

Heather Manes
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H.A.T.C.H. *
1010 Versailles Ave. Alameda, CA 94501

Phyllis Kaplan, Ph.D.
Director
Tel:(415)641-9176
pkaplan@hatch4help.org

Dear Applicant:

Thank you for your interest in working with the program. H.A.T.C.H. is a non-profit organization that has been providing various services to individuals with developmental disabilities for over fifty years. H.A.T.C.H. is a vendor of the Regional Center of the East Bay (www.rceb.org) and Golden Gate Regional Center (www.ggrc.org). We are enclosing a brief Program Description, Employment Application, and two Reference Forms for completion. The minimum age requirement is 18 years of age, and you must pass a background check. You can check out our website www.hatch4help.org for more information.

Complete the application and provide two professional/personal references (preferably professional references). If you have letters of recommendation available, you may send us a copy of those in place of our forms (we will need a telephone number along with any recommendation letters). Mail the fully completed forms to the H.A.T.C.H. office. If you are not contacted by our office within a couple of days, please call to check the status of your application. We will need to have the Application and References returned to us before an interview appointment will be made.

At the time of the interview, you will need to bring a valid driver's license and current proof of automobile insurance. If you do not possess a driver's license, a California ID or other government-issued photo ID will be sufficient. If you are not a United States citizen, H.A.T.C.H. will need the proper documentation authorizing you to work in the United States.

H.A.T.C.H. is required to mandate all staff being fully vaccinated for Covid-19. This includes the primary series plus the booster. Here is more information on that mandate:
https://www.dds.ca.gov/wp-content/uploads/2021/09/DDSDirective_PublicHealthOfficer_COVID-19Order_09282021.pdf

CPR/First Aid certification that is backed by the American Heart Association is required to start employment (the course cannot be completed online). If you do not have certification, H.A.T.C.H. can assist with getting this completed if you are chosen to be employed by H.A.T.C.H. CPR/First Aid certification will need to be renewed every two years.

Additionally, H.A.T.C.H. requires to have documentation of a recent Tuberculosis (TB) test that has been completed within the last two years. In order to follow the State policies, a follow-up test will need to be done every two years. If you have a positive reading result from your TB test, you will need to have a chest x-ray, and the chest x-ray will need to be repeated every five years. H.A.T.C.H. can direct you to free or low-cost clinics for TB testing if needed.

At the interview, you will receive information and a Live Scan form to complete the mandatory fingerprinting, which you will need to have done before you can begin employment. If you are employed with H.A.T.C.H., it is important to be aware that because of the population our agency works with, the DOJ will send any subsequent arrest notifications to our office within 48 hours. Due to DOJ policy, each organization/school/etc. must have their individual fingerprinting done, as it is unlawful for us to share information.

Sincerely,



Heather Manes
Program Manager



*Help Another Toward Creative Happiness

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Employment Application

Name _____ Are you over 18? yes no

Phone Number _____

Cell Phone

Home Phone

Email Address _____

Home Address _____

Emergency Contact _____ Contact Phone _____

Highest Education Level _____ Degree(s) _____

Name of School and Location _____

Language(s) spoken fluently _____

Skills relevant to working with children and adults with developmental disabilities: _____

Check yes or no for each of the following:

Valid Driver's License without restrictions?	<input type="checkbox"/> yes <input type="checkbox"/> no	Current CPR and First Aid?	<input type="checkbox"/> yes <input type="checkbox"/> no
Clean driving record?	<input type="checkbox"/> yes <input type="checkbox"/> no	Tested for Tuberculosis?	<input type="checkbox"/> yes <input type="checkbox"/> no
Reliable Car?	<input type="checkbox"/> yes <input type="checkbox"/> no	TB tested within past 2 years?	<input type="checkbox"/> yes <input type="checkbox"/> no
Automobile Insurance?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Are you fully vaccinated for Covid-19	<input type="checkbox"/> yes <input type="checkbox"/> no		

Were you referred for a current or potential client? If so, who referred you, and what is the client's name?

Preferences on client(s) age or disability?

H.A.T.C.H. provides service to clients in Alameda County and Contra Costa County, which geographical location are you willing to work in?

What is your availability?



*Help Another Toward Creative Happiness

Employment History

List all employment for the last three years, beginning with the most recent/current position held.

Start Month/Year	End Month/Year	Company or Organization	Contact Person	Phone Number

Please have the reference forms in this employment packet filled out by current or past employers or coworkers. If you do not have two work references, you may use personal references outside your immediate family. Letters of recommendation are greatly appreciated and can be used as reference forms.

Authorization

I authorize H.A.T.C.H. to investigate all of the statements within this application. I understand and agree to the following:

1. Omissions and/or misrepresentation in responding to any of these questions may be cause for termination or employment.
2. I understand that I must pass a background check from the Department of Justice and Federal Bureau of Investigation and maintain that clearance throughout employment. H.A.T.C.H. is unable to hire anyone with a criminal record.
3. Attending a job interview does not guarantee employment, even if the client or the client's family recommends the position and specifically wants me to work with that client.

Signature _____ Date _____

Letter of Agreement Regarding Potential Employment

I hereby authorize and understand the following:

I authorize H.A.T.C.H. to check my references and employment history. The information that I have disclosed in the employment application is true and complete. I understand that if employed, any false statements on this application may result in my termination.

It is also understood that this application is not intended to be a contract of employment, nor does this obligate the employer to employ me.

I understand that my attending an interview does not guarantee that I will be employed by H.A.T.C.H.

H.A.T.C.H. maintains the right that if I am employed and assigned a case for any reason, I can be removed from that case at any time, with or without cause, and that such removal does not, by itself, constitute termination and that if I am removed from a case, H.A.T.C.H. is under no duty to reassign me to another client.

If I am removed from working with a client, I understand that it isn't necessarily related to an incident. I understand that once I am removed from a case, I should not make further contact with the client or family and maintain being professional at all times.

I agree to take attend the workshop training that is required of me on a yearly basis. I also agree that I am required to always have current CPR/First Aid certification, have a routine TB test done every two years, and if there is a positive reading, I will follow up with getting a chest x-ray every five years if required. I will submit current proof of auto insurance as I receive my renewed insurance policy cards. Additionally, I will complete the California Mandated Reporter training every two years.

I am aware that I will be required to submit monthly reports and time sheets.

I understand that H.A.T.C.H. Staff will do their best to try and connect me with a client that not only fits my abilities and skills but also my availability. I am aware that this may take time to coordinate.

I am aware that once my Live Scan fingerprinting has been submitted, H.A.T.C.H. will receive notification of any subsequent arrests through the Department of Justice. I understand that due to the nature of the employment position, I must maintain a clean record.

I understand that I must be fully vaccinated for Covid-19, including the primary series and the booster, or qualify for medical, religious, or family exemptions. If I do qualify for the exemption status, I am aware that I will need to submit weekly covid testing that I will have to arrange on my own.

I understand that I must be eligible to work in the United States in order to be employed by H.A.T.C.H., and I will be required to fill out both the I-9 Employment Eligibility and the W-4 Income Tax Withholding forms.

Signature _____ Date _____

Program Description

H.A.T.C.H. FORMULA:

$$\begin{array}{r} 1 \\ +1 \\ \hline 2 \end{array}$$

Child or adult with an intellectual/developmental disability who has numerous strengths and specific needs.

Adults with a heart of gold and a desire to use their strengths and abilities to support another human being.

Incredibly special people who will share, grow, and experience life while working together as a team!

H.A.T.C.H. provides:

In-Home Day Program for those who are unable to attend an out-of-home day program due to medical conditions listed under Title 22.

Respite Services for children and adults with developmental disabilities can take place in their homes or out in the community.

Socialization Training for children and adults.

H.A.T.C.H. clients have specific individual needs, which are the result of a variety of challenging conditions. H.A.T.C.H. clients have been referred by their Regional Center Case Managers and may need specifically trained workers in certain social and emotional areas in order to maximize their success in family/community/school/general life experiences. Other

H.A.T.C.H. clients are more seriously affected by their disabilities and need more basic support and survival life skills.

The clients referred to H.A.T.C.H. range from those who are semi-independent to those who are dependent upon others to meet their most basic needs. Often, a one-to-one team format is the only successful way to meet a specific and desired goal.



The list of services provided is as varied as the needs of the human beings involved. A few of the areas addressed by the H.A.T.C.H. team include, but are not limited to:

- In-Home Day Program
- Respite
- Self-Esteem
- Independent Living Skills
- Socialization Experiences
- Community Involvement
- Self-Help Skills
- Survival Skills/Safety Skills
- Verbal and Non-Verbal Communication
- Role Modeling
- Physical Exercise
- Sharing/Caring
- Companionship
- Positive Behavior Intervention
- Travel Training
- Follow-up on programs designed by designated advisors (i.e., a behavior modification consultant designs a program for all involved parties to utilize consistently when working with the client; a nutritionist develops a certain diet for the client, etc.).

Case Managers, parents, H.A.T.C.H. staff, and other care providers establish the client's individual goals as a team. H.A.T.C.H. receives other pertinent information from the referring Case Managers. Prior to formalizing a team, H.A.T.C.H. will receive background information, as well as the list of goals and challenges to be addressed. Additional training and support are continually available to H.A.T.C.H. employees in order to facilitate a positive experience for all.

REFERENCE FORM

_____ is applying for a job with the H.A.T.C.H. Program. This program provides a variety of services to an adult or child with a developmental disability. Since this is a very individualized supportive program, we need references concerning the skills of the above person. The potential employee will be working independently out in the community or within a client's home. We appreciate you taking the time to fill out this form.

How long have you known this person? _____

In what capacity? (Employer, coworker, student, etc.) _____

Please rate the person on the following:

	Excellent	Good	Poor	Do Not Know
Responsible	_____	_____	_____	_____
Consistent	_____	_____	_____	_____
Creative	_____	_____	_____	_____
Honest	_____	_____	_____	_____
Mature	_____	_____	_____	_____
Flexible	_____	_____	_____	_____
Self-reliant	_____	_____	_____	_____
Quick thinking	_____	_____	_____	_____
Independent	_____	_____	_____	_____

Would you be comfortable if this person were involved with your own child/relative in an independent activity? ____ Yes ____ No (if no, please explain why)

(continued on other side...)



Additional comments: _____

Reference Contact Information

Signature

Printed Name

Company/Organization

Street Address

City State Zip Code

Phone Number

Email Address

If mailing, please return to:

H.A.T.C.H.

1010 Versailles Avenue

Alameda, CA 94501

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Creative	_____	_____	_____	_____
Honest	_____	_____	_____	_____
Mature	_____	_____	_____	_____
Flexible	_____	_____	_____	_____
Self-reliant	_____	_____	_____	_____
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Would you be comfortable if this person were involved with your own child/relative in an independent activity? ___ Yes ___ No (if no, please explain why)

(continued on other side...)



Additional comments: _____

Reference Contact Information

Signature

Printed Name

Company/Organization

Street Address

City State Zip Code

Phone Number

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