

NORTH CAROLINA

HOME CARE INDEPENDENCE PROGRAM

PERSONAL ASSISTANT BILL OF RIGHTS AND RESPONSIBILITIES

As a Personal Assistant in the Home Care Independence program I have the RIGHT:

- To be safe in the provision of my work duties
- To be treated with courtesy, consideration, and respect by my Employer.
- To trust my instincts.
- To be informed of choices in my work arrangement and the consequences of negligent behavior as I work in my Employer's home.
- To be free from mental, physical, financial, and sexual abuse.
- To be shown or directed as to how my Employer wants services to be provided him/her.
- To be informed when changes in services are appropriate and desired by my Employer and to expect that I will be shown how the new services are to be provided.
- To expect that I will not be asked to provide any assistance that is fraudulent, illegal, or immoral.
- To be paid appropriately, in a timely manner, and at the agreed upon rate of pay if I have followed payroll instructions.
- To tell my Employer about any problems or concerns I have without fear of job loss or other negative treatment for expressing those concerns. I may voice complaints verbally and/or in writing.
- To expect that visitors to my Employer's home will respect my personal privacy and property.
- To expect that Personal information I provide to my Employer or the Fiscal Management Service will be respected and held in confidence and that this information will be shared only with my written consent.

As a Personal Assistant in the Home Care Independence program, I have the RESPONSIBILITY:

- To treat my Employer with respect and courtesy.
- To notify my Employer and the Fiscal Management Service as soon as possible if there is:
 - Any change in my address
 - Any change in my phone service
 - Any change in my name
 - Any change in my banking procedures or banking provider
 - Any change in my ability to work the agreed upon schedule
 - Any change in my legal status (citizenship, incarceration, etc)

Personal Assistant Bill of Rights

- To keep track of the hours I am authorized to work so that I do not work for more hours in the Home Care Independence program than my Employer has been approved.
- To submit all required paperwork to my employer and/or the Fiscal Management Service on time.
- To maintain a clean and safe environment for my employer.
- To engage in a cooperative working relationship with my employer, the Fiscal Management Service, and my Employer's Care Advisor in the Home Care Independence program.

The Personal Assistant Bill of Rights and Responsibilities has been discussed with me by my Employer and/or the FMS. I will be provided a copy of this document after my employer (the Participant) and I have signed it.

(Participant's Signature)

(Date)

(Personal Assistant's Signature)

(Date)

Eff. 7/1/11