YES YOU CAN
HOME HELP AGENCY, LLC

Your Well-Being is our Top Priority!

DATE:

Congratulations 🎉,

On behalf of everyone at Yes You Can Home Help Agency, LLC, we are excited to welcome you to our team! We are pleased to offer you the position of Caregiver with our agency. Your skills and compassion make you a perfect fit for the work we do, and we are confident you will make a meaningful difference in the lives of our clients.

Your official start date will be . On your first day, you will meet with our onboarding coordinator for orientation, where you will receive your caregiver handbook, agency policies, and client assignments.

As a caregiver at Yes You Can Home Help Agency, you will be responsible for providing direct care and support to our clients, including assistance with activities of daily living, companionship, and ensuring their overall well-being and safety.

We are committed to creating a supportive environment and providing the tools you need to succeed in this role. If you have any questions prior to your start date, feel free to contact us at info@yesyoucan2.com or 313-922-2278.

We look forward to having you on board and to the positive impact you will have within our agency and community. Welcome to the Yes You Can family!

Warm Regards,

Pandora Brown
Founder | Program Administrator

Michigan Department of Treasury
3281(Rev. 9-12)

State of Michigan New Hire Reporting Form

Federal law requires public (State and local) and private employers to report all newly hired or rehired employees who are working in Michigan to the State of Michigan.[1] This form is recommended for use by all employers who do not report electronically.

Michigan New Hire Operations Center
P.O. Box 85010
Lansing, MI 48908-5010
Phone: (800) 524-9846
Fax: (877) 318-1659

- A newly hired employee is an individual not previously employed by you, and a rehired employee is an individual who was previously employed by you but separated from employment for at least 60 consecutive days.
- Reports must be submitted within 20 days of hire date (i.e., the date services are first performed for pay).
- This form may be photocopied as necessary. Many employers preprint employer information on the form and have the employee complete the necessary information during the hiring process.
- When reporting new hires with special exemptions, please use the MI-W4 form.
- Online and other electronic reporting options are available at: www.mi-newhire.com.
- Employers who report electronically and have employees working in two or more states may register as a multi-state employer and designate a single state to which new hire reports will be transmitted. Information regarding multi-state registration is available online at: http://www.acf.hhs.gov/programs/cse/newhire/employer/private/newhire.htm#multi or call (410) 277-9470.
- Reports will not be processed if mandatory information is missing. Such reports willl be rejected and you must correct and resubmit them.
- For optimum accuracy, please print neatly in all capital letters and avoid contact with the edge of the box. See sample below.

A	B	C	1	2	3

EMPLOYEE Information *(Mandatory)*

Social Security Number:

First Name:

Middle Initial:

Last Name:

Address:

City:

State:

Zip Code:

Hire Date:

OPTIONAL

Date of Birth:

Driver's License No:

EMPLOYER Information *(Mandatory)*

Federal Employer Identification Number (FEIN):

Employer Name:

Address:

City:

State:

Zip Code:

OPTIONAL

Contact Name:

Contact Phone:

Contact Fax:

Contact Email:

[1] Ref: Social Security Act section 453A and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104-193), effective October 1, 1997.

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)

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

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

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

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 **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with “RE” notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Supplement A,
Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

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.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

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.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

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.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

MI-W4

(Rev. 12-20)

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE
STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. ***Read instructions on page 2 before completing this form.***

Issued under P.A. 281 of 1967.

▶ 1. Full Social Security Number	▶ 2. Date of Birth
▶ 3. Name (First, Middle Initial, Last)	4. Driver's License Number or State ID
Home Address (No., Street, P.O. Box or Rural Route)	▶ 5. Are you a new employee? ☐ Yes If Yes, enter date of hire..... (mm/dd/yyyy) ☐ No
City or Town / State / ZIP Code	

6. Enter the number of personal and dependent exemptions (see instructions) ..... ▶ 6.

7. Additional amount you want deducted from each pay (if employer agrees) .....7. $ .00

8. I claim exemption from withholding because (see instructions):

a. ☐ A Michigan income tax liability is not expected this year.

b. ☐ Wages are exempt from withholding. Explain: _____

c. ☐ Permanent home (domicile) is located in the following Renaissance Zone: _____

EMPLOYEE: If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records. See additional instructions on page 2.

Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number I am allowed to claim. If claiming exemption from withholding, I certify that I do not anticipate a Michigan income tax liability this year.

9. Employee's Signature	▶ Date

EMPLOYER: Complete the below section.

10. Employer's Name	▶ 11. Federal Employer Identification Number		
Address (No., Street, P.O. Box or Rural Route)	City or Town	State	ZIP Code
Name of Contact Person	Contact Phone Number		

INSTRUCTIONS TO EMPLOYER: Keep a copy of this certificate with your records. All new hires must be reported to the State of Michigan. See **www.mi-newhire.com** for information.

In addition, a copy of this form must be sent to the Michigan Department of Treasury if the employee claims 10 or more exemptions or claims they are exempt from withholding. Send a copy to:

Michigan Department of Treasury
Tax Technical Section
P.O. Box 30477
Lansing, MI 48909

INSTRUCTIONS TO *EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE* (Form MI-W4)

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal or dependency exemptions or claimed that you are exempt from withholding.

You MUST provide a new MI-W4 to your employer within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent no longer qualifies under the Internal Revenue Code.

Line 5: If you check "Yes," enter your date of hire.

Line 6: Personal and dependency exemptions. The number of exemptions claimed here may not exceed the number of exemptions you are entitled to claim on a *Michigan Individual Income Tax Return* (Form MI-1040). Dependents include qualifying children and qualifying relatives under the Internal Revenue Code, even if your AGI exceeds the limits to claim federal tax credits for them.

Do not claim the same exemptions more than once or tax will be under-withheld. Specifically, **do not claim:**

- Your personal exemption if someone else will claim you as their dependent.
- Your personal exemption with more than one employer at a time.
- Your spouse's personal exemption if they claim it with their employer.
- Your dependency exemptions if someone else (for example, your spouse) is claiming them with their employer.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8a: You may claim exemption from Michigan income tax withholding if all of the following conditions are met:

i) Your employment is intermittent, temporary, or less than full time;

ii) Your personal and dependency exemptions exceed your annual taxable compensation;

iii) You claimed exemption from federal withholding; and

iv) You did not incur a Michigan income tax liability for the previous year.

Line 8b: Reasons wages might be exempt from withholding include:

- You are a nonresident spouse of military personnel stationed in Michigan.
- You are a resident of one of the following reciprocal states while working in Michigan: Illinois, Indiana, Kentucky, Minnesota, Ohio, or Wisconsin.
- You are an enrolled member of a federally-recognized tribe that does not have a tax agreement with the state of Michigan, you reside within that tribe's Indian Country (as defined in 18 USC 1151), and compensation from this job will be earned within that Indian Country.

Line 8c: For questions about Renaissance Zones, contact your local assessor's office.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2025

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $ _____

Multiply the number of other dependents by $500 . . . . . $ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** $

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3**

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** $

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** $

2 Enter:
- $30,000 if you're married filing jointly or a qualifying surviving spouse
- $22,500 if you're head of household
- $15,000 if you're single or married filing separately

. . . . . **2** $

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** $

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . **4** $

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$700	$850	$910	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$200	$850	$1,020	$1,020	$1,020	$1,370	$1,870	$1,870	$1,870	$1,870	$1,870	$2,040
$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$450	$850	$1,000	$1,020	$1,020	$1,020	$1,020	$1,870	$1,870	$1,870	$1,890
$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

YES YOU CAN
HOME HELP AGENCY, LLC

Your Well-Being is our Top Priority!

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding the Consumer Reporting Agency (CRA) in completing a background check on you.

_____ _____ _____ _____
First Name Middle Name (required) Last Name Suffix

Email Address: _____

For Identification Purposes Only: Date of Birth ____/____/_____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License_____

Enter Nickname(s) Used_____

Enter Any Other Names Used (including maiden names):

First Name _____Middle Name _____Last Name_____

First Name _____Middle Name _____Last Name_____

First Name _____Middle Name _____Last Name_____

Addresses Within The Past Seven Years (*use a separate sheet as needed*)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

Prior City/State/ZIP _____

From _____/_____/_____ (Month/Day/Year) To _____/_____/_____ (Month/Day/Year)

Phone: 313.922.2278 | Fax: 855-287-5729 | info@YesYouCan2.com | www.YesYouCan2.com
26677 W. 12 Mile Rd., Southfield, MI 48034

YES YOU CAN
HOME HELP AGENCY, LLC

Emergency Contact Form

Employee Name	_____	**Address**	_____
Phone Number	_____		_____

Special Instructions:

In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

_____

_____

_____

Emergency Contacts:

Primary Contact in case of emergency:

Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alternate Phone Number	_____

Secondary Contact in case of emergency:

Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alternate Phone Number	_____

YES YOU CAN
HOME HELP AGENCY, LLC

Physician Contact

Doctor's Name _____ Address _____

Phone Number _____ _____

Employee Authorization

I have voluntarily provided the above contact information and authorize Yes You Can Home Help Agency, LLC and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

_____ _____

Employee signature *Date*

YES YOU CAN
HOME HELP AGENCY, LLC

Supplemental Employment Acknowledgment

To ensure compliance with agency policies and avoid conflicts of interest, caregivers must disclose any additional employment. Please complete the section below:

- Do you have another job? **Yes / No**
- If yes, please list your employer(s) and work schedule:

By signing below, I certify that the above information is accurate and agree to notify Yes You Can Home Help Agency, LLC of any changes.

Employee Signature

Employee signature	*Date*
Printed Name	*Employer Representative*

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace").To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings on your premium that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit, that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1,2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

---

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)
5. Employer address		6. Employer phone number
7. City	8. State	9. ZIP code
10. Who can we contact at this job?		
11. Phone number (if different from above)	12. Email address	

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

PAYROLL SCHEDULE

December 2024 – December 2025

Pay Period Beginning-Ending	Pay Date
December 1 - December 31, 2024	January 15, 2025
January 1-January 31, 2025	February 14, 2025
February 1 – February 28, 2025	March 14, 2025
March 1 – March 31, 2025	April 15, 2025
April 1 – April 30, 2025	May 15, 2025
May 1 – May 31, 2025	June 13, 2025
June 1, - June 30, 2025	July 15, 2025
July 1 - July 31, 2025	August 15, 2025
August 1 – August 31, 2025	September 15, 2025
September 1 – September 30, 2025	October 15, 2025
October 1 – October 31, 2025	November 14, 2025
November 1 – November 30, 2025	December 15, 2025
December 1 – December 31, 2025	January 15, 2026

Employee Direct Deposit Banking Authorization Form
RUN Powered by ADP®

This form can be filled out online and printed.*
Please complete all fields.

Company Information

Company Name: _____ Date: _____

Employee Information Authorization

Important! Please read and sign before completing and submitting.

I hereby voluntarily authorize the Company named above (hereafter "Employer"), either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account (s) at the financial institution (s) of my choice (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. To the extent permitted by law, in the event that Employer or its payroll service provider deposits funds erroneously into my account (s), I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

To the extent permitted by law, I understand that I have the right to refuse consent or revoke authorization of direct deposit at any time without fear of retaliation, and I have the right to receive any payment owed to me by other means. This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and manner as to afford Employer and Bank reasonable opportunity to act on it.

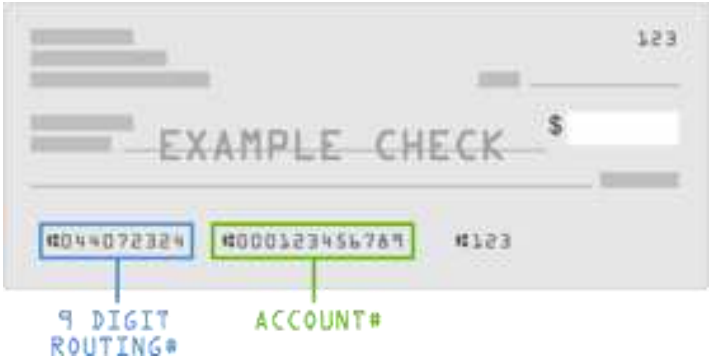
Legal Name: _____
(Last Name, First Name, Middle Initial)

Signature:_____ Date: _____

Deposit/Account Information

For a checking account, attach a voided check, not a deposit slip. If you don't have a check, ask your bank to give you the Routing Number (the nine-digit American Bankers Association (ABA) number that identifies both the Company's bank and the Federal Reserve Bank) for your account.

Note: If you have a paycard, set it up as a checking account, not a savings account. Contact the paycard issuer for the account number/routing number information.



Copyright © 2018 ADP, LLC. All Rights Reserved. ADP Proprietary and Confidential. The ADP logo, RUN Powered by ADP, Employee Access and ADP A more human resource are registered trademarks of ADP, LLC and/or its affiliates.

Employee Direct Deposit Banking Authorization Form
RUN Powered by ADP®

1. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:
☐ Checking ☐ Savings

Amount to deposit in selected account:
$ _____ or ☐ Full Net Amount

2. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:
☐ Checking ☐ Savings

Amount to deposit in selected account:
$ _____ or ☐ Full Net Amount

3. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:
☐ Checking ☐ Savings

Amount to deposit in selected account:
$ _____ or ☐ Full Net Amount

4. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:
☐ Checking ☐ Savings

Amount to deposit in selected account:
$ _____ or ☐ Full Net Amount

Take advantage of Employee Access® in RUN Powered by ADP® to let your employees manage their own direct deposits.

***Attention Payroll Contact**: Employers must keep each original Employee Direct Deposit Banking Authorization form on file as long as the employee is using direct deposit, and for two years thereafter. Employers may be subject to certain federal and state direct deposit notice, authorization and record retention requirements. Please review your applicable federal, state and local laws. This form is provided for convenience only and is not meant and should not be construed as legal, HR, financial, insurance, tax or accounting advice. You should consult with your own legal counsel, human resource, accounting or other professional advisor for circumstances pertaining to your business.

Copyright © 2018 ADP, LLC. All Rights Reserved. ADP Proprietary and Confidential. The ADP logo, RUN Powered by ADP, Employee Access and ADP A more human resource are registered trademarks of ADP, LLC and/or its affiliates.

Yes You Can Home Help Agency LLC

February 10, 2025

YES YOU CAN
HOME HELP AGENCY, LLC

Table Of Contents

NO.	POLICY TITLE	EFFECTIVE DATE
1. INTRODUCTION		
1.1	Handbook Disclaimer	01-01-2025
1.2	Welcome Message	01-01-2025
1.3	Changes in Policy	01-01-2025
2. GENERAL EMPLOYMENT		
2.1	At-Will Employment	01-01-2025
2.2	Immigration Law Compliance	01-01-2025
2.3	Equal Employment Opportunity	01-01-2025
2.4	Equal Employment Opportunity (Michigan Employees)	01-01-2025
2.5	Employee Grievances	01-01-2025
2.6	Internal Communication	01-01-2025
2.7	Outside Employment	01-01-2025
2.8	Anti-Retaliation and Whistleblower Policy	01-01-2025
2.9	Fraud, Waste, and Abuse Prevention Policy	01-01-2025
2.10	HIPAA Policy: Protecting Client Privacy and Confidentiality	01-01-2025
2.11	Background Check Policy	01-01-2025
2.12	Prohibited Conduct Policy	01-01-2025
3. EMPLOYMENT STATUS & RECORDKEEPING		
3.1	Employment Classifications	01-01-2025
3.2	Personnel Data Changes	01-01-2025
3.3	Privacy Policy (Michigan Employees)	01-01-2025
3.4	Expense Reimbursement	01-01-2025
3.5	Termination of Employment	01-01-2025
4. WORKING CONDITIONS & HOURS		
4.1	Company Hours	01-01-2025
4.2	Emergency Closing	01-01-2025
4.3	Workplace Safety	01-01-2025
4.4	Security	01-01-2025
4.5	Meal & Break Periods	01-01-2025
4.6	Break Time for Nursing Mothers	01-01-2025
4.7	COVID-19 Infectious Disease Control Policy	01-01-2025
5. EMPLOYEE BENEFITS		
5.1	Military Leave	01-01-2025
5.2	Jury Duty	01-01-2025
5.3	Jury Duty Leave (Michigan Employees)	01-01-2025
5.4	Workers' Compensation	01-01-2025
5.5	Paid Sick Leave (Michigan Employees)	01-01-2025
5.6	Family and Medical Leave	01-01-2025
6. EMPLOYEE CONDUCT		
6.1	Standards of Conduct	01-01-2025

6.2	Disciplinary Action	01-01-2025
6.3	Confidentiality	01-01-2025
6.4	Workplace Violence	01-01-2025
6.5	Drug & Alcohol Use	01-01-2025
6.6	Sexual & Other Unlawful Harassment	01-01-2025
6.7	Telephone Usage	01-01-2025
6.8	Personal Property	01-01-2025
6.9	Use of Company Property	01-01-2025
6.10	Smoking	01-01-2025
6.11	Visitors in the Workplace	01-01-2025
6.12	Computer, Email & Internet Usage	01-01-2025
6.13	Company Supplies	01-01-2025
6.14	Code of Business Conduct and Ethics	01-01-2025
6.15	Training and Professional Development	01-01-2025

7. TIMEKEEPING & PAYROLL

7.1	Attendance & Punctuality	01-01-2025
7.2	Timekeeping	01-01-2025
7.3	Paydays	01-01-2025
7.4	Payroll Deductions	01-01-2025
7.5	Electronic Visit Verification (EVV) Policy	01-01-2025

1.Introduction

1.1 Handbook Disclaimer

The contents of this handbook serve only as guidelines and supersede any prior handbook. Neither this handbook, nor any other policy or practice, creates an employment contract, or an implied or express promise of continued employment with the Company. Employment with Yes You Can Home Help Agency LLC is “AT-WILL”. This means employees or Yes You Can Home Help Agency LLC may terminate the employment relationship at any time, for any reason, with or without cause or advance notice. As an at-will employee, it is not guaranteed, in any manner, that you will be employed with Yes You Can Home Help Agency LLC for any set period of time.

This handbook may provide a summary of employee health benefits, however actual coverage will be determined by the express terms of the benefit plan documents. If there are any conflicts between the handbook or summaries provided and the plan documents, the plan documents will control. The Company reserves the right to amend, interpret, modify or terminate any of its employee benefits programs without prior notice to the extent allowed by law.

The Company also has the right, with or without notice, in an individual case or generally, to change any of the policies in this handbook, or any of its guidelines, policies, practices, working conditions or benefits at any time. No one is authorized to provide any employee with an employment contract or special arrangement concerning terms or conditions of employment unless the contract or arrangement is in writing and signed by the president and the employee.

1.2 Welcome Message

Dear Valued Employee,

Welcome to Yes You Can Home Help Agency LLC! We are pleased with your decision to join our team.

Yes You Can Home Help Agency LLC is committed to providing superior quality and unparalleled customer service in all aspects of our business. We believe each employee contributes to the success and growth of our Company.

This employee handbook contains general information on our policies, practices, and benefits. Please read it carefully. If you have questions regarding the handbook, please discuss them with your supervisor or the HR Manager.

Welcome aboard. We look forward to working with you!

Sincerely,

The HR Manager

1.3 Changes in Policy

Change at Yes You Can Home Help Agency LLC is inevitable. Therefore, we expressly reserve the right to interpret, modify, suspend, cancel, or dispute, with or without notice, all or any part of our policies, procedures, and benefits at any time with or without prior notice. Changes will be effective on the dates determined by Yes You Can Home Help Agency LLC, and after those dates all superseded policies will be null and void.

No individual supervisor or manager has the authority to alter the foregoing. Any employee who is unclear on any policy or procedure should consult a supervisor or the HR Manager.

2.General Employment

2.1 At-Will Employment

Employment with Yes You Can Home Help Agency LLC is“at-will.” This means employees are free to resign at any time, with or without cause, and Yes You Can Home Help Agency LLC may terminate the employment relationship at any time, with or without cause or advance notice. As an at-will employee, it is not guaranteed, in any manner, that you will be employed with Yes You Can Home Help Agency LLC for any set period of time.

The policies set forth in this employee handbook are the policies that are in effect at the time of publication. They may be amended, modified, or terminated at any time by Yes You Can Home Help Agency LLC, except for the policy on at-will employment, which may be modified only by a signed, written agreement between the President and the employee at issue. Nothing in this handbook may be construed as creating a promise of future benefits or a binding contract between Yes You Can Home Help Agency LLC and any of its employees.

2.2 Immigration Law Compliance

Yes You Can Home Help Agency LLC is committed to employing only United States citizens and aliens who are authorized to work in the United States.

In compliance with the Immigration Reform and Control Act of 1986, as amended, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an I-9 with Yes You Can Home Help Agency LLC within the past three years, or if their previous I-9 is no longer retained or valid.

Yes You Can Home Help Agency LLC may participate in the federal government's electronic employment verification system, known as “E-Verify.” Pursuant to E-Verify, Yes You Can Home Help Agency LLC provides the Social Security Administration, and if necessary, the Department of Homeland Security with information from each new employee's Form I-9 to confirm work authorization.

2.3 Equal Employment Opportunity

Yes You Can Home Help Agency LLC is an Equal Opportunity Employer. Employment opportunities at Yes You Can Home Help Agency LLC are based upon one's qualifications and capabilities to perform the essential functions of a particular job. All employment opportunities are provided without regard to race, religion, sex (including sexual orientation and transgender status), pregnancy, childbirth or related medical conditions, national origin, age, veteran status, disability, genetic information, or any other characteristic protected by law.

This Equal Employment Opportunity policy governs all aspects of employment, including, but not limited to, recruitment, hiring, selection, job assignment, promotions, transfers, compensation, discipline, termination, layoff, access to benefits and training, and all other conditions and privileges of employment.

The Company will provide reasonable accommodations as necessary and where required by law so long as the accommodation does not pose an undue hardship on the business. The Company will also accommodate sincerely held religious beliefs of its employees to the extent the accommodation does not pose an undue hardship on the business. If you would like to request an accommodation, or have any questions about your rights and responsibilities, contact your HR Manager. This policy is not intended to afford employees with any greater protections than those which exist under federal, state or local law.

Yes You Can Home Help Agency LLC strongly urges the reporting of all instances of discrimination and harassment, and

prohibits retaliation against any individual who reports discrimination, harassment, or participates in an investigation of such report. Yes You Can Home Help Agency LLC will take appropriate disciplinary action, up to and including immediate termination, against any employee who violates this policy.

2.4 Equal Employment Opportunity (Michigan Employees)

Yes You Can Home Help Agency LLC is an Equal Opportunity Employer. Employment opportunities at Yes You Can Home Help Agency LLC are based upon one's qualifications and capabilities to perform the essential functions of a particular job. All employment opportunities are provided without regard to race, color, religion, sex (including pregnancy, childbirth or related medical conditions), national origin, age, veteran status, disability, genetic information, height, weight, marital status, or any other characteristic protected by law.

This Equal Employment Opportunity policy governs all aspects of employment, including, but not limited to, recruitment, hiring, selection, job assignment, promotions, transfers, compensation, discipline, termination, layoff, access to benefits and training, and all other conditions and privileges of employment.

Yes You Can Home Help Agency LLC strongly urges the reporting of all instances of discrimination and harassment, and prohibits retaliation against any individual who reports discrimination, harassment or participates in an investigation of such report. Yes You Can Home Help Agency LLC will take appropriate disciplinary action, up to and including immediate termination, against any employee who violates this policy.

2.5 Employee Grievances

It is the policy of Yes You Can Home Help Agency LLC to maintain a harmonious workplace environment. Yes You Can Home Help Agency LLC encourages its employees to express concerns about work-related issues, including workplace communication, interpersonal conflict, and other working conditions.

Employees are encouraged to raise concerns with their supervisors. If not resolved at this level, an employee may submit, in writing, a signed grievance to the HR Manager.

After receiving a written grievance, Yes You Can Home Help Agency LLC may hold a meeting with the employee, the immediate supervisor, and any other individuals who may assist in the investigation or resolution of the issue. All discussions related to the grievance will be limited to those involved with, and who can assist with, resolving the issue.

Complaints involving alleged discriminatory practices shall be processed in accordance with Yes You Can Home Help Agency LLC's Sexual and other Unlawful Harassment Policy.

Yes You Can Home Help Agency LLC assures that all employees filing a grievance or complaint can do so without fear of retaliation or reprisal.

2.6 Internal Communication

Effective and ongoing communication within Yes You Can Home Help Agency LLC is essential. As such, the Company maintains systems through which important information can be shared among employees and management.

Bulletin boards are posted in designated areas of the workplace to display important information and announcements. In addition, Yes You Can Home Help Agency LLC uses the Intranet and email to facilitate communication and share access to documents. For information on appropriate email and Internet usage, employees may refer to the Computer, Email, and Internet Usage policy. To avoid confusion, employees should not post or remove any material from the bulletin boards.

All employees are responsible for checking internal communications on a frequent and regular basis. Employees should consult their supervisor with any questions or concerns on information disseminated.

2.7 Outside Employment

Employees may hold outside jobs as long as the employee meets the performance standards of their position with Yes You

Can Home Help Agency LLC.

Unless an alternative work schedule has been approved by Yes You Can Home Help Agency LLC, employees will be subject to the Company's scheduling demands, regardless of any existing outside work assignments; this includes availability for overtime when necessary.

Yes You Can Home Help Agency LLC's property, office space, equipment, materials, trade secrets, and any other confidential information may not be used for any purposes relating to outside employment.

2.8 Anti-Retaliation and Whistleblower Policy

This policy is designed to protect employees and address Yes You Can Home Help Agency LLC's commitment to integrity and ethical behavior. In accordance with anti-retaliation and whistleblower protection regulations, Yes You Can Home Help Agency LLC will not tolerate any retaliation against an employee who:

- Makes a good faith complaint, or threatens to make a good faith complaint, regarding the suspected Company or employee violations of the law, including discriminatory or other unfair employment practices;
- Makes a good faith complaint, or threatens to make a good faith complaint, regarding accounting, internal accounting controls, or auditing matters that may lead to incorrect, or misrepresentations in, financial accounting;
- Makes a good faith report, or threatens to make a good faith report, of a violation that endangers the health or safety of an employee, patient, client or customer, environment or general public;
- Objects to, or refuses to participate in, any activity, policy or practice, which the employee reasonably believes is a violation of the law;
- Provides information to assist in an investigation regarding violations of the law; or
- Files, testifies, participates or assists in a proceeding, action or hearing in relation to alleged violations of the law.

Retaliation is defined as any adverse employment action against an employee, including, but not limited to, refusal to hire, failure to promote, demotion, suspension, harassment, denial of training opportunities, termination, or discrimination in any manner in the terms and conditions of employment.

Anyone found to have engaged in retaliation or in violation of law, policy or practice will be subject to discipline, up to and including termination of employment. Employees who knowingly make a false report of a violation will be subject to disciplinary action, up to and including termination.

Employees who wish to report a violation should contact their supervisor or Pandora Brown directly. Employees should also review their state and local requirements for any additional reporting guidelines.

Yes You Can Home Help Agency LLC will promptly and thoroughly investigate and, if necessary, address any reported violation.

Employees who have any questions or concerns regarding this policy and related reporting requirements should contact their supervisor, the HR Manager or any state or local agency responsible for investigating alleged violations.

2.9 Fraud, Waste, and Abuse Prevention Policy

Purpose

Yes You Can Home Help Agency, LLC is committed to preventing, detecting, and addressing fraud, waste, and abuse (FWA) in the delivery of home help services funded by the State of Michigan. This policy outlines the agency’s procedures to ensure compliance with federal and state laws, promote ethical practices, and protect program integrity.

Scope

This policy applies to all employees, caregivers, contractors, vendors, and any other individuals or entities associated with Yes You Can Home Help Agency, LLC.

Definitions

- **Fraud:** The intentional deception or misrepresentation that an individual knows to be false, resulting in unauthorized benefits or compensation. Examples include falsifying timesheets, billing for services not provided, or using false documentation.
- **Waste:** The overutilization of services or other practices that result in unnecessary costs without necessarily involving intentional deception. Examples include excessive or redundant services.

- **Abuse:** Practices that result in unnecessary costs or improper payments but are not necessarily fraudulent. Examples include providing services that are not medically necessary or failing to follow proper billing procedures.

Responsibilities

- **Agency Leadership:** Ensure implementation of this policy, provide training, and enforce disciplinary actions when necessary.
- **Employees & Caregivers:** Comply with all policies, report suspected fraud, and adhere to ethical standards.
- **Compliance Officer:** Monitor compliance, investigate reports of FWA, and implement corrective actions.

Prevention Measures

- Conduct background checks on all employees and caregivers.
- Provide mandatory FWA training upon hire and annually.
- Implement internal controls to monitor billing practices and service delivery.
- Require proper documentation for all services rendered.

Detection & Reporting

- Regular audits and reviews of claims, records, and financial transactions.
- Confidential reporting mechanism (hotline or email) for suspected FWA.
- Anonymous reporting is allowed and encouraged.
- All reports will be investigated promptly and thoroughly.

Corrective Actions

- Employees or caregivers found engaging in FWA may face disciplinary actions, including termination and legal consequences.
- Overpayments or improper billing will be corrected immediately.
- If necessary, cases will be referred to state or federal authorities.

Compliance & Review

This policy will be reviewed annually and updated as necessary to comply with any changes in federal or state laws governing home help programs. Employees are responsible for staying informed of any updates.

2.10 HIPAA Policy: Protecting Client Privacy and Confidentiality

Purpose

Yes You Can Home Help Agency, LLC is committed to protecting the privacy and confidentiality of client health information in compliance with the Health Insurance Portability and Accountability Act (HIPAA). This policy outlines the procedures and safeguards in place to ensure the proper handling of Protected Health Information (PHI).

Scope

This policy applies to all employees, caregivers, contractors, and any other individuals or entities associated with Yes You Can Home Help Agency, LLC who have access to PHI.

Definitions

- **Protected Health Information (PHI):** Any information related to a client's health status, medical records, or payment details that can identify the individual.
- **Minimum Necessary Standard:** Employees should only access the least amount of PHI necessary to perform their job duties.
- **Confidentiality:** The obligation to protect PHI from unauthorized disclosure.

Responsibilities

- **Agency Leadership:** Ensure HIPAA compliance, provide training, and enforce this policy.
- **Employees & Caregivers:** Maintain confidentiality, follow HIPAA guidelines, and report any potential breaches.
- **Compliance Officer:** Oversee HIPAA implementation, conduct audits, and investigate potential violations.

Safeguards for PHI

- **Physical Security:** Store paper records in locked cabinets and restrict access to authorized personnel only.
- **Electronic Security:** Use password-protected systems, encrypted communications, and secure databases to store

electronic PHI.
- **Workplace Practices:** Avoid discussing PHI in public areas, use privacy screens on devices, and dispose of sensitive information properly.

Disclosure & Authorization

- PHI may only be shared with authorized individuals or entities with client consent or when required by law.
- Clients must complete a written authorization form before PHI is disclosed to third parties for non-treatment purposes.
- Employees must verify the identity of recipients before releasing PHI.

Reporting & Breach Response

- Any suspected or actual HIPAA violations must be reported immediately to the Compliance Officer.
- The Compliance Officer will investigate all reported breaches and take corrective actions.
- Affected clients will be notified of any breaches that compromise their PHI, as required by HIPAA regulations.

Training & Compliance

- All employees must complete HIPAA training upon hire and annually thereafter.
- Periodic audits will be conducted to ensure adherence to HIPAA policies.
- Non-compliance may result in disciplinary action, including termination and legal consequences.

2.11 Background Check Policy

Purpose

Yes You Can Home Help Agency, LLC is committed to ensuring the safety and well-being of its clients by conducting thorough background checks on all employees, caregivers, and contractors. This policy establishes guidelines for background screenings to maintain compliance with state and federal regulations.

Scope

This policy applies to all prospective and current employees, caregivers, volunteers, and contractors who have direct or indirect contact with clients or access to sensitive information.

Background Check Requirements

Yes You Can Home Help Agency, LLC will conduct background checks to assess an individual's suitability for employment, including but not limited to:

- **Criminal history check** (state and federal levels)
- **Sex offender registry check**
- **Employment verification**
- **Education verification** (if applicable to the position)
- **Reference checks**
- **Drug screening** (if required for the role)
- **Motor vehicle records check** (if position involves driving clients)

Timing of Background Checks

- All prospective employees and contractors must undergo a background check before beginning work.
- Periodic re-screenings may be conducted as required by state regulations or agency policies.
- Employees transferring to a new role within the agency may be subject to an additional background check.

Disqualifying Factors

An applicant or employee may be disqualified from employment based on findings in the background check, including but not limited to:

- Convictions for violent crimes, abuse, neglect, or exploitation
- Fraud or financial misconduct
- Drug-related offenses (depending on the position requirements)
- Any offense that poses a risk to client safety or agency integrity

Each case will be reviewed individually, considering the nature of the offense, the time elapsed since the conviction, and rehabilitation efforts.

Confidentiality & Compliance

- All background check results will be kept confidential and stored securely.
- Information will only be used for employment-related decisions and in compliance with applicable laws.
- Yes You Can complies with the Fair Credit Reporting Act (FCRA) and applicable state laws regarding background checks.

Appeals Process

If an applicant is denied employment based on background check results, they will be notified and given an opportunity to dispute any inaccuracies within a specified time frame.

Acknowledgment & Consent

All applicants must provide written consent before a background check is conducted. Refusal to consent to a background check will result in disqualification from employment consideration.

2.12 Prohibited Conduct Policy

Purpose

Yes You Can Home Help Agency, LLC is committed to maintaining a professional, ethical, and safe environment for both clients and employees. This policy outlines prohibited behaviors to ensure compliance with agency standards and protect the well-being of clients.

Scope

This policy applies to all employees, caregivers, contractors, and volunteers associated with Yes You Can Home Help Agency, LLC.

Prohibited Conduct

To maintain the highest standard of care and professionalism, the following behaviors are strictly prohibited:

- **No Physical, Emotional, or Verbal Abuse of Clients:** Employees must always treat clients with dignity and respect. Any form of abuse, including physical harm, verbal insults, intimidation, or neglect, will not be tolerated and may result in immediate termination and legal action.
- **No Accepting Gifts or Money from Clients:** Employees are not allowed to accept personal gifts, tips, or money from clients or their family members. Accepting any form of compensation outside of official payroll may result in disciplinary action.
- **No Unauthorized Client Contact Outside of Scheduled Hours:**Employees must not engage in unauthorized visits, phone calls, or interactions with clients beyond their scheduled working hours. Any communication outside of work hours must be pre-approved by agency management.

Reporting Violations

- Any suspected violation of this policy must be reported immediately to a supervisor or the Compliance Officer.
- Reports will be investigated promptly and confidentially.
- Retaliation against individuals who report violations in good faith is strictly prohibited.

Consequences of Violation

Violations of this policy may result in disciplinary actions, including but not limited to:

- Verbal or written warnings
- Suspension
- Termination of employment
- Legal consequences, if applicable

Policy Review

This policy will be reviewed annually and updated as needed to ensure continued compliance with legal and ethical standards.

3.Employment Status & Recordkeeping

3.1 Employment Classifications

For purposes of salary administration and eligibility for overtime payments and employee benefits, Yes You Can Home Help Agency LLC classifies employees as either exempt or non-exempt. Non-exempt employees are entitled to overtime pay in accordance with federal and state overtime provisions. Exempt employees are exempt from federal and state overtime laws and, but for a few narrow exceptions, are generally paid a fixed amount of pay for each workweek in which work is performed.

If you change positions during your employment with Yes You Can Home Help Agency LLC or if your job responsibilities change, you will be informed by the HR Manager of any change in your exempt status.

In addition to your designation of either exempt or non-exempt, you also belong to one of the following employment categories:

Full-Time:

Full-time employees are regularly scheduled to work greater or equal to 40 hours per week. Generally, regular full-time employees are eligible for Yes You Can Home Help Agency LLC's benefits, subject to the terms, conditions, and limitations of each benefit program.

Part-Time:

Part-time employees are regularly scheduled to work less than 40 hours per week. Regular part-time employees are not eligible for Yes You Can Home Help Agency LLC benefit programs, subject to the terms, conditions, and limitations of each benefit program.

Temporary:

Temporary employees include those hired for a limited time to assist in a specific function or in the completion of a specific project. Temporary employees generally are not entitled to [Yes You Can Home Help Agency LLC benefits, but are eligible for statutory benefits to the extent required by law. Employment beyond any initially stated period does not in any way imply a change in employment status or classification. Temporary employees retain temporary status unless and until they are notified, by Yes You Can Home Help Agency LLC Management, of a change.

3.2 Personnel Data Changes

It is the responsibility of each employee to promptly notify their supervisor or the HR Manager of any changes in personnel data. Such changes may affect your eligibility for benefits, the amount you pay for benefit premiums, and your receipt of important company information.

If any of the following have changed or will change in the coming future, contact your supervisor or the HR Manager as soon as possible:

- Legal name
- Mailing address
- Telephone number(s)
- Change of beneficiary
- Exemptions on your tax forms
- Emergency contact(s)
- Training certificates
- Professional licenses

3.3 Privacy Policy (Michigan Employees)

Yes You Can Home Help Agency LLC is dedicated to protecting the personal security and privacy of all employees and customers. In the ordinary course of its business, and for legitimate business reasons, Yes You Can Home Help Agency LLC may collect and store personal information about its employees and customers, including all or any part of an employee's or customer's social security number (“SSN”), in hard copy or digital storage. For purposes of this policy,“SSN” means more than four sequential digits of an employee's or customer's social security number.

Yes You Can Home Help Agency LLC takes measures to prevent the unauthorized disclosure of an SSN, including without limitation:

- Ensuring the confidentiality of SSNs;
- Prohibiting unlawful or unauthorized disclosure of SSNs;
- Limiting the number of people with access to SSNs, and the circumstances under which SSNs may be accessed;
- Ensuring the proper disposal of documents (hard copy or digital) that contain SSNs; and
- Disciplining, up to and including termination, any employee who violates this policy.

Yes You Can Home Help Agency LLC, and all employees who may have access to SSNs, will maintain the security and confidentiality of every document containing the SSN. This means, at a minimum, that Yes You Can Home Help Agency LLC will securely maintain documents containing SSNs and that any access to digital files containing all or any part of an SSN will be password protected.

Furthermore, no employee shall display or disclose an SSN without the express written consent of the individual to whom the SSN is assigned. Yes You Can Home Help Agency LLC will not mail any document containing an SSN that is visible on, or from, the outside of the mailed article. Nor will Yes You Can Home Help Agency LLC use the SSN as an identifying number for its employees, or visibly print it on identification tags, badges, passes, cards or licenses. Yes You Can Home Help Agency LLC will not require employees to use or transmit their SSN over the Internet, or any Company intranet, computer system or network unless the connection is secure or the transmission is encrypted.

Yes You Can Home Help Agency LLC restricts access to any document displaying an SSN to those with a legitimate business need to access those documents. Access to these documents by anyone other than those individuals with a legitimate business need must be specifically authorized, in writing by the HR Manager or by the individual to whom the SSN is assigned. Documents containing an SSN will be disposed of in accordance with Yes You Can Home Help Agency LLC's document retention policy and procedures in such a manner so that they cannot be read or reconstructed in order to preserve the confidential nature of such documents.

Nothing in this policy is intended to modify an employee's right to access their own personnel file, as permitted by applicable law. Nor does this policy prohibit the use of an SSN where the use is authorized by state or federal statute, rule, regulation, court order, or pursuant to legal discovery or process.

Violations of this policy will result in disciplinary action up to and including termination of employment. Violators may also be subject to civil and criminal penalties authorized by applicable state or federal law.

3.4 Expense Reimbursement

Yes You Can Home Help Agency LLC reimburses employees for necessary expenditures and reasonable costs incurred in the course of doing their jobs. Expenses incurred by an employee must be approved in advance by the HR Manager.

Some expenses that may warrant reimbursement include, but are not limited, to the following: mileage costs, air or ground transportation costs, lodging, meals for the purpose of carrying out company business, and any other reimbursable expenses as required by law. Employees are expected to make a reasonable effort to limit business expenses to economical options.

To be reimbursed, employees must submit expense reports to the HR Manager for approval. The report must be accompanied by receipts or other documentation substantiating the expenses. Questions regarding this policy should be directed to your supervisor.

3.5 Termination of Employment

Termination of employment is an inevitable part of personnel activity within any organization.

Notice of Voluntary Separation

Employees who intend to terminate employment with Yes You Can Home Help Agency LLC shall provide Yes You Can Home Help Agency LLC with at least two weeks written notice. Such notice is intended to allow the Company time to adjust to the employee's departure without placing undue burden on those employees who may be required to fill in before a replacement can be found.

Return of Company Property

Any employee who terminates employment with Yes You Can Home Help Agency LLC shall return all files, records, keys, and any other materials that are the property of Yes You Can Home Help Agency LLC prior to their last date of employment.

Final Pay

Yes You Can Home Help Agency LLC will provide employees with their final pay in accordance with applicable federal, state and local laws.

Benefits Upon Termination

All accrued and/or vested benefits that are due and payable at termination will be paid in accordance with applicable federal, state and local laws.

Certain benefits, such as healthcare coverage, may continue at the employee's expense, if the employee elects to do so. Yes You Can Home Help Agency LLC will notify employees of the benefits that may be continued and of the terms, conditions, and limitations of such continuation.

If you have any questions or concerns regarding this policy, contact Yes You Can Home Help Agency LLC's HR Manager.

4.Working Conditions & Hours

4.1 Company Hours

Yes You Can Home Help Agency LLC is open for business from Monday - Friday 09:00 AM to 06:00 PM. This excludes holidays recognized by Yes You Can Home Help Agency LLC. The standard workweek is 40 hours.

Supervisors will advise employees of their scheduled shift, including starting and ending times. Business needs may necessitate a variation in your starting and ending times as well as in the total hours you may be scheduled to work each day and each week.

4.2 Emergency Closing

At times, emergencies such as severe weather, fires, or power failures can disrupt company operations. In extreme cases, these circumstances may require the closing of a work facility. The decision to close or delay regular operations will be made by Yes You Can Home Help Agency LLC management.

When a decision is made to close, employees will receive official notification from Yes You Can Home Help Agency LLC.

Note: In a declared state of emergency that prohibits travel, employees shouldn't report to work.

Pay:

Exempt Employees:

If Yes You Can Home Help Agency LLC closes due to an emergency, employees who are classified as exempt from overtime will receive their full salary, provided they have worked any part of the workweek.

Non-Exempt Employees:

If Yes You Can Home Help Agency LLC closes due to an emergency, employees who are classified as non-exempt from overtime won't be paid, unless state or local law requires such pay or they have paid leave available and elect to use it for the missed work hours.

Note: If a non-exempt employee is already working when the decision to close is made, the employee will be paid for all hours actually worked and any additional hours that may be required under state and local laws, if applicable. If a non-exempt employee arrives at work and is asked to wait while a decision to close is made, they will receive pay for the time they spent waiting.

If you have questions about emergency closing or pay, please contact the HR Manager.

4.3 Workplace Safety

Yes You Can Home Help Agency LLC is committed to providing a clean, safe, and healthful work environment for its employees. Maintaining a safe work environment, however, requires the continuous cooperation of all employees. Yes You Can Home Help Agency LLC and all employees must comply with all occupational safety and health standards and regulations established by the Occupational Safety and Health Act and state and local regulations. In addition, all employees are expected to obey safety rules and exercise caution and common sense in all work activities.

Complaint and Reporting Procedure:

Employees should immediately report any unsafe conditions to their supervisor without fear of reprisal. In the case of an

accident that results in injury, regardless of how seemingly insignificant the injury may appear, employees must notify their supervisor. If you believe it would be inappropriate to report the matter to your supervisor, you can report it directly to:

Pandora Brown

pandora@yesyoucan2.com

3139227227

Employees who violate safety standards, cause hazardous or dangerous situations, or fail to report or, where appropriate, remedy such situations may be subject to disciplinary action, up to and including termination of employment.

Retaliation Prohibited:

Yes You Can Home Help Agency LLC expressly prohibits retaliation against anyone who reports unsafe working conditions or work-related accidents, injuries or illnesses. Any form of retaliation will be subject to disciplinary action, up to and including termination of employment.

Questions or concerns regarding this policy should be directed to your supervisor or the HR Manager.

4.4 Security

The purpose of Yes You Can Home Help Agency LLC's security policy is to protect Company assets and to maintain a safe working environment for all employees.

Facility Access:

All regular Yes You Can Home Help Agency LLC employees will be issued a key to gain access to Yes You Can Home Help Agency LLC facilities. Employees who are issued keys are responsible for their safekeeping. All lost or stolen keys must be reported to your supervisor as soon as possible.

Upon separation from Yes You Can Home Help Agency LLC, and at any other time upon Yes You Can Home Help Agency LLC's request, all keys must be returned to your supervisor.

Closing Procedures:

The last employee, or a designated employee, who leaves the office at the end of the business day assumes the responsibility to ensure that: all doors are securely locked; the alarm system is armed; thermostats are set on appropriate evening and/or weekend setting; and all appliances and lights are turned off with the exception of the lights normally left on for security purposes.

Employees are not permitted on company property after hours without prior written authorization from the HR Manager.

4.5 Meal & Break Periods

Non-exempt employees will be provided with meal and break periods in accordance with applicable federal, state, and local rules. Break periods of less than 20 minutes will be paid. Break periods lasting longer than 20 minutes will generally be unpaid.

Non-exempt employees must be fully relieved of their job responsibilities and are not permitted to work during unpaid break and meal periods of more than 20 minutes. If for any reason a non-exempt employee does not take the applicable meal and rest period that they are provided, the employee must notify his or her supervisor immediately.

Yes You Can Home Help Agency LLC will schedule meal and break periods in order to accommodate Company operating requirements.

4.6 Break Time for Nursing Mothers

Yes You Can Home Help Agency LLC accommodates employees who wish to express breast milk during the workday by providing reasonable break times to do so. The Company will provide a designated room, other than a bathroom, that is

shielded from view, free from intrusion from coworkers and the public and is in compliance with all other applicable laws for this purpose.

Employees who use regularly scheduled rest breaks to express breast milk will be paid for the break time. If the lactation break does not run concurrently with the employee's regularly scheduled compensated break, the lactation break time will be unpaid.

For questions related to this policy, please contact the HR Manager.

4.7 COVID-19 Infectious Disease Control Policy

Coronavirus disease 2019 (COVID-19) is a respiratory illness with symptoms that include fever, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea. The purpose of this policy is to ensure the health and safety of our associates, visitors, clients, and vendors during the current public health emergency.

Nondiscrimination:

Yes You Can Home Help Agency LLC will not discriminate against any job applicant or employee based merely on the fact the individual has COVID-19. However, Yes You Can Home Help Agency LLC reserves the right to exclude a person with COVID-19 from workplace facilities, programs and functions if the company finds that such restriction is necessary for the welfare of the person who has COVID-19 and/or the welfare of others within the workplace. All decisions will be based on current and well-informed medical judgments concerning the disease, the risks of transmitting the illness to others, the symptoms and special circumstances of each individual who has the disease, and a careful weighing of the identified risks.

Leave of Absence:

To help prevent the spread of COVID-19, Yes You Can Home Help Agency LLC is committed to providing paid leave to employees as required by law or company policy. For example, employees may be entitled to paid leave under the federal Families First Coronavirus Response Act (FFCRA) if they are unable to work or telework for certain reasons related to COVID-19. If you have questions about leave, please refer to our Emergency Paid Sick Leave for COVID-19 and our Public Health Emergency Leave policies, or contact the HR Manager at info@yesyoucan2.com.

Workplace Safety:

In light of the current situation, Yes You Can Home Help Agency LLC has adopted the following practices to minimize potential exposure of employees to COVID-19 in our workplace. Employees are urged to:

- Wear masks or cloth face coverings (see below).
- Conduct virtual meetings instead of in-person meetings.
- Practice social distancing (staying at least 6 feet away from others).
- Avoid unnecessary travel and cancel or postpone nonessential meetings and trainings.
- Avoid gathering in breakrooms, work rooms, and other areas where groups congregate.
- Wash hands often with soap and warm water for at least 20 seconds.
- Avoid touching their eyes, nose, and mouth.
- Keep workspaces clean using company-provided cleaning supplies.
- Cover coughs and sneezes with a tissue or the inside of the elbow.
- Where possible, avoid public transportation and recreational activities where you might come into contact with contagious individuals.

Stay Home if Sick:

Employees should notify their supervisor of any symptom related to COVID-19, including fever, cough and/or acute respiratory symptoms and those with symptoms should stay home. Employees with COVID-19 must stay home until they meet one of the sets of CDC criteria for ending home isolation found here. If an employee shows symptoms of acute respiratory illness at work, they will be sent home immediately.

Face Coverings at Work:

Until further notice, employees must generally wear a facemask or cloth face covering that covers their mouth and nose while in the workplace, except to the extent an employee is using break time to eat or drink (employees must still ensure social distancing). If required by federal, state, or local rules, Yes You Can Home Help Agency LLC will provide masks or face coverings to employees. If face coverings are inappropriate in the employee's particular work environment or if the employee's job duties and risk of exposure require additional protections, Yes You Can Home Help Agency LLC may provide personal protective equipment (PPE), such as face shields and respirators. Employees that cannot wear a mask, face covering, or other PPE due to a medical condition or religious belief should notify the Company. Yes You Can Home

Help Agency LLC may be able to provide a reasonable accommodation, unless it would impose an undue hardship on the company. If you have questions about reasonable accommodations, please contact HR Manager at info@yesyoucan2.com.

Unless prohibited by state or local rules, in workplace settings where employees are working alone (such as a private office) with little or no expectation of in-person interruption, employees may remove their masks or face coverings. However, employees must still wear a mask or face covering from the time they enter the building until the time they arrive at their work station and at any time they are leaving their work station and moving around common areas. Employees should contact the HR Manager at info@yesyoucan2.com to verify state and local rules that allow for this exception and whether their situation qualifies as working alone.

Note: Employees must maintain social distancing even when wearing a mask or face covering.

Report Potential Exposure:

Employees should notify their supervisor or the HR Manager if they have been in contact with someone who has COVID-19, even if the employee is asymptomatic. If an employee has recently traveled to a location that the Centers for Disease Control and Prevention (CDC) has identified as having an active outbreak or their state considers “high risk,” the employee should notify their supervisor or the HR Manager as well. These employees may be asked to isolate/work from home for 14 days.

Provide Notice of Absences:

Employees who will be absent from work should generally follow Yes You Can Home Help Agency LLC's regular procedures for notifying the company of the need for time off.

If an employee is out sick or shows symptoms of being ill, it may become necessary to request information from the employee and/or their healthcare provider, subject to applicable laws. Where allowed, Yes You Can Home Help Agency LLC may request medical information to confirm an employee's need to be absent and to know that it is appropriate for the employee to return to work. Yes You Can Home Help Agency LLC will comply with all applicable statutes and regulations that protect the privacy of persons who have a communicable disease.

Visitors:

There should be no visitors to the workplace unless it is mission-critical, and the meeting cannot be conducted virtually.

Work-Related Travel:

All nonessential work-related travel is restricted without the prior written authorization of a supervisor. Before providing authorization, supervisors must check for the latest guidance and recommendations for each country and location to which the employee will travel. Employees must monitor themselves for COVID-19 symptoms before starting or after completing travel and are required to notify their supervisor and stay home if they are sick prior to or after travel.

Personal Travel:

Employees must report any personal travel plans, whether domestic or international, to their supervisor before departure. Employees have a responsibility to stay up to date with federal, state, and local travel restrictions and comply with applicable quarantine requirements. Depending on the situation, Yes You Can Home Help Agency LLC may ask the employee to follow certain steps, such as working from home for a 14-day period, before returning to the workplace.

Working from Home:

At this time, employees should be following all guidance from public health officials, state and local governments and the company regarding work from home policies and requirements. If an employee has a heightened health concern and wants to work from home, and has the ability to perform their job away from Yes You Can Home Help Agency LLC premises, they should contact their supervisor. They do not need to disclose their health information. Requests will be handled on a case-by-case basis. Below are examples of heightened health situations that might cause concern.

The employee:

- Is immunocompromised or lives with someone who is
- Lives with an older family member who has a higher risk for the infection
- Is pregnant
- Has children home from school due to school closure and doesn't have childcare coverage
- Is experiencing significant mental health symptoms

Supervisors may modify job responsibilities if possible, to enable associates to work from home. Associates are expected, if able, to work from home during the 14-day isolation period if applicable.

Retaliation Prohibited:

Yes You Can Home Help Agency LLC will not take adverse action against an employee for exercising their rights under applicable laws.

If you have questions about this policy, contact your supervisor or the HR Manager.

5.Employee Benefits

5.1 Military Leave

Yes You Can Home Help Agency LLC grants employees unpaid time off for service, training and other obligations in the uniformed services in accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA) and any other applicable state law.

All employees requesting time off for military service must provide advance notice to their immediate supervisor, unless military necessity prevents such notice or it is otherwise impracticable. Continuation of health insurance benefits is available during military leave subject to the terms and conditions of the group health plan and applicable law.

Employees are eligible for reemployment for up to five years from the date their military leave began. The period an individual has to apply for reemployment or report back to work after military service is based on time spent on military duty and on applicable law. For reinstatement guidelines, contact the HR Manager.

Employees who qualify for reemployment will return to work at a pay level and status equal to that which they would have attained had they not taken military leave. They will be treated as though they were continuously employed for purposes of determining benefits based on length of service.

Yes You Can Home Help Agency LLC complies with all rights and protections under all applicable state laws granting time off for service, training and other obligations in the uniformed services. This includes, but is not limited to, benefits entitlement and continuation, notice and recertification requirements, and reemployment application requirements.

Questions regarding this policy should be directed to the HR Manager.

5.2 Jury Duty

Yes You Can Home Help Agency LLC encourages employees to fulfill their civic responsibilities when called upon to serve as a juror. Employees must provide their immediate supervisor with a copy of their jury summons as soon as possible so that the supervisor may make arrangements to accommodate their absence.

Employees on jury duty must report to work on workdays, or parts of workdays, when they are not required to serve. Either Yes You Can Home Help Agency LLC or the employee may request an excuse from jury duty if it is determined that the employee's absence would create serious operational difficulties.

Jury duty will be paid if required by applicable state law. If paid, jury duty pay will be calculated on the employee's base pay rate times the number of hours the employee would otherwise have worked on the day of absence. . If exempt employees miss work because of jury duty, they will receive their full salary, unless they miss the entire workweek. However, Yes You Can Home Help Agency LLC may offset any jury-duty fees received by an exempt employee against the salary due for that workweek.

5.3 Jury Duty Leave (Michigan Employees)

Yes You Can Home Help Agency LLC encourages employees to fulfill their civic responsibilities when called upon to serve as a juror. Employees must provide their immediate supervisor with a copy of their jury summons as soon as possible so that the supervisor may make arrangements to accommodate their absence. Either Yes You Can Home Help Agency LLC or the employee may request an excuse from jury duty if it is determined that the employee's absence would create serious operational difficulties.

Employees summoned for jury duty will not be required to work any number of hours that, when added to the number of hours served on that day, would exceed the number of hours the employee would have normally worked on that day.

Jury duty leave is unpaid; however employees may opt to use accrued paid time off for this purpose.

5.4 Workers' Compensation

Employees who are injured on the job at Yes You Can Home Help Agency LLC are eligible for Workers' Compensation benefits. Such benefits are provided at no cost to employees and cover any injury or illness sustained in the course of employment that requires medical treatment.

Lost time or medical expenses incurred as a result of an accident or injury which occurred while an employee was on the job will be compensated for in accordance with workers' compensation laws. This protection is paid for in full by Yes You Can Home Help Agency LLC. No premium is charged for this coverage and no individual enrollment is required. Yes You Can Home Help Agency LLC will provide medical care and a portion of lost wages through our insurance carrier.

All job-related accidents or illnesses must be reported to an employee's supervisor immediately upon occurrence. Supervisors will then immediately contact the HR Manager to obtain the required claim forms and instructions.

5.5 Paid Sick Leave (Michigan Employees)

Effective February 21, 2025, employees who work in Michigan may be eligible for paid sick leave under state law.

Accrual and Carryover:

Employees are entitled to accrue one hour of sick leave for every 30 hours worked. Unused sick leave will be carried over to the following year.

Basic Leave Entitlement:

If Yes You Can Home Help Agency LLC has 10 or more employees (for 20 or more calendar weeks in either the current or preceding year), employees are entitled to use up to 72 hours of accrued paid sick leave per year.

If Yes You Can Home Help Agency LLC has fewer than 10 employees, up to 72 hours of sick leave may be accrued by employees per year, but only 40 hours of it will be paid (the other 32 hours will be unpaid).

Employees are entitled to use accrued sick leave for the following purposes:

- The employee's or a family member's mental or physical illness, injury or health condition
- The employee's or a family member's medical diagnosis, care or treatment of a mental or physical illness, injury or health condition, or preventive medical care
- For medical care, counseling, obtaining legal services, or participating in a civil or criminal proceeding when the employee or a family member is a victim of domestic violence or sexual assault
- The closure of the employee's place of business due to a public health emergency, the closure of their child's school or place of care due to a public health emergency, or when a health care provider has determined that the employee's or a family member's presence in the community would jeopardize the health of others

Family members are defined as:

- A child, stepchild, legal ward, a child of a domestic partner, or a child to whom the employee stands in place of a parent
- Grandchild
- Grandparent
- Parent, or parent of spouse or domestic partner
- Sibling
- Spouse or domestic partner

- Any other individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship

Employee Notice

If the need for leave is foreseeable, employees must provide seven days' advance notice. If the need for leave is not foreseeable, employees must provide notice as soon as practical.

Documentation

If employees use more than three consecutive days of sick leave, Yes You Can Home Help Agency LLC may require reasonable documentation that the leave has been used for a covered reason.

Pay During Leave

During paid sick leave, employees will be paid their normal hourly wage or the minimum wage, whichever is greater. For employees whose hourly wage varies depending on the work performed, the "normal hourly wage" will be the average hourly wage during the pay period immediately prior to the use of the leave.

Retaliation Prohibited

Yes You Can Home Help Agency LLC prohibits retaliation against employees for exercising their rights under the law.

For more information on this policy, please contact the HR Manager.

5.6 Family and Medical Leave

Yes You Can Home Help Agency LLC Employees may be entitled to a leave of absence under the Family and Medical Leave Act (FMLA). This policy provides information regarding FMLA eligibility and administration. Questions regarding FMLA should be directed to the HR Manager.

Eligibility Requirements:

Employees eligible for leave under the FMLA are those who: (1) have worked at least 12 months for Yes You Can Home Help Agency LLC; (2) have worked for at least 1,250 hours during the 12 month period immediately preceding the start date of the requested leave; and (3) are employed at a worksite where 50 or more employees are located within 75 miles of the worksite.

Note: A covered company is one which as employed 50 or more employees for at least 20 workweeks in the current or preceding calendar year.

Basic FMLA Leave Entitlement:

The FMLA grants up to 12 weeks of unpaid leave to eligible employees for the following reasons: (1) to care for the employee's child following birth or placement for adoption or foster care; (2) to care for the employee's spouse, son, daughter or parent (but not in-law) who has a serious health condition; (3) for the employee's own serious health condition (including any period of incapacity due to pregnancy, prenatal medical care, or child birth) that makes the employee unable to perform one or more of the essential functions of the employee's job; or (4) because of any qualifying exigency arising out of the fact that an employee's spouse, son, daughter, or parent is a covered military member who is a member of a regular component of the Armed Forces on active duty or who has been notified of an impending call or order to active duty status for deployment to any foreign country in the regular or reserve components of the Armed Forces, including the National Guard or Reserves.

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than three consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

Additional Military Family Leave Entitlement:

In addition to the basic FMLA leave entitlement discussed above, an eligible employee who is the spouse, son, daughter, parent or next of kin of a covered servicemember is entitled to take up to 26 weeks of leave during a single 12-month period to care for the servicemember with a serious injury or illness. Leave to care for a servicemember shall only be available during a single-12 month period and, when combined with other FMLA-qualifying leave, may not exceed 26 weeks during the single 12-month period. The single 12-month period begins on the first day an eligible employee takes leave to care for the injured servicemember.

A covered servicemember means a member of the Armed Forces, including a member of the National Guard or Reserves, and/or a veteran of the Armed Forces, including a veteran of the National Guard or Reserves, who is undergoing medical

treatment, recuperation, or therapy, is otherwise in outpatient status, or is on the temporary retired list, for a serious injury or illness. Such veteran is considered a covered servicemember if he/she was a member of the Armed Forces, including the National Guard and Reserves, at any time during the five-year period preceding the date on which the veteran undergoes medical treatment, recuperation or therapy.

Intermittent Leave and Reduced Leave Schedules:

FMLA leave usually will be taken for a period of consecutive days, weeks or months. However, employees also are entitled to take FMLA leave intermittently or on a reduced leave schedule when medically necessary due to a serious health condition of the employee or covered family member or the serious injury or illness of a covered servicemember.

Protection of Group Health Insurance Benefits:

During FMLA leave, eligible employees are entitled to receive group health plan coverage on the same terms a nd conditions as if they had continued to work.

Restoration of Employment and Benefits:

At the end of FMLA leave, subject to some exceptions including situations where job restoration of “key employees” will cause the Company substantial and grievous economic injury, employees generally have a right to return to the same or equivalent positions with equivalent pay, benefits and other employment terms. The Company will notify employees if they qualify as “key employees”, if it intends to deny reinstatement, and of their rights in such instances. Use of FMLA leave will not result in the loss of any employment benefit that accrued prior to the start of an eligible employee's FMLA leave.

Notice of Eligibility for, and Designation of, FMLA Leave:

Employees requesting FMLA leave are entitled to receive written notice from Yes You Can Home Help Agency LLC telling them whether they are eligible for FMLA leave and, if not eligible, the reasons why they are not eligible. When eligible for FMLA leave, employees are entitled to receive written notice of: (1) their rights and responsibilities in connection with such leave; (2) the Company's designation of leave as FMLA-qualifying or non-qualifying, if not FMLA-qualifying, the reasons why; and (3) the amount of leave, if known, that will be counted against the employee's leave entitlement.

Yes You Can Home Help Agency LLC may retroactively designate leave as FMLA leave with appropriate written notice to employees provided the Company's failure to designate leave as FMLA-qualifying at an earlier date did not cause harm or injury to the employee. In all cases where leaves qualify for FMLA protection, Yes You Can Home Help Agency LLC and the employee can mutually agree that leave be retroactively designated as FMLA leave.

Notice of the Need for Leave:

Employees who take FMLA leave must timely notify Yes You Can Home Help Agency LLC of their need for FMLA leave. The following describes the content and timing of such employee notices.

Content of Employee Notice:

To trigger FMLA leave protections, employees must inform the HR Manager of the need for FMLA-qualifying leave and the anticipated timing and duration of the leave, if known. Employees may do this by either requesting FMLA leave specifically, or explaining the reasons for leave so as to allow the Company to determine that the leave is FMLA-qualifying.

Calling in “sick,” without providing the reasons for the needed leave, will not be considered sufficient notice for FMLA leave under this policy. Employees must respond to the Company's questions to determine if absences are potentially FMLA-qualifying.

If employees fail to explain the reasons for FMLA leave, the leave may be denied. When employees seek leave due to FMLA-qualifying reasons for which the Company has previously provided FMLA-protected leave, they must specifically reference the qualifying reason for the leave or the need for FMLA leave.

Timing of Employee Notice:

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, or the approximate timing of the need for leave is not foreseeable, employees must provide the Company notice of the need for leave as soon as practicable under the facts and circumstances of the particular case. Employees who fail to give 30 days notice for foreseeable leave without a reasonable excuse for the delay, or otherwise fail to satisfy FMLA notice obligations, may have FMLA leave delayed or denied.

Medical Certifications:

Depending on the nature of FMLA leave sought, employees may be required to submit medical certifications supporting their need for FMLA-qualifying leave. It is the employee's responsibility to provide Yes You Can Home Help Agency LLC with timely, complete and sufficient medical certifications. Employees must provide the requested certifications within 15 calendar days following the Company's request, unless it is not practicable to do so. Where Yes You Can Home Help

Agency LLC informs an employee that the certification is incomplete or insufficient, Yes You Can Home Help Agency LLC will give the employee with at least seven days to cure the deficiencies. Yes You Can Home Help Agency LLC may deny FMLA leave to employees who fail to timely cure deficiencies or otherwise fail to timely submit requested medical certifications.

Employees requesting leave because of their own, or a covered relation's, serious health condition, or to care for a covered servicemember, must supply medical certification supporting the need for such leave from their health care provider or, if applicable, the health care provider of their covered family or service member. If employees provide at least 30 days notice of medical leave, they should submit the medical certification before leave begins.

With the employee's permission, Yes You Can Home Help Agency LLC may contact the employee's health care provider to authenticate or clarify completed medical certifications. If the employee fails to authorize such contact, and medical certification remains unclear, Yes You Can Home Help Agency LLC may deny FMLA leave. If Yes You Can Home Help Agency LLC has reason to doubt the employee's initial medical certification, Yes You Can Home Help Agency LLC may require the employee to obtain a second opinion at Yes You Can Home Help Agency LLC's expense.

Recertification:

Depending on the circumstances and duration of FMLA leave, Yes You Can Home Help Agency LLC may require the employee to provide recertification of the medical condition giving rise to leave. Yes You Can Home Help Agency LLC will notify the employee if recertification is required and the employee will have at least 15 calendar days to provide recertification.

Return to Work:

Unless Yes You Can Home Help Agency LLC advises otherwise, employees returning to work from FMLA leave taken because of their own serious health condition must provide medical certification that they are able to return to work and perform the essential functions of their job, with or without accommodation.

Certifications Supporting Need for Military Family Leave:

Upon request, the first time employees seek leave due to qualifying exigencies arising out of the active duty or call to active duty status of a covered military member, the Company may require employees to provide: (1) a copy of the covered military member's active duty orders or other documentation issued by the military indicating the covered military member is on active duty or call to active duty status and the dates of the covered military member's active duty service; and (2) a certification from the employee setting forth information concerning the nature of the qualifying exigency for which leave is requested. Employees shall provide a copy of new active duty orders or other documentation issued by the military for leaves arising out of qualifying exigencies arising out of a different active duty or call to active duty status of the same or a different covered military member.

When leave is taken to care for a covered servicemember with a serious injury or illness, Yes You Can Home Help Agency LLC may require employees to obtain certifications completed by an authorized health care provider of the covered servicemember.

Health Insurance Continuation:

During FMLA leave, employees are entitled to continue group health plan coverage under the same terms and conditions as if they had continued to work, however they may be responsible for their portion of the group health premium. Contact your HR Manager to determine your benefits rights and responsibilities while on FMLA leave.

Substitution of Paid Leave for Unpaid FMLA Leave:

Employees must use any accrued paid time while taking unpaid FMLA leave. The substitution of paid time for unpaid FMLA leave time does not extend the length of FMLA leaves; the paid time will run concurrently with an employee's FMLA entitlement.

Leaves of absence taken in connection with a disability leave plan or workers' compensation injury/illness shall run concurrently with any FMLA leave entitlement.

Coordination of FMLA Leave with Other Leave Policies:

The FMLA does not affect any federal, state or local law prohibiting discrimination, or supersede any State or local law which provides greater family or medical leave rights. For additional information concerning leave entitlements and obligations that might arise when FMLA leave is either not available or exhausted, please contact the HR Manager.

No Retaliation:

Yes You Can Home Help Agency LLC will not interfere with, restrain or deny the exercise of any right provided under the FMLA. Yes You Can Home Help Agency LLC will not discharge or discriminate against any individual for opposing any practice made lawful by the FMLA or for being involved in any proceeding relating to the FMLA. Contact your supervisor or

HR Administrator immediately if you feel your rights under this policy have been violated. Yes You Can Home Help Agency LLC will conduct a prompt and thorough investigation of any FMLA complaint and take appropriate remedial action, up to and including termination.

6.Employee Conduct

6.1 Standards of Conduct

Yes You Can Home Help Agency LLC's rules and standards of conduct are essential to a productive work environment. As such, employees must familiarize themselves with, and be prepared to follow, the Company's rules and standards.

While not intended to be an all-inclusive list, the examples below represent behavior that is considered unacceptable in the workplace. Behaviors such as these, as well as other forms of misconduct, may result in disciplinary action, up to and including termination of employment:

- Theft or inappropriate removal/possession of property
- Falsification of timekeeping records
- Possession, distribution, sale, transfer, manufacture or use of alcohol or illegal drugs in the workplace
- Fighting or threatening violence in the workplace
- Making maliciously false statements about co-workers
- Threatening, intimidating, coercing, or otherwise interfering with the job performance of fellow employees or visitors
- Negligence or improper conduct leading to damage of company-owned or customer-owned property
- Violation of safety or health rules
- Smoking in the workplace
- Sexual or other unlawful or unwelcome harassment
- Excessive absenteeism
- Unauthorized use of telephones, computers, or other company-owned equipment on working time. Working time does not include break periods, meal times, or other specified periods during the workday when employees are not engaged in performing their work tasks.
- Unauthorized disclosure of any “business secrets” or other confidential or non-public proprietary information relating to the Company's products, services, customers or processes. Wages and other conditions of employment are not considered to be confidential information.

This policy is not intended to restrict an employee's right to discuss, or act together to improve, wages, benefits and working conditions with co-workers or in any way restrict employees' rights under the National Labor Relations Act.

Other forms of misconduct not listed above may also result in disciplinary action, up to and including termination of employment. If you have questions regarding Yes You Can Home Help Agency LLC's standards of conduct, please direct them to your supervisor or the HR Manager.

6.2 Disciplinary Action

Disciplinary action at Yes You Can Home Help Agency LLC is intended to fairly and impartially correct behavior and performance problems early on and to prevent reoccurrence.

Disciplinary action may involve any of the following: verbal warning, written warning, suspension with or without pay, and termination of employment, depending on the severity of the problem and the frequency of occurrence. Yes You Can Home Help Agency LLC reserves the right to administer disciplinary action at its discretion and based upon the circumstances.

Yes You Can Home Help Agency LLC recognizes that certain types of employee behavior are serious enough to justify termination of employment, without observing other disciplinary action first.

These violations include but are not limited to:

- Workplace violence
- Harassment
- Theft of any kind
- Insubordinate behavior
- Vandalism or destruction of company property

- Presence on company property during non-business hours
- Use of company equipment and/or company vehicles without prior authorization
- Indiscretion regarding personal work history, skills, or training
- Divulging Yes You Can Home Help Agency LLC business practices or any other confidential information
- Any misrepresentation of Yes You Can Home Help Agency LLC to a customer, a prospective customer, the general public, or an employee

6.3 Confidentiality

Yes You Can Home Help Agency LLC takes the protection of Confidential Information very seriously.“Confidential Information” includes, but is not limited to, computer processes, computer programs and codes, customer lists, customer preferences, customers' personal information, company financial data, marketing strategies, proprietary production processes, research and development strategies, pricing information, business and marketing plans, vendor information, software, databases, and information concerning the creation, acquisition or disposition of products and services.

Confidential Information also includes the Company's intellectual property and information that is not otherwise public. Intellectual property includes, but is not limited to, trade secrets, ideas, discoveries, writings, trademarks, and inventions developed through the course of your employment with Yes You Can Home Help Agency LLC and as a direct result of your job responsibilities with Yes You Can Home Help Agency LLC. Wages and other conditions of employment are not considered to be Confidential Information.

To protect such information, employees may not disclose any confidential or non-public proprietary information about the Company to any unauthorized individual. If you receive a request for Confidential Information, you should immediately refer the request to your supervisor.

The unauthorized disclosure of Confidential Information belonging to the Company, and not otherwise available to persons or companies outside of Yes You Can Home Help Agency LLC, may result in disciplinary action, up to and including termination of employment. If you leave the Company, you may not disclose or misuse any Confidential Information.

This policy is not intended to restrict an employee's right to discuss, or act together to improve, wages, benefits and working conditions with co-workers or in any way restrict employees' rights under the National Labor Relations Act.

Questions regarding this policy should be directed to the HR Manager.

6.4 Workplace Violence

Yes You Can Home Help Agency LLC strictly prohibits workplace violence, including any act of intimidation, threat, harassment, physical violence, verbal abuse, aggression or coercion against a coworker, vendor, customer, or visitor.

Prohibited actions, include, but are not limited to the following examples:

- Physically injuring another person
- Threatening to injure another person
- Engaging in behavior that subjects another person to emotional distress
- Using obscene, abusive or threatening language or gestures
- Bringing an unauthorized firearm or other weapon onto company property
- Threatening to use or using a weapon while on company premises, on company-related business, or during job-related functions
- Intentionally damaging property

All threats or acts of violence should be reported immediately to your supervisor or security personnel. Employees should warn their supervisors or security personnel of any suspicious workplace activity that they observe or that appears problematic. Employee reports made pursuant to this policy will be investigated promptly and will be kept confidential to the maximum extent possible. Yes You Can Home Help Agency LLC will not tolerate any form of retaliation against any employee for making a report under this policy.

Yes You Can Home Help Agency LLC will take prompt remedial action, up to and including immediate termination, against any employee found to have engaged in threatening behavior or acts of violence.

6.5 Drug & Alcohol Use

Yes You Can Home Help Agency LLC is committed to maintaining a workplace free of substance abuse. No employee or individual who performs work for Yes You Can Home Help Agency LLC is allowed to consume, possess, sell, purchase, or be impaired by alcohol or illegal drugs, as defined under federal and/or state law, on any property owned by or leased on behalf of Yes You Can Home Help Agency LLC, or in any vehicle owned or leased on behalf of Yes You Can Home Help Agency LLC or while on Company business.

The use of over-the-counter drugs and legally prescribed drugs is permitted as long as they are used in the manner for which they were prescribed and provided that such use does not hinder an employee's ability to safely perform their job. Employees should inform their supervisor if they believe their medication will impair their job performance, safety or the safety of others, or if they believe they need a reasonable accommodation when using such medication.

Yes You Can Home Help Agency LLC will not tolerate employees who report for duty while impaired by the use of alcohol or drugs. All employees should report evidence of alcohol or drug abuse to their supervisor or the HR Manager immediately. In cases in which the use of alcohol or drugs creates an imminent threat to the safety of persons or property, employees are required to report the violation. Failure to do so may result in disciplinary action, up to and including termination of employment.

As a part of our effort to maintain a workplace free of substance abuse, Yes You Can Home Help Agency LLC employees may be asked to submit to a medical examination and/or clinical testing for the presence of alcohol and/or drugs. Within the limits of federal, state, and local laws, Yes You Can Home Help Agency LLC reserves the right to examine and test for drugs and alcohol at our discretion.

As a condition of your employment with Yes You Can Home Help Agency LLC, employees must comply with this Drug & Alcohol Use Policy. Be advised that no part of the Drug & Alcohol Use Policy shall be construed to alter or amend the at-will employment relationship between Yes You Can Home Help Agency LLC and its employees.

Employees found in violation of this policy may be subject to disciplinary action, up to and including termination of employment.

6.6 Sexual & Other Unlawful Harassment

Yes You Can Home Help Agency LLC is committed to a work environment in which all individuals are treated with respect. Yes You Can Home Help Agency LLC expressly prohibits discrimination and all forms of employee harassment based on race, color, religion, sex, pregnancy, national origin, age, disability, military or veteran status, or status in any group protected by state or local law.

Sexual harassment is a form of discrimination and is prohibited by law. For purposes of this policy sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment. Unwelcome sexual advances (either verbal or physical), requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of employment; (2) submission or rejection of the conduct is used as a basis for making employment decisions; or, (3) the conduct has the purpose or effect of interfering with work performance or creating an intimidating, hostile, or offensive work environment.

Sexual and unlawful harassment may include a range of behaviors and may involve individuals of the same or different gender. These behaviors include, but are not limited to:

- Unwanted sexual advances or requests for sexual favors.
- Sexual or derogatory jokes, comments, or innuendo
- Unwelcomed physical interaction
- Insulting or obscene comments or gestures
- Offensive email, voicemail, or text messages
- Suggestive or sexually explicit posters, calendars, photographs, graffiti, or cartoons
- Making or threatening reprisals after a negative response to sexual advances
- Visual conduct that includes leering, making sexual gestures, or displaying of sexually suggestive objects or pictures, cartoons or posters
- Verbal sexual advances or propositions
- Physical conduct that includes touching, assaulting, or impeding or blocking movements
- Abusive or malicious conduct that a reasonable person would find hostile, offensive, and unrelated to the Company's legitimate business interests
- Any other visual, verbal, or physical conduct or behavior deemed inappropriate by the Company

Harassment on the basis of any other protected characteristic is also strictly prohibited.

Complaint Procedure:

Yes You Can Home Help Agency LLC strongly encourages the reporting of all instances of discrimination, harassment, or retaliation. If you believe you have experienced or witnessed harassment or discrimination based on sex, race, national origin, disability, or another factor, promptly report the incident to your supervisor. If you believe it would be inappropriate to discuss the matter with your supervisor, you may bypass your supervisor and report it directly to:

Pandora Brown

pandora@yesyoucan2.com

3139227227

Any reported allegations of harassment or discrimination will be investigated promptly, thoroughly, and impartially.

Any employee found to be engaged in any form of sexual or other unlawful harassment may be subject to disciplinary action, up to and including termination of employment.

Retaliation Prohibited:

Yes You Can Home Help Agency LLC expressly prohibits retaliation against any individual who reports discrimination or harassment, or assists in investigating such charges. Any form of retaliation is considered a direct violation of this policy and, like discrimination or harassment itself, will be subject to disciplinary action, up to and including termination of employment.

6.7 Telephone Usage

Yes You Can Home Help Agency LLC telephones are intended for the sole use of conducting company business. Personal use of the Company's telephones and individually owned cell phones during business hours should be kept to a minimum or for emergency purposes only. We ask that personal calls only be made or received outside of working hours, including during lunch or break time. Long distance phone calls which are not strictly business-related are expressly prohibited.

Any employee found in violation of this policy will be subject to disciplinary action, up to and including termination of employment.

6.8 Personal Property

Employees should use their discretion when bringing personal property into the workplace. Yes You Can Home Help Agency LLC assumes no risk for any loss or damage to personal property.

Additionally, employees may not possess or display any property that may be viewed as inappropriate or offensive on Yes You Can Home Help Agency LLC premises.

6.9 Use of Company Property

Company property refers to anything owned by the company: physical, electronic, intellectual, or otherwise. The use of company property is for business necessity only.

When materials or equipment are assigned to an employee for business, it is the employee's responsibility to see that the equipment is used properly and cared for properly. However, at all times, equipment assigned to the employee remains the property of the Company, and is subject to reassignment and/or use by the Company without prior notice or approval of the employee. This includes, but is not limited to, computer equipment and data stored thereon, voicemail, records, and employee files.

Yes You Can Home Help Agency LLC has created specific guidelines regarding the use of company equipment. Below is a list of employee responsibilities and limitations with regards to company property.

Personal use of company property:

Company property is not permitted to be taken from the premises without proper written authority from company management.

Company Tools:

All necessary tools are furnished to employees in order to assist them in their required duties. Each employee is, in turn, responsible for these tools. Tools damaged or stolen as a result of an employee's negligence will, to the extent permitted by federal, state and local law, be charged to the employee.

Care of Company Property:

Office areas should be kept neat and orderly and all equipment should be well-maintained. The theft, misappropriation, or unauthorized removal, possession, or use of company property or equipment is expressly prohibited.

Any action in contradiction to the guidelines set herein may result in disciplinary action, up to and including termination of employment.

6.10 Smoking

Yes You Can Home Help Agency LLC provides a smoke-free environment for its employees, customers, and visitors. Smoking, including the use of e-cigarettes and vaporizers, is prohibited throughout the workplace. We have adopted this policy because we have a sincere interest in the health of our employees and in maintaining pleasant working conditions.

6.11 Visitors in the Workplace

To ensure the safety and security of Yes You Can Home Help Agency LLC and its employees, only authorized visitors are permitted on Company premises and in Company facilities.

All visitors must enter through the main reception area and sign in and out at the front desk. All visitors are also required to wear a “visitor” badge while on Yes You Can Home Help Agency LLC premises. Authorized visitors will be escorted to their destination and must be accompanied by a representative of the Company at all times.

6.12 Computer, Email & Internet Usage

Computers, email, and the Internet allow Yes You Can Home Help Agency LLC employees to be more productive. However, it is important that all employees use good business judgment when using Yes You Can Home Help Agency LLC's electronic communications systems (ECS).

Standards of Conduct and ECS

Yes You Can Home Help Agency LLC strives to maintain a workplace free of discrimination and harassment. Therefore, Yes You Can Home Help Agency LLC prohibits the use of the Company's ECS for bullying, harassing, discriminating, or engaging in other unlawful misconduct, in violation of the Company's policy against discrimination and harassment.

Copyright and other Intellectual Property

Respect all copyright and other intellectual property laws. For the Company's protection as well as your own, it is critical that you show proper respect for the laws governing copyright, fair use of copyrighted material owned by others, trademarks and other intellectual property, including the Company's own copyrights, trademarks and brands. Employees are also responsible for ensuring that, when sending any material over the Internet, they have the appropriate distribution rights.

Yes You Can Home Help Agency LLC purchases and licenses the use of various computer software for business purposes and does not own the copyright to this software or its related documentation. Unless authorized by the software developer, Yes You Can Home Help Agency LLC does not have the right to reproduce such software for use on more than one computer. Employees may only use software according to the software license agreement. Yes You Can Home Help Agency LLC prohibits the illegal duplication of software and its related documentation.

ECS Guidelines

The following behaviors are examples of previously stated or additional actions and activities under this policy that are prohibited:

- Sending or posting discriminatory, harassing, or threatening messages or images about coworkers, supervisors or

the Company that violate the Company's policy against discrimination and harassment.
- Stealing, using, or disclosing someone else's code or password without authorization.
- Pirating or downloading Company-owned software without permission.
- Sending or posting the Company's confidential material, trade secrets, or non-public proprietary information outside of the Company. Wages and other conditions of employment are not considered confidential material.
- Violating copyright laws and failing to observe licensing agreements.
- Participating in the viewing or exchange of pornography or obscene materials.
- Sending or posting messages that threaten, intimidate, coerce, or otherwise interfere with the job performance of fellow employees.
- Attempting to break into the computer system of another organization or person.
- Refusing to cooperate with a security investigation.
- Using the Internet for gambling or any illegal activities.
- Sending or posting messages that disparage another organization's products or services.
- Passing off personal views as representing those of Yes You Can Home Help Agency LLC.

Privacy and Monitoring

Computer hardware, software, email, Internet connections, and all other computer, data storage or ECS provided by Yes You Can Home Help Agency LLC are the property of Yes You Can Home Help Agency LLC. Employees have no right of personal privacy when using Yes You Can Home Help Agency LLC's ECS. To ensure productivity of employees, compliance with this policy and with all applicable laws, including harassment and anti-discrimination laws, computer, email and Internet usage may be monitored.

This policy is not intended to restrict an employee's right to discuss, or act together to improve, wages, benefits and working conditions with co-workers or in any way restrict employees' rights under the National Labor Relations Act.

Violations of this policy may result in disciplinary action, up to and including termination of employment. Questions or concerns related this policy should be directed to your supervisor or the HR Manager.

6.13 Company Supplies

Only authorized persons may purchase supplies in the name of Yes You Can Home Help Agency LLC. No employee whose regular duties do not include purchasing shall incur any expense on behalf of Yes You Can Home Help Agency LLC or bind Yes You Can Home Help Agency LLC by any promise or representation without express written approval.

6.14 Code of Business Conduct and Ethics

Employees are required to conduct their affairs with uncompromising integrity and in full compliance with all applicable laws, rules and regulations. Employees are also expected to be honest and ethical in dealing with each other, clients, vendors, and all other third parties.

If employees become aware of, or suspect, misconduct, they must report it to their supervisor (if appropriate) or to the HR Manager.

Conflicts of Interest:

Employees must avoid any activity that could appear to interfere with their good judgment concerning Yes You Can Home Help Agency LLC's best interests. Employees should avoid even the appearance of such a conflict of interest. Employees are also prohibited from exploiting their position or relationship with Yes You Can Home Help Agency LLC for personal gain. For example, there would likely be conflict of interest if an employee were to:

- Yes You Can Home Help Agency LLC to engage in business transactions with themselves, their relatives or friends.
- Use nonpublic Yes You Can Home Help Agency LLC, client or vendor information for personal gain for themselves, their relatives or friends.
- Take more than a modest financial interest in vendors, clients or competitors.
- Compete with Yes You Can Home Help Agency LLC while still employed here.

Gifts, Bribes and Kickbacks:

Other than for gifts with a value of no more than $25 given or received in the normal course of business, employees and their relatives are prohibited from giving gifts to, or receiving gifts from, Yes You Can Home Help Agency LLC's current or

prospective clients, vendors, or any other commercial partners.

Employees must never directly or indirectly (e.g., through the use of a third party) promise or give any type of gratuity, kickback, bribe, payoff, or other form of advantage to government officials.

Covering Up Mistakes:

Mistakes should never be covered up. They should be immediately fully disclosed and corrected. Falsification of any record is prohibited. If an employee is uncertain about whether a mistake has been made, they should seek guidance from their supervisor.

If you have questions about this policy, contact the HR Manager.

6.15 Training and Professional Development

Yes You Can Home Help Agency LLC is committed to the personal and developmental growth of all its employees. To this end, Yes You Can Home Help Agency LLC not only prepares their new hires to succeed with the Company, Yes You Can Home Help Agency LLC also continually teaches, develops, and improves current employees' skills in order to constructively respond to today's on-going business challenges.

Employee training and development is essential in responding to the rapid business changes that occur due to continual economic fluctuations, global economy, enhanced technology, and cultural and demographic factors. Yes You Can Home Help Agency LLC strongly encourages the training and development of employees to aid them in improving their ability to succeed at the current position, and also to prepare them for career advancement.

Some training programs are required for all employees, such as anti-harassment training and anti-discrimination training, training on Yes You Can Home Help Agency LLC policies and procedures as well as occupational safety training. Employees required to attend these training sessions will be compensated pursuant to applicable federal and state laws.

In addition, Yes You Can Home Help Agency LLC encourages employees interested in job-specific training and continuing educational opportunities to research such programs and consult the HR Manager. Management approval must be obtained, in writing, prior to registering for the seminars or courses.

Yes You Can Home Help Agency LLC firmly believes in developing employees by drawing on the knowledge and experience of its own talented workforce. To this end, Yes You Can Home Help Agency LLC offers programs such as coaching and mentoring. To obtain more information on these types of programs, employees may consult with the HR Manager.

7.Timekeeping & Payroll

7.1 Attendance & Punctuality

Absenteeism and tardiness place an undue burden on other employees and on the Company. Yes You Can Home Help Agency LLC expects regular attendance and punctuality from all employees. This means being in the workplace, ready to work, at your scheduled start time each day and completing your entire shift. Employees are also expected to return from scheduled meal and break periods on time.

All time off must be requested in writing, in advance, as outlined in the Company's time-off policy. If an employee is unexpectedly unable to report for work for any reason, they must directly notify their supervisor as early as possible, and preferably prior to their scheduled starting time. It is not acceptable to leave a voicemail, text, or email message with a supervisor, except in extreme emergencies. In cases that warrant leaving a voicemail, text, or email message or when an employee's direct supervisor is unavailable, a follow-up call must be made later that day.

If an illness or emergency occurs during work hours, employees should notify their supervisor as soon as possible.

Employees, who are going to be absent for more than one day, should contact their supervisor on each day of their absence. Yes You Can Home Help Agency LLC reserves the right to ask for a physician's statement in the event of a long-term illness (three consecutive days), or multiple illnesses or injuries.

If an employee fails to notify their supervisor after three consecutive days of absence, Yes You Can Home Help Agency LLC will presume that the employee has voluntarily resigned. Yes You Can Home Help Agency LLC will review any extenuating circumstances that may have prevented the employee from calling in before they are removed from payroll.

Should undue or recurrent absence and tardiness become apparent, the employee will be subject to disciplinary action, up to and including termination of employment.

This policy is not intended to restrict an employee's right to discuss, or act together to improve, wages, benefits and working conditions with co-workers or in any way restrict employees' rights under the National Labor Relations Act.

Certain absences may be protected by federal, state, and/or local law. If you have questions about this policy or your entitlement to time off, contact the HR Manager.

7.2 Timekeeping

It is the Company's policy to comply with applicable laws that require records to be maintained of the hours worked by our employees. Every employee is responsible for accurately recording time worked.

In addition to recording arrival and departure time, non-exempt employees are required to accurately record the start and end of each meal period as well as any departure for non-work related reasons. Any errors in time records, must be immediately reported to your supervisor.

Absent prior authorization, non-exempt employees are not permitted to start work until their scheduled starting time or work past their scheduled ending time.

Yes You Can Home Help Agency LLC strictly prohibits non-exempt employees from working off the clock for any reason. All time spent working must be logged and accounted for; this includes time spent using electronic devices for work-related purposes.

Vacation days, sick days, holidays, and absences for jury duty, funeral leave or military training must be specifically recorded by all employees.

It is the responsibility of all employees to submit and approve their time records each week.

Altering, falsifying, tampering with time records, or recording time on another employee's time record may result in disciplinary action up to and including termination of employment.

7.3 Paydays

Yes You Can Home Help Agency LLC employees are paid on a Monthly basis. In the event that a regularly scheduled payday falls on a holiday, employees will be paid on the day preceding the holiday, unless otherwise required by state law.

Paychecks will not, under any circumstances, be given to any person other than the employee without written authorization. Paychecks may also be mailed to the employee's listed address or, upon advance written authorization, deposited directly into an employee's bank account. Employees who elect payment through direct deposit will receive an itemized statement of wages when the Company makes direct deposits.

In the event of employee termination, the employee will receive their accrued pay in accordance with applicable federal, state and local laws.

7.4 Payroll Deductions

Yes You Can Home Help Agency LLC makes deductions from employee pay only in circumstances permitted by applicable law. This includes, but is not limited to, mandatory deductions for income tax withholding and Social Security and Medicare contributions as well as voluntary deductions for health insurance premiums and other related contributions.

If you believe that an improper deduction has been made from your pay, raise the issue with the HR Manager immediately. Yes You Can Home Help Agency LLC will promptly investigate. If the investigation reveals that you were subjected to an improper deduction from pay, you will be reimbursed promptly.

7.5 Electronic Visit Verification (EVV) Policy

Purpose

Yes You Can Home Help Agency, LLC is committed to complying with the 21st Century Cures Act, which mandates the use of Electronic Visit Verification (EVV) for personal care and home health services. This policy establishes guidelines for EVV implementation to ensure accurate service documentation, prevent fraud, and enhance accountability.

Scope

This policy applies to all caregivers, employees, and contractors providing in-home personal care and home health services under Yes You Can Home Help Agency, LLC.

EVV System Requirements

The EVV system must capture and verify the following six data points for each visit:

- Date of service
- Location of service delivery
- Individual receiving the service
- Caregiver providing the service
- Type of service provided
- Start and end time of the service

Responsibilities

- **Caregivers:** Must use the designated EVV system to clock in and out during each visit and ensure data accuracy.
- **Supervisors:** Monitor EVV records for compliance and address any discrepancies.
- **Compliance Officer:** Conduct regular audits to ensure adherence to EVV requirements.

EVV System Usage Guidelines

- Caregivers must use the agency-approved EVV system via mobile app, telephone, or GPS-enabled device.
- EVV entries must be completed in real time at the point of service.

- Any errors or system issues must be reported immediately to a supervisor.
- Manual corrections to EVV data require proper documentation and approval from management.

Privacy & Confidentiality

- All EVV data will be securely stored and accessed only by authorized personnel.
- Location data will only be used for visit verification and compliance purposes.
- The agency will ensure compliance with HIPAA regulations regarding client data.

Non-Compliance & Disciplinary Action

Failure to comply with EVV requirements may result in disciplinary actions, including:

- Verbal or written warnings
- Additional training requirements
- Suspension or termination of employment for repeated violations

Review & Updates

This policy will be reviewed annually to ensure compliance with federal and state EVV regulations. Updates will be communicated to all staff.

YES YOU CAN
HOME HELP AGENCY, LLC

Your Well-Being is our Top Priority!

Employee Handbook Acknowledgment

I acknowledge that I have received and reviewed the employee handbook. I understand and recognize that there may be changes to the information, policies, and benefits in the handbook. I understand that Yes You Can Home Help Agency, LLC may add new policies to the handbook as well as replace, change, or cancel existing policies. I understand that I will be informed of handbook changes and that handbook changes can only be authorized by Yes You Can Home Help Agency, LLC management.

I understand that I became an employee of Yes You Can Home Help Agency, LLC voluntarily. I understand and acknowledge that there is no specified length to my employment, that this handbook does not create an express or implied contract of employment, and that my employment is at will. I understand and acknowledge that "at will" means that I may terminate my employment at any time, with or without cause or advance notice. I also understand and acknowledge that "at will" means that Yes You Can Home Help Agency, LLC may terminate my employment at any time, with or without cause or advance notice..

I understand that it is my responsibility to read and comply with all policies included within the employee handbook. I further understand that I should consult my supervisor regarding any questions I may have.

Employee Signature

_____	_____
Employee signature	*Date*
_____	_____
Printed Name	*Employer Representative*

Phone: 313.922.2278 | Fax: 855-287-5729 | info@YesYouCan2.com | www.YesYouCan2.com
26677 W. 12 Mile Rd., Southfield, MI 48034

YES YOU CAN
HOME HELP AGENCY, LLC

Motor Vehicle Driver Acknowledgment

Yes You Can Home Help Agency, LLC strictly prohibits caregivers from transporting clients or their relatives in personal vehicles. Caregivers acknowledge the following:

- Clients and their relatives may not, under any circumstances, be transported in a caregiver's personal vehicle.
- The caregiver assumes full responsibility for any personal vehicle use related to work, including but not limited to gas, maintenance, and wear and tear.
- Yes You Can Home Help Agency, LLC is not responsible for any accidents, damages, or liabilities involving a caregiver's personal vehicle.

By signing below, I confirm that I have read, understood, and agree to the above terms.

Employee Signature

Employee signature	*Date*
Printed Name	*Employer Representative*

YES YOU CAN
HOME HELP AGENCY, LLC

Hospitalization Attestation Acknowledgment

Yes You Can Home Help Agency, LLC requires all caregivers to report immediately when a client is hospitalized or admitted into a care facility. Failure to report a client's hospitalization may result in financial liability, including the repayment of funds to the state of Michigan. All hospitalizations must be reported using the agency's hospitalization form. By signing this agreement, caregivers acknowledge the following:

- I understand that I am required to report any instance where my assigned client is hospitalized or admitted to a care facility.
- I acknowledge that failure to report a hospitalization is a violation of state regulations and may result in my liability for improperly billed services.
- I understand that billing for services that were not provided constitutes fraud and may result in severe penalties, including:
    - Termination or suspension from Medicaid programs.
    - Recoupment of funds paid for the services.
    - Criminal conviction, which may result in fines up to $50,000 and a prison sentence of four to ten years per count.
- I acknowledge that all information contained in this form is confidential and remains the property of Yes You Can Home Help Agency, LLC
- I will use appropriate safeguards to prevent unauthorized use or disclosure of the information contained in this agreement.

By signing below, I confirm that I have read, understood, and agree to comply with the Hospitalization Attestation Agreement.

Employee Signature

_____	_____
Employee signature	*Date*
_____	_____
Printed Name	*Employer Representative*

Electronic Visit Verification (EVV)

HHAeXchange+ Mobile Application User Guide

for Home Help Individual Caregivers

Contents

Policy Background 3
Intention and Disclaimer 3
HHAeXchange+(Plus) Mobile Application 4
Overview 4
Mobile App Data Retention 4
Accessibility 4
Key Terms and Definitions 4
HHAX Michigan Terms and Definitions 4
Downloading the HHAeXchange+ Mobile Application 5
Sign Up Here 6
Log In Page 9
Log In 9
Biometric Log In 11
Menu 11
Settings & Help 12
Profile 12
Change Password 13
Reset Password 14
Select Language 15
Help 16
Visual Theme 16
Navigation Bar 16
Schedule 16
Beneficiary 16
Clock In/Clock Out 17
Unscheduled Visit 17
Offline Mode 21
Connections 22
Document Revisions 24

Page intentionally left blank.

Policy Background

The Michigan Department of Health and Human Services (MDHHS) has implemented an Electronic Visit Verification (EVV) system to validate in-home visits for Medicaid clients. This EVV system ensures clients are receiving services as planned and authorized and improves the accuracy of payments for services provided.

Under Section 12006(a) of the 21st Century Cures Act, states are required to implement EVV for all Medicaid personal care services and home health services that require an in-home visit by a provider. The EVV system must verify the type of service performed, along with the date, time and location of the service, as well as the individual receiving and individual providing the service.

Michigan has partnered with HHAeXchange for a State-sponsored EVV system. The HHAeXchange EVV system collects all six required data elements. 2023 MDHHS Press Release.

Intention and Disclaimer

By using this document Home Help individual caregivers will be able to navigate and submit EVV data using the HHAeXchange+(plus) mobile application. This document is not intended to be used by those providers who are employed by a Home Help Agency or who perform EVV services under another Medicaid program.

If you are employed through a Home Help Agency, providers will need to contact their Agency for training and materials. Agencies are expected to train their providers on the EVV collection methods available.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

This document is subject to change at the discretion of MDHHS, revisions are noted in the revision table.

HHAeXchange+(Plus) Mobile Application

Overview

The HHAeXchange+ mobile application is used to Clock In and Clock Out for services requiring Electronic Visit Verification (EVV), review Patient and Visit information and perform other tasks. The mobile application is available for both iPhone and Android users.

This document covers mobile application functions and setup performed on the Home Help Individual caregiver's device. Refer to Help in the Mobile App for immediate questions or tap the link to contact support for further assistance.

Mobile App Data Retention

Caregivers have access to the following number of days of historical data on the Mobile App:

- Beneficiary List Includes Beneficiaries serviced during the past 30 days plus other Beneficiaries assigned to the Caregiver by the MDHHS Adult Services Worker (ASW).
- Patient Search – Up to 365 days (starting with 90 days at migration to the HHAeXchange+ mobile application).

Accessibility

The HHAeXchange+ mobile application adheres to W3C's Web Content Accessibility Guidelines (WCAG). The mobile application screens include color contrasts, button color changes, and icons or markings to achieve this.

Key Terms and Definitions

Refer to the HHAX Michigan Terms and Definitions Table for the specific Michigan terms and how they are used throughout the application and documentation.

Term	Definition
Beneficiary	Refers to the Member, Consumer, or Recipient. The patient is the person receiving the services.
Caregiver	Refers to the Aide Homecare Aide, Homecare Worker, or Worker. The caregiver is the person providing services.
Provider	Refers to the Agency or organization coordinating services.
Payer	Refers to the Managed Care Organization (MC), Contract, or Health and Human Services (HHS). The payer is the organization that manages patient Medicaid benefits and claim payments.
HHAX	Abbreviation for HHAeXchange.

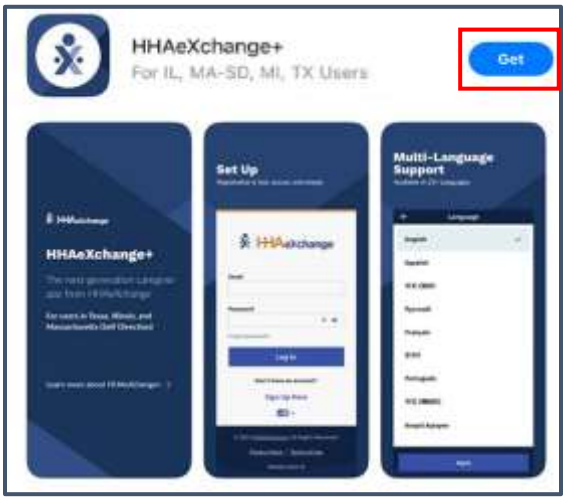
HHAX Michigan Terms and Definitions

The following table lists terms used in the HHAeXchange system and cross-references them to terms and definitions used in EVV policy in Michigan.

HHAX Mobile App Term	Michigan Home Help Program Term	Definition
Caregiver	Home Help Individual Provider	The person who provides an EVV service to a Beneficiary and is enrolled with Michigan Medicaid.
HHAX	HHAeXchange Electronic Visit Verification Vendor for the State of Michigan	Acronym for HHAeXchange.
Beneficiary	Client	A Medicaid beneficiary receiving personal care services through the Home Help program.
	ASW	MDHHS Adult Services Worker approves and authorizes care for the client.
EVV Call In	EVV Clock In	Time is captured by the EVV system using the electronic verification method (mobile application or home phone landline/IVR) that the service provider uses to indicate the beginning of a service delivery visit.
EVV Call Out	EVV Clock Out	Time is captured by the EVV system using the electronic verification method (mobile application or home phone landline/IVR) that the service provider uses to indicate the end of a service delivery visit.
Service Delivery Location	Service Location	Location where EVV services were provided other than the beneficiary's home. A valid value is Community.

Downloading the HHAeXchange+ Mobile Application

The HHAeXchange+(plus) mobile application is available for download through the App Store for iPhone devices or the Google Play Store for Android devices. Caregivers are responsible for downloading and installing the HHAeXchange+ mobile application onto their mobile devices. To locate and download the App, enter the keyword HHAeXchange+ in the search bar of the App Store or Google Play.



***Caution**: Be sure to download the HHAeXchange+ app, not the older HHAeXchange mobile app.*

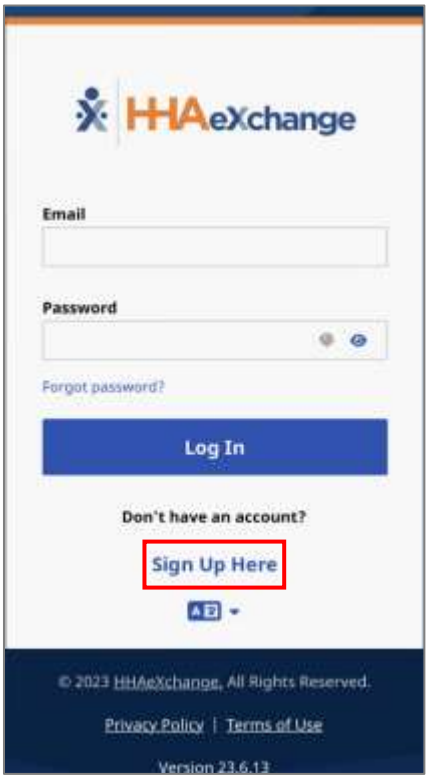
After installing the mobile application, Caregivers must use the app to Sign Up and connect to the State of Michigan to use the mobile application.

Sign Up Here

Note: The first time you open the mobile application, you must select your preferred language and tap Apply.

To sign up for and log in to the Mobile App,

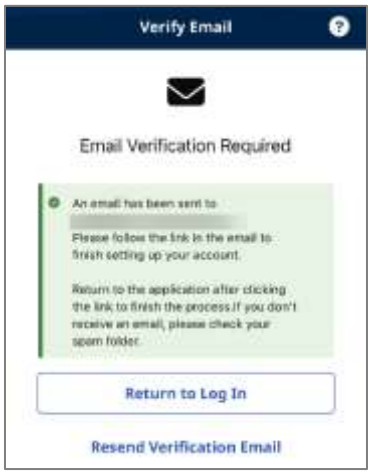
1. From the Login Page, tap Sign Up Here.



2. On the Sign-Up page, type the same email address within your CHAMPS provider enrollment information and a strong Password.
    a. Tip: Tap the eye icon to see your Password entry.
3. Type your password again in Confirm Password, and then tap Sign Up.

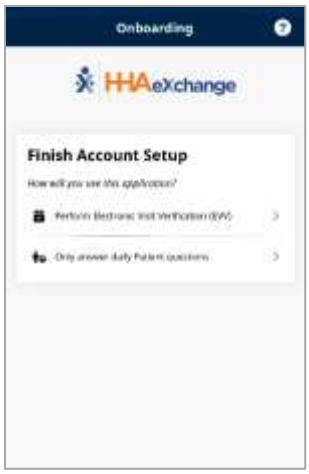


4. On the Email Verification Required page, follow the instructions to open the verification email sent to your email address and then follow the instructions in the email to proceed with the mobile application setup.

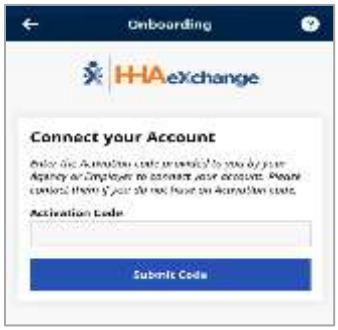


Note to HHAeXchange Services Portal users: If you sign up for the Services Portal before signing up for HHAeXchange+, you must still enter your Email Address and Password to sign up for HHAeXchange+. If you sign up for HHAeXchange+ first, after you verify the Email Address, you can use the same credentials to log into the Services Portal as well.

5. When the Finish Account Setup page is displayed, answer the question: "How will you use this application?" tap Perform Electronic Visit Verification (EVV).



6. When you tap Perform Electronic Visit Verification (EVV):
    a. On the Connect your Account page, type the Mobile Activation Code (valid for 7 days) sent by HHAeXchange via email to your CHAMPS Provider Enrollment email address and tap Submit Code.



    b. On the Complete Registration page, complete all required fields (marked with*) and then tap continue.



Note: You must respond to an email verification of your Primary Phone Number before you can continue.

You are logged in, and the Schedule page will display.

Log In Page

From the Log In page, caregivers can perform the following tasks:

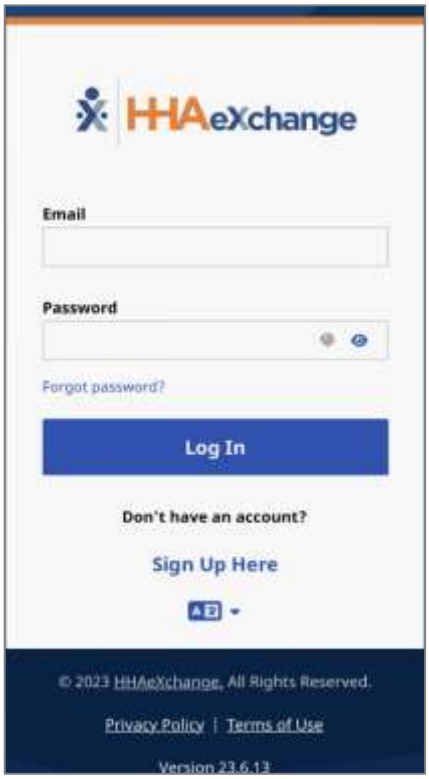
- Log In to the Mobile App.
- Sign Up Here to use the Mobile App if you have not already been set up to use the Mobile App.
- Change the Mobile App User Password with the Forgot Password function.
- Change the language in which the Mobile App and Mobile App Help are displayed by tapping the Select Language icon.

Note: From the Log In page footer, caregivers can access the Mobile App's Privacy Policy and Terms of Use.

Log In

To log in to the Mobile app,

From the Log In page, type your valid Email Address and Password, and then tap Log In.



You are logged in, and the Schedule landing page is displayed.



If caregivers log in before the Sign-Up process has been completed, caregivers will be returned to the Sign Up Page.

Tip: To see the characters typed in Password, tap the eye icon in the Password Field.

Note: Caregivers can tap an enabled fingerprint icon in the Password field to use a Biometric Log In (Fingerprint or Facial ID).

Biometric Log In

Caregivers can log in with Fingerprint Authentication or Facial Recognition if the capability is enabled on the device.

For Biometric Log In to be available, caregivers must have logged into the Mobile App using Email and Password credentials at least one time. After the initial log in, users can tap the fingerprint icon at the right of the Password Field to access the device's fingerprint authentication or facial recognition biometric page.

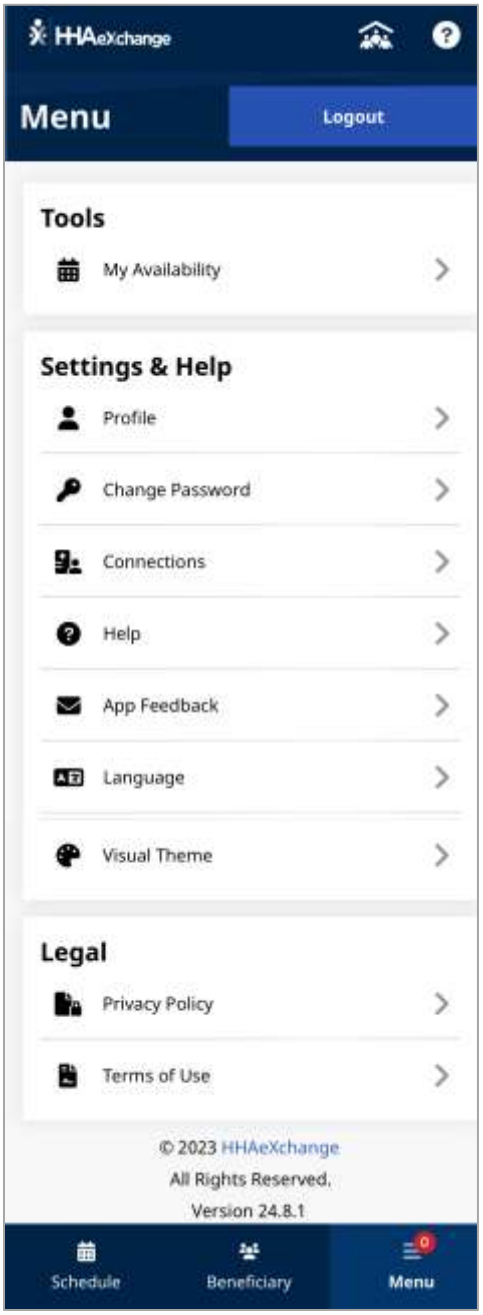
After providing a matching fingerprint or facial scan, caregivers are allowed access to the Mobile App.

Note: If caregivers change or reset the password, the Biometric Log In option is reset. Caregivers must log into the Mobile App using Email and Password and log out at least once time before the Biometric Log In option becomes available again.

Menu

Using the Mobile App, caregivers can keep track of completed visits, view beneficiary details, and Clock In and Out of Visits.

The Menu is divided into three sections (Tools, Settings & Help, and Legal) with a navigation Bar displayed at the bottom.



Settings & Help

Profile

Used to maintain your Caregiver information.

To edit your Profile information, tap Profile from the Settings & Help section of the Menu.



On the Profile page, tap Edit, make any changes, and then tap Save.



Note: The SSN, Date of birth, and email address cannot be updated in the mobile app. Home Help individual caregivers will need to update, change, or modify these pieces of information in their CHAMPS Provider Enrollment information. Instructions can be found on the Home Help website CHAMPS Instructions & Information (michigan.gov).

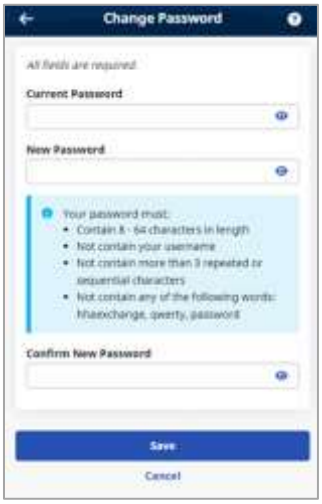
A confirmation text is sent to the phone when the Primary Phone Number is added or changed. The user must respond to the confirmation text to use the phone number to reset a password.

Change Password

Used to change your Mobile App Login password.

To change your Mobile App password:

1. From the Menu, tap Change Password.
2. On the Change Password Page, type the Current Password and New Password. Type the new password again in Confirm New Password.
3. When finished, tap Save to change the password and return to the Menu.



Reset Password

To rest your Mobile App password:

1. From the Login page, tap forgot password?
2. On the forgot password page, type the email address associated with the account.
3. Select that you want HHAX to send you a Password Reset Code or that you have an existing active Password Reset Code you have not used yet. Tap Continue.



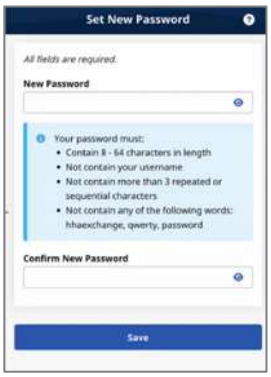
4. If you request HHAX to send you a Password Reset Code, check you email account for the HHAX email message containing a unique six-digit numeric code.
5. On the next Forgot Password page, when prompted to Enter Code, type the six-digit numeric Password Reset Code and tap Submit.



6. When the Set New Password page is displayed, type and confirm your new password and tap Save.

Account Locked

After ten (10) failed login attempts, you are locked out of the Mobile App. A message advises you to use the Forgot Password function (described above) to reset your password.



Select Language

Used to change the language in which the Mobile App and Mobile App Help are displayed. The mobile app offers language options designed to accommodate caregivers with a preferred language when using a mobile device.

When logging in, if the Mobile App login page is displayed in an unfamiliar language, tap the Language Selector icon at the bottom center of the login page to select a different language.

To change language settings from the Menu,

1. Tap Select Language.
2. From the list of available languages, select the new language. When selected the displayed page is translated into the new language.

3. Tap Apply at the bottom to save the language of choice.



A variety of languages are supported by the Mobile App. Tap Select Language from the Menu to see the most current list.

Note: Maps are displayed in the new language after the Mobile App is restarted.

Help

Used to access the Mobile App Help table of contents. Context-sensitive Help is available from most Mobile App pages by tapping the Help icon (question mark) in the upper right corner.

Visual Theme

Used to change the Mobile App display from the default Standard to a Dark or High Contract theme.

Navigation Bar

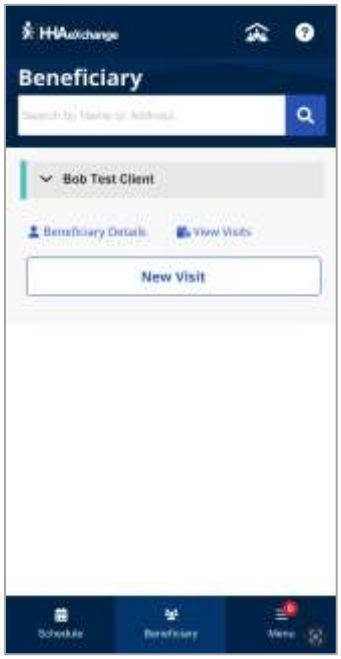
Schedule

Used to Clock In and Out. Create an Unscheduled Visit for any beneficiary to whom you have access from the Schedule page by tapping +New Unscheduled Visit.

Beneficiary

Used to view a list of all clients you can access. Caregivers can create an Unscheduled Visit for any beneficiary who has been approved by the MDHHS Adult Services Worker (ASW).

The Beneficiary page lists clients the caregiver has been approved to provide services for or has created a visit for in the past.



Select a listed beneficiary, or type part of a beneficiary name, and tap the Search icon (magnifying glass) to look up a Beneficiary you are authorized to visit. When you select a Beneficiary, caregivers can view Beneficiary Details and View Visits.

Beneficiary Details include the Beneficiary Name, Admission ID, Phone Numbers, and Addresses. Details cannot be edited and are sent to the HHAeXchange system

Caregivers can select New Visit from the Beneficiary page to create a new Unscheduled Visit.

Menu

Returns the caregiver from any point in the Mobile App to the Menu.

Clock In/Clock Out

From the Schedule page, you can Clock In and Out of a Visit by creating a new Unscheduled Visit.

Unscheduled Visit

You can select + New Unscheduled Visit from the Schedule page to create a new Unscheduled Visit. You can create an Unscheduled Visit for any Beneficiary to whom you have been approved and authorized by the MDHHS Adult Services Worker (ASW).

Note: A New (Unscheduled) Visit can also be created from the Beneficiary Page.

To create an Unscheduled Visit from the Scheduled Page:

1. Tap +New Unscheduled Visit.



2. On the New Visit page, select the beneficiary from the list of approved beneficiaries.



3. On the Electronic Visit Verification page, select GPS. The location will appear.
   - Service Delivery Location can be changed to reflect when services are provided in the community.
   - When finished, tap continue.



4. The Visit Details page is displayed.

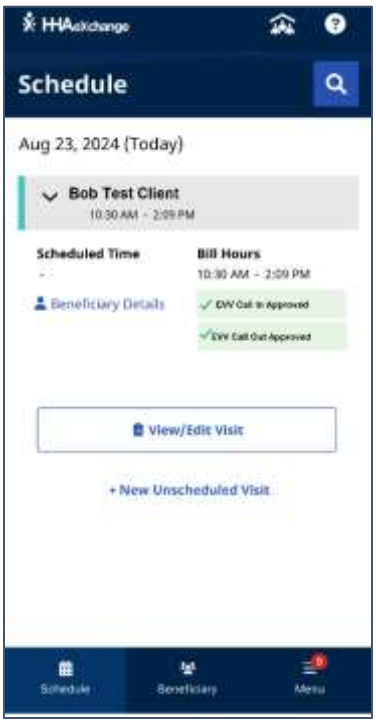


- To add a note about the visit, tap Add Note. This is optional and not required.

5. When finished, tap EVV Call Out at the bottom of the page.



6. On the Electronic Visit Verification page, update GPS settings if needed and tap Continue to clock out of the visit.



Offline Mode

The mobile application has an offline mode that allows caregivers to use the mobile app when there is no cellular or internet connectivity. When the cellular or internet connection is restored, the mobile app automatically synchronizes with HHAeXchange.

When in Offline Mode, you can log in with the last used email and password, view your existing Patients/Consumers, Start and End Visits/Shifts, and view Help. Unavailable features in the Navigation Bar are marked with a white exclamation mark in a red circle.

As outlined in MDHHS policy bulletin MMP 24-21, the data stored in the mobile application is time-sensitive and requires the caregiver to ensure access to a cellular or internet connection within seven(7) calendar days of service delivery.





Selecting a feature or function that is unavailable offline results in a message explaining the limits of offline use.

Additionally, during clock in and clock out the GPS map will show as blank and a message will display to indicate the GPS location is not able to be captured.



Connections

The Connections page is used to switch between Agencies/Offices connected to the caregiver. For the Home Help program, if a caregiver performs services for both a Home Help Agency and an Individual caregiver, the MI Home Help Portal will need to be added by the caregiver as a connection.

To change Connections:

1. From the Menu, tap Connections.
2. On the Connections page, select from the list of Connected Connections and tap Change Active Connection to open the Select a Connection page.



To add a Connection: (If the Connection you want is not shown on the Connections page.)

1. From the Menu, tap Connections.
2. Tap Connect with a New Connection.
3. On the Connect a New Connection page, enter the Connection's Mobile Activation Code and tap Submit Code.



4. Finish Connection Account as explained in the Sign Up Here help topic.

Document Revisions

Revisions to this document are noted below along with the revision date.

Version Date	Revision Description	Addition/Removal
1	Created	September 3, 2024

YES YOU CAN
HOME HELP AGENCY, LLC

Electronic Visit Verification (EVV) Acknowledgment

Yes You Can Home Help Agency, LLC requires all caregivers to use Electronic Visit Verification (EVV) when providing care for a client. EVV is the method by which caregivers will clock in and out to report their working hours, ensuring accurate timekeeping and payroll processing. By signing this agreement, caregivers acknowledge the following:

- I understand that I am required to use Electronic Visit Verification (EVV) to clock in and out during each shift while providing care for my assigned client.
- I acknowledge that my payment will be based on the time logged using the EVV system.
- I understand that failure to use EVV may result in delayed or denied payment for my services.
- I acknowledge that EVV is required for all caregivers who do not live with their client.
- If I live with my client, I am not required to use EVV but must complete and sign a Live-In Caregiver Attestation Form.
- I confirm that I have downloaded the HHAexchange mobile app to my mobile phone and that I have received and reviewed the EVV Mobile App User Guide for Individuals.

By signing below, I confirm that I have read, understood, and agree to comply with the Electronic Visit Verification (EVV) requirements.

Employee Signature

Employee signature	*Date*
Printed Name	*Employer Representative*