



## **From the Heart**

**Phone: 770-922-0123**

**Fax: 770-922-2092**

**Website: [fromthehearthomes.net](http://fromthehearthomes.net)**

### **Welcome**

From the Heart is community based Personal Care Home that provides supports and services that meet the needs of individuals and their families who are shunned from other programs because of multiple diagnosis or Behaviors. To be happy people need to feel like they have some control of what happens to them, like making choices, sharing places and developing relationships. We offer individuals with special needs the opportunity to live as independently as possible, develop relationships, social skills building and to the live in the community with security and supports.

From the Heart was establish in 2001, we are located in Gwinnett and DeKalb Counties presently, and includes a Day Supports Program and Services that will provide training, supervision and community outing with free transportation for adults with developmental disabilities/dual diagnosis. We will assess each individual's needs and provide a variety of supports, services and activities for individuals from 18 year of age though out adulthood who are ambulatory.

In 2006- 2012, From the Heart was awarded a three (3) year CARF Accreditation for Community Service and Community Housing.

FTH is proud of our facilities, our caring staff and dedicated Administrative team for those we serve. We have worked in the health care field, providing Personal Care Services and Community Assistance to persons with disabilities. For over twenty five years of combined experience working with individuals with Mental Retardation/Developmental Disabilities with various dual diagnoses, we are Licensed, Certified and Accredited. Our staff are specifically trained and educated to meet the individualized needs of each individual. Our staff undergoes and extensive background check, security screened, and must be CPR & First Aid Certified.



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## About Us

From the Heart services are designed for non-conformed structures to; implement, encourage, build on existing social networks and natural sources of support that result in increased independence, contribution and inclusion in community life. You have the option to incorporate your values in your own experiences and dreams about the things you would like to do. In designing your person-centered services, our services are intended to encourage and empower the individual to fulfill their hopes and dreams.

FTH assist you while keeping in mind each individual's capacity, capabilities, and appropriate safeguards. From the Heart ensures each individual's community inclusion, equal access, freedom of choice and self-determination. This is all accomplished in an appropriate least restrictive and least intrusive environment. From the Heart is committed in supporting each individual with kindness, consideration, dignity and respect for their rights.

Our individuals and their families can live a secure life knowing that we'll be there when you need us. We provide quality care for each individual. The ratio is one staff member for every three individuals. Individuals receive medical management supervision of self-administered medications, along with diets as prescribed by their doctor.

FTH services include assistance/training in activities of Daily Living Skills such as; bathing, dressing, grooming, personal hygiene, feeding, toileting, transferring, and other similar tasks. These services also include assistance/training in Household Care Skills such as; meal preparation, clothes laundering, bed making, house cleaning, simple home repair, yard care, and other similar tasks.

FTH services consist of medically related services, such as basic first aid, arranging and transporting individuals to medical appointments, assisting with therapeutic exercises, and supervising self-administration of medication. These services also consist of implementing behavioral support plans designed for individual to reduce inappropriate maladaptive behaviors and to acquire alternative adaptive skills and behaviors. FTH Services include transportation for individual's that participate in personal shopping, recreation and other community activities.

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

Date \_\_\_\_\_

Name (Last Name First) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

What kind of work are you applying for? \_\_\_\_\_

What special qualifications do you have? \_\_\_\_\_

What office machines can you operate? \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes \_\_\_\_\_ No \_\_\_\_\_

## SPECIAL PURPOSE QUESTIONS

**DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.**

- Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches     Weight \_\_\_\_\_ Lbs.     Are you a U.S. citizen Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you been convicted of a felony or misdemeanor within the last 5 years?\* Yes \_\_\_\_\_ No \_\_\_\_\_ Describe \_\_\_\_\_
- I understand and agree that I may be required to take one or more:  physical examination;  lie detector test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).  
Yes \_\_\_\_\_ No \_\_\_\_\_
- I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. Yes \_\_\_\_\_ No \_\_\_\_\_
- You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

## MILITARY SERVICE RECORD

Branch of Service \_\_\_\_\_ Discharge Date \_\_\_\_\_ Rank \_\_\_\_\_

Present membership in National Guard or Reserves \_\_\_\_\_ Date obligation ends \_\_\_\_\_

## EDUCATION

SCHOOL	*NO. OF YEARS ATTENDED	NAME OF SCHOOL	CITY	COURSE	*DID YOU GRADUATE?
GRAMMAR					
HIGH					
COLLEGE					
OTHER					

## EXPERIENCE

NAME AND ADDRESS OF COMPANY	DATE		LIST YOUR DUTIES	STARTING SALARY	FINAL SALARY	REASON FOR LEAVING
	FROM	TO				

## BUSINESS REFERENCES

NAME	ADDRESS	OCCUPATION

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.

# FROM THE HEART

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## JOB DESCRIPTION

### Direct Care Staff

**SUMMARY:** Provides active treatment training and support services to individuals with disabilities served by From the Heart Agency in a residential setting. Active treatment training and support services are provided in compliance with the Individual Service Plan, and through duties assigned to assure the delivery of necessary support services. At all times comply with licensing and/or contract treatment requirements.

### **ESSENTIAL DUTIES AND RESPONSIBILITIES:**

Assistance for each individual can range from occasional verbal reminders to total assistance by the staff according to the functioning level of the individual.

1. Provide services and supports as identified in each assigned person's Individual Service Plan.
2. Interact with all individuals and all staff at all times with appropriate voice tone, level, and pitch, language used and gestures and physical movements in compliance with individual rights. At all times respecting the rights of individuals and staff.
3. Provide formal and informal training and assistance in activities of daily living: dressing, bathing, eating, cooking, cleaning, etc.
4. Provide formal and informal training and assistance with social interaction skills: talking, writing, leisure activities, treatment toward self and others, etc.
5. Provide training and assistance with self-administration, and administer all ordered medications according to state of Georgia approved guidelines, and provide support as identified in the Individual Service Plan.
6. Provide transportation for individuals to and from community outings/ activities and scheduled appointments as required. Using FTH transportation.
7. Attend work as scheduled which includes mandatory training sessions/ staff meetings.
8. Work shift and weekend as scheduled.
9. Comply with all duties, policies, procedures, and protocol and other written or verbal directives.
10. Provide supervision and support to individuals in community settings.
11. Complete all skill training, progress notes, medication administration records and other work related documents.
12. Complete all time sheets; leave slips, accident/incident reports, etc. timely.
13. Ensure a healthy, clean and safe living environment
14. Observe for signs of illness or changes in health and report to supervisor and/or nurse.

# From the Heart

4680 Duval Point Way, Snellville GA 30039

(770) 922-2092

## PRE-EMPLOYMENT DIRECTOR CARE TEST

**1. Working with Individuals with Mental Disabilities, you being their Director Care staff what are some of the job duties and responsibilities that you may have.**

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**2. When you have and individual that touches inappropriate due to not understand space boundaries, what would you do to redirect and prompt to help the situation.**

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**3. When working with an individual that is blind and non-verbal. What are the ways of communication would you use and why?**

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**4. Your working with an individual that is physical abuses to themselves and also others. What if the individual hits you and grabs your hair, would you do what?**

- a. hit them back
- b. push them away to try and get them off of you
- c. call another staff to help you
- d. Claim the individual down and at the same time as using your CPI training.

**5. Management has brought groceries to the home for you to put away. Do you**

- a. put away the food and that's it
- b. you place date tags on all the food
- c. you put the food away and place a date on the items when you open it.

**6. IF the kitchen curtains caught on fire what would you do**

- a. Use the fire extinguisher
- b. Call 911
- c. Make sure all individuals are safe
- d. All the above

7. What are the steps of disposing a soiled waste?

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8. What are your 8 R's in Supervising Medication?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

9. What is the definition of light housekeeping?

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## INTERVIEW SURVEY

Below are a series of questions, which are frequently posed in an interview process. We are interested in learning your views on each of the questions. Your answers will be kept in strict confidence. The answers alone will not be deciding factor in securing employment with our organization, but they will help us in making the final decision.

**INSTRUCTIONS: Please be brief and to the point in the answering the questions.  
Please write clear and net.**

Why are you interested in this position?

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Can you tell me about a time when you were under significant pressure and how you handled that?

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Do you thrive under pressure?

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How do you cope with the numerous conflicting demands on your time?  
What causes you stress at work and why?

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Tell me about your current or previous supervisor, if you could change one trait about them to improve the, what would it be and why.

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Are you a team player? Give 1 example.

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What was the outcome of your most recent performance evaluation?

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What are the most satisfying or frustrating aspects of helping adults with intellectual disabilities?

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# From the Heart Enterprises, Inc

## Previous Employment Form

Fill out top portion only

Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Year of Employment: \_\_\_\_\_

Supervisor / Manager: \_\_\_\_ \_\_\_\_\_

.....  
Company's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Person(s) name answering questions: \_\_\_\_\_

Position / Department: \_\_\_\_\_

1. Is the previous employee rehireable? \_\_\_\_\_ Yes \_\_\_\_\_ No. If no please explain. \_\_\_\_\_
2. Did the pervious employee work well with the others: \_\_\_\_ Yes \_\_\_\_ No. If no please explain. \_\_\_\_\_
3. Did the pervious employee Resign or Terminated? \_\_\_\_\_ Resign \_\_\_\_\_ Terminated. If Terminated please explain why \_\_\_\_\_  
\_\_\_\_\_
4. If there is any other information that you would like to add about the pervious employee \_\_\_\_\_  
\_\_\_\_\_

**FROM THE HEART**  
**Reference Sheet**

First Name: \_\_\_\_\_ MI \_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City: \_\_\_\_\_

Phone Number: (    )-\_\_\_\_\_-\_\_\_\_-    Cell Number: (    ) \_\_\_\_\_-\_\_\_\_\_

**Previous Employer Reference**

**-Company Name:** \_\_\_\_\_

Company Address: \_\_\_\_\_

Manager/Supervisor Name: \_\_\_\_\_

Phone Number: (    )-\_\_\_\_\_-\_\_\_\_-    Ext: \_\_\_\_\_

Job Title \_\_\_\_\_ years: \_\_\_\_\_

**-Company Name:** \_\_\_\_\_

Company Address: \_\_\_\_\_

Manager/Supervisor Name: \_\_\_\_\_

Phone Number: (    )-\_\_\_\_\_-\_\_\_\_-    Ext: \_\_\_\_\_

Job Title \_\_\_\_\_ years: \_\_\_\_\_

**-Company Name:** \_\_\_\_\_

Company Address: \_\_\_\_\_

Manager/Supervisor Name: \_\_\_\_\_

Phone Number: (    )-\_\_\_\_\_-\_\_\_\_-    Ext: \_\_\_\_\_

Job Title \_\_\_\_\_ years: \_\_\_\_\_

# From the Heat Enterprises, Inc.

## Dress Code

### Policy:

It is the policy of the From the Heart Enterprise, Inc. that each employee's dress, grooming, and personal hygiene should be appropriate for the work environment.

### Comment:

- a) Employees are expected at all times to present a casual professional image wearing Blue Jeans And Black Tops. Radical departures from conventional dress or personal grooming and hygiene standards are not permitted.
- b) Employees are expected to dress in a manner that is normally acceptable in similar business establishments.
- c) Employees are **Not** allowed to wear suggestive attire, cut off or jeans with holes in them, athletic clothing (sweat pants or jogging short), shorts above the knee, open toe sandals and/or slippers, white T-shirts, novelty buttons, baseball cap, Skull cap, and scarf's warp around the hair.
- d) Hair should be clean, combed, and neatly trimmed or arranged. Shaggy, unkempt hair is not permissible regardless of length.
- e) Sideburns, moustaches, and beards should be neatly trimmed.
- f) Tattoos and body piercing (other than earrings) should not be visible.

# From the Heart

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## PRE-EMPLOYMENT MEDICAL EXAMINATION

All From the Heart potential personnel shall be required to have a pre-employment medical examination and PPD by a licensed, qualified physician

This examination must be completed and a written statement from the physician  
Before the first day of work.

Please ask your physician to complete the bottom half of this form and send it to the  
From the Heart 4680 Duval Point Way, Snellville GA 30039. It can also be faxed to attention FTH:  
(770) 922-2092

### TO THE PHYSICIAN:

The physical should include any information you feel is necessary for you to certify that the  
employee is medically free of any communicable disease and physical fit to perform his/her job  
description working with adults with special needs

**Examining Physician's Name:** \_\_\_\_\_  
(Please print)

**New Employee's Name:** \_\_\_\_\_  
(Please print)

**Position Title:** \_\_\_\_\_

I have examined the above-named individual who is found to be medically capable of performing  
the duties of the position named above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

Reviewed and Approved by: Barbara Randall, Ex. Director