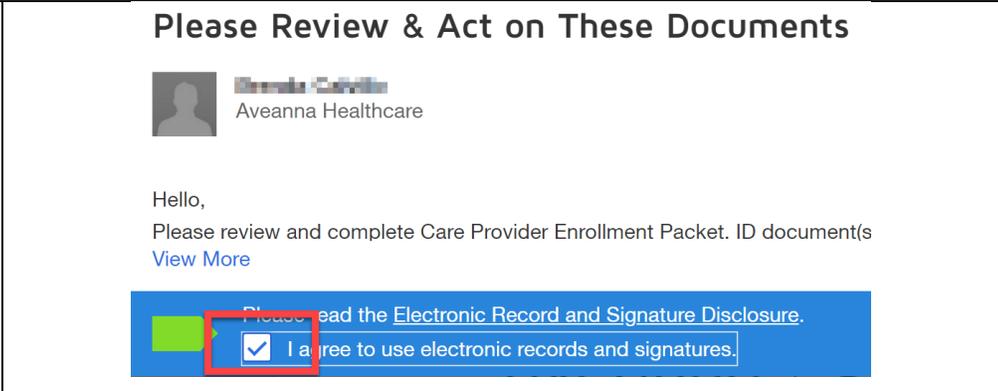
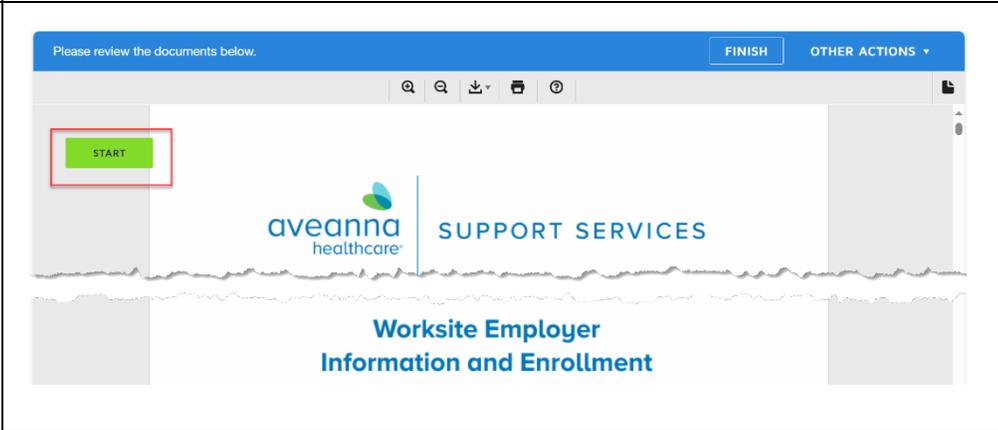
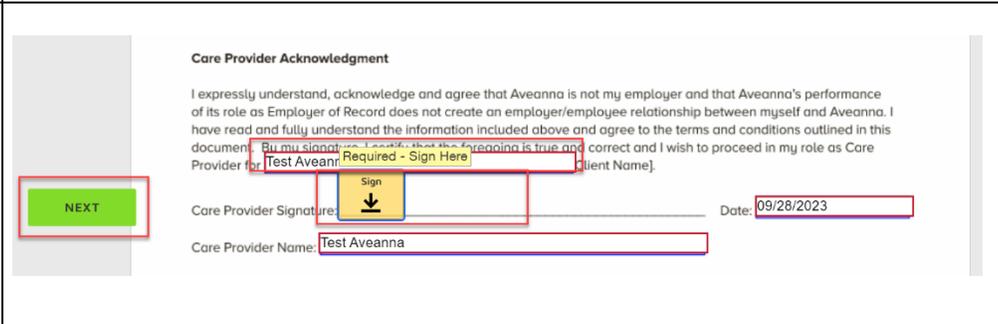


Care Provider DocuSign

1. Retrieve the **DocuSign** email sent to your personal email.

2. Open the email and click on the green **Review Document** button.



<p>3. Review the Electronic and Signature Disclosure. Click on the checkbox to agree with the electronic records and signatures.</p>	
<p>4. Click Continue.</p>	
<p>5. Click on the Start green button.</p> <p>Note: Follow the green tabs on the left-hand side of the electronic document. These tabs will direct where to start and what field comes next.</p>	
<p>6. Click Next and type the Care Provider name then click on the Sign prompt.</p>	



7. Create a **Signature** and **Initials** then click **Adopt and Sign**.

Note: Signer will need to manually change the **Full Name** and **Initials**. Once entered it cannot be changed.

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name* Initials*

SELECT STYLE DRAW UPLOAD

PREVIEW

Change Style

DocuSigned by:  DS 
467F0AF2A591464...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts.

ADOPT AND SIGN CANCEL

8. Complete all the **Fill In** green tabs.

Note: Only the red sections are required.

Care Provider Acknowledgment

I expressly understand, acknowledge and agree that Aveanna is not my employer and that Aveanna's performance of its role as Employer of Record does not create an employer/employee relationship between myself and Aveanna. I have read and fully understand the information included above and agree to the terms and conditions outlined in this document. **By my signature, I certify that the foregoing is true and correct and I wish to proceed in my role as Care Provider for** **Client Name).**

Care Provider Signature:  Date:

Care Provider Name:

9. Complete all fields required. Click **Next** once all the fields are complete.

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aveanna healthcare | SUPPORT SERVICES

Care Provider Information and Enrollment Packet

Required - Client Name Client Information

Client Name:

Parent/Guardian of Client Name:

Phone: Email (required):

Care Provider Information

Name:

Are you related to this Client? Yes No If Yes, Relationship:

Primary Phone/Mobile: Alt Phone:

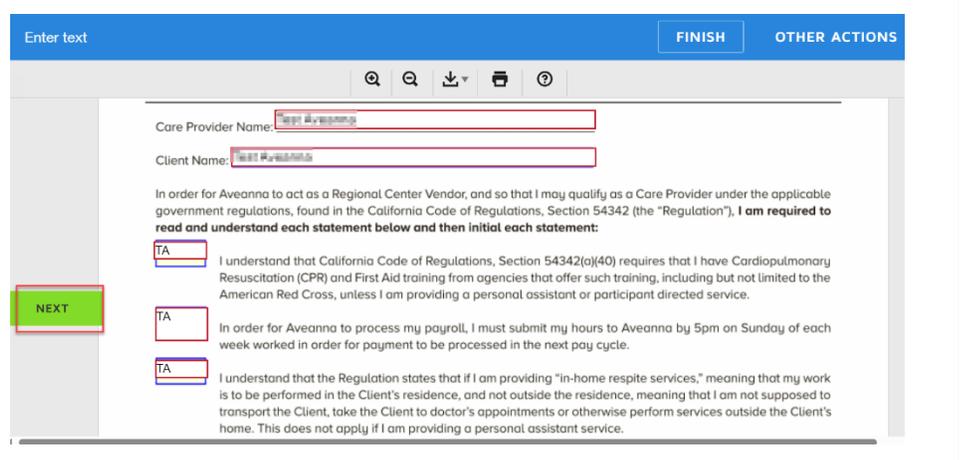
Address:

City: State: Zip:

Email (required):



10. Each initial must be entered manually then click **Next**.



Enter text FINISH OTHER ACTIONS

Care Provider Name:

Client Name:

In order for Aveanna to act as a Regional Center Vendor, and so that I may qualify as a Care Provider under the applicable government regulations, found in the California Code of Regulations, Section 54342 (the "Regulation"), I am required to read and understand each statement below and then initial each statement:

I understand that California Code of Regulations, Section 54342(a)(40) requires that I have Cardiopulmonary Resuscitation (CPR) and First Aid training from agencies that offer such training, including but not limited to the American Red Cross, unless I am providing a personal assistant or participant directed service.

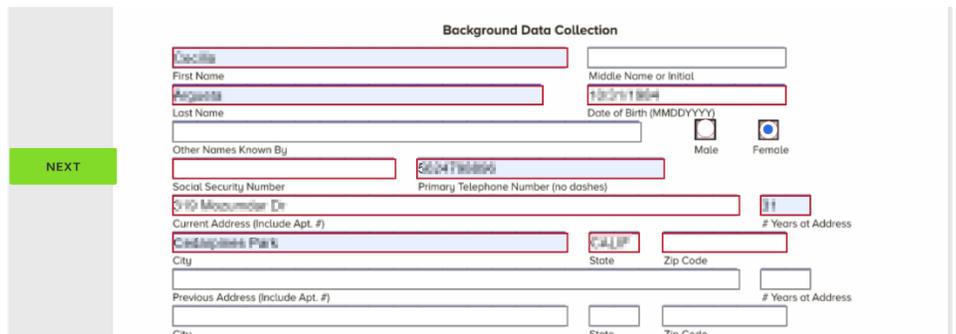
In order for Aveanna to process my payroll, I must submit my hours to Aveanna by 5pm on Sunday of each week worked in order for payment to be processed in the next pay cycle.

I understand that the Regulation states that if I am providing "in-home respite services," meaning that my work is to be performed in the Client's residence, and not outside the residence, meaning that I am not supposed to transport the Client, take the Client to doctor's appointments or otherwise perform services outside the Client's home. This does not apply if I am providing a personal assistant service.

NEXT

Tips:

- Applicants must be careful not to enter dashes in the **Date of Birth** and **Social Security Number** fields.
- Do not enter the “#” sign in the **Primary Phone Telephone Number** and **# Years at Address** fields.
- Only two alphabetical characters are accepted for State entries.



Background Data Collection

First Name: Middle Name or Initial:

Last Name: Date of Birth (MMDDYYYY):

Other Names Known By:

Social Security Number: Primary Telephone Number (no dashes):

Current Address (include Apt. #): # Years at Address:

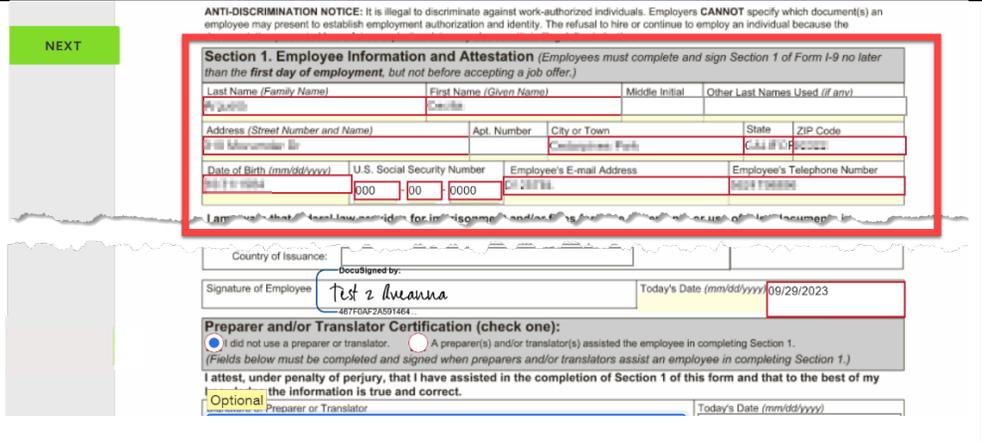
City: State: Zip Code:

Previous Address (include Apt. #): # Years at Address:

NEXT

Note: For this section, the **Middle Initial, Other Last Names Used, and Apt Number** fields are optional.

 **Important: U.S Social Security Number** fields only accept number characters. Be very careful when entering SSN number.



Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name): First Name (Given Name): Middle Initial: Other Last Names Used (if any):

Address (Street Number and Name): Apt. Number: City or Town: State: ZIP Code:

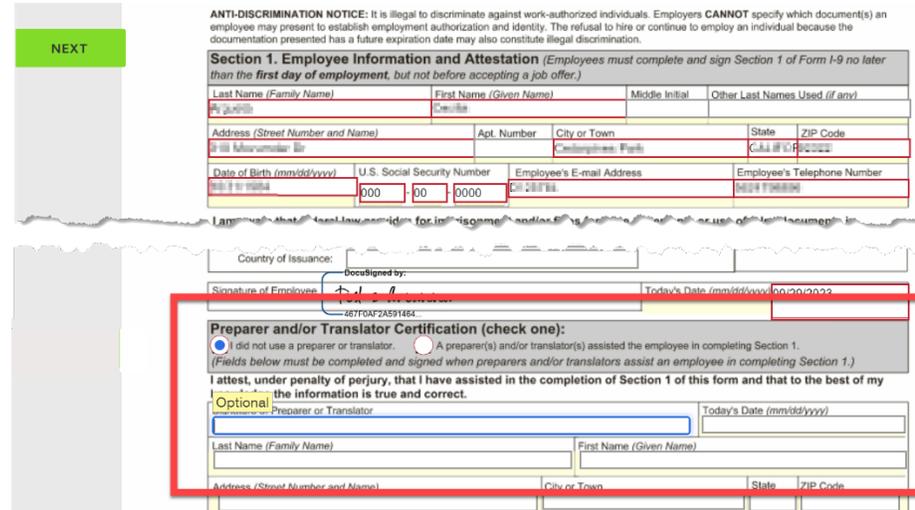
Date of Birth (mm/dd/yyyy): U.S. Social Security Number: Employee's E-mail Address: Employee's Telephone Number:

NEXT



Note: The Preparer and/or Translator Certification section is optional.

Important: If a translator or preparer is used, complete the fields.



Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge, the information is true and correct.

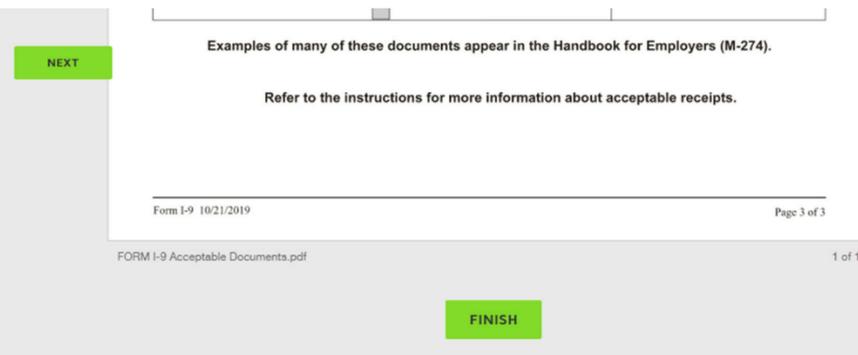
Optional

Preparer or Translator: _____ Today's Date (mm/dd/yyyy): _____

Last Name (Family Name): _____ First Name (Given Name): _____

Address (Street Number and Name): _____ City or Town: _____ State: _____ ZIP Code: _____

Note: The "Finish" button indicates the specific page of the electronic document has been completed. **DO NOT** click the "Finish" button as it will lock you out of the application. User will continue to the next page.



Examples of many of these documents appear in the Handbook for Employers (M-274).

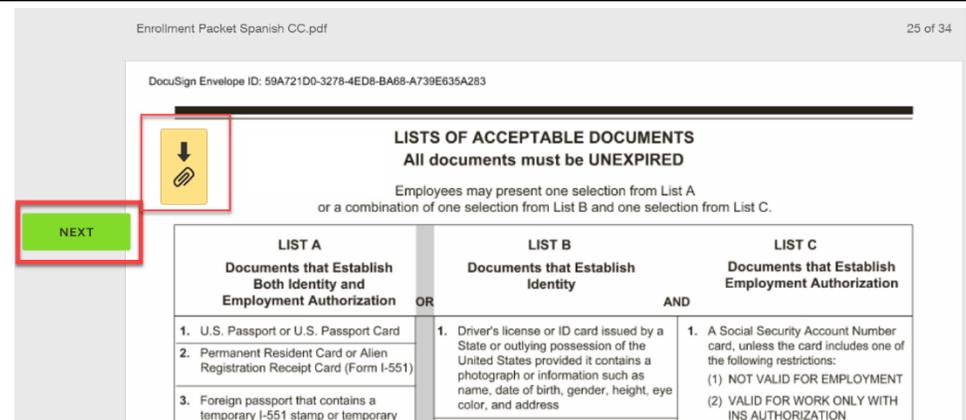
Refer to the instructions for more information about acceptable receipts.

Form I-9 10/21/2019 Page 3 of 3

FORM I-9 Acceptable Documents.pdf 1 of 1

FINISH

11. Click on the paper clip to attach files from the list of acceptable documents then click **Next**.



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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be **UNEXPIRED**

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary 		<ol style="list-style-type: none"> Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 		<ol style="list-style-type: none"> A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION

NEXT



12. Click on the Finish button.

Note: Once the blue **Ready to Finish?** notice is received, all fields have been completed.

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 **LISTS OF ACCEPTABLE DOCUMENTS**
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)				
3. Foreign passport that contains a temporary I-551 stamp or temporary				

Ready to Finish? **FINISH**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-255-8360 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-255-8360 (TTY: 711)。

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