

Thank you for requesting information regarding our company. We are a woman-owned nursing referral service agency that is proud to offer excellent hourly rates and expert nursing resources. Please review the information and if you have any questions, feel free to call our office at 301-574-8100. The application packet must be returned to our mailing address listed above.

CAN I FAX MY APPLICATION?

Sure! If you choose to fax your application packet, call prior to faxing to let us know. Afterwards, we will call to verify that we have received all of the pages sent on our end. Fax # 301-627-1955.

WHAT HAPPENS AFTER MY APPLICATION IS RECEIVED?

A recruiter will call you as soon as we receive your application. Please list all valid phone numbers where you can be reached. Normally we can process your application the day it is received so you may begin accepting shifts soon thereafter.

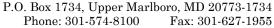
WE LOOK FORWARD TO HAVING YOU ON OUR TEAM!





Please submit the following to complete your application package:

 INDEPENDENT CONTRACTOR APPLICATION (FORM PROVIDED)
 COPY OF SOCIAL SECURITY CARD
 COPY OF DRIVER'S LICENSE
 COPY OF NURSING LICENSE
 COPY OF CPR CARD
 3 REFERENCES (FORMS PROVIDED)
 PHYSICIAN'S STATEMENT/HEALTH CERTIFICATE (FORM PROVIDED)
 CURRENT TUBERCULIN SKIN TEST REPORTING FORM OR CXR
 HEPATITIS B WAIVER OR RECORD (FORM PROVIDED)
 MMR/VARICELLA FORM (FORM PROVIDED)
 PROFESSIONAL CREDENTIAL AND CERTIFICATIONS (FORM PROVIDED)
 PROOF OF GENERAL AND PROFESSIONAL LIABILTY INSURANCE COVERAGE (REQUIRED)
 BACKGROUND CHECK FINGERPRINT VERIFICATION
 ADDITIONAL RIGHTS REGARDING DISCLOSURE OF BACKGROUND INVESTIGATIONS
 FORM I-9 (EMPLOYMENT ELIGIBILITY VERIFICATION)
 SUBSTANCE ABUSE TESTING PROGRAM FOR INDEPENDENT CONTRACTORS
 PERMISSION FOR RELEASE OF INFORMATION
 A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT



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INDEPENDENT CONTRACTOR APPLICATION

Please complete all sections of this application even if you have submitted your resume. It is essential that we have complete information regarding both your training and experience. Your present employer will not be contacted for a reference without your consent. Reasonable accommodations will be made for applicants when requested.

- ➤ You may be required to provide proof of appropriate health status (if applicable based on position).
- > You may be required to provide drug and/or criminal background screening (where required by policy, law, or client contract).

Military Caregivers of America, LLC is an equal opportunity employer and strives to comply with all applicable laws prohibiting discrimination based on race, color, sex, age, religion, national origin, ancestry, physical or mental disability, marital status, veteran status or any characteristic protected by law.

Date Available to Work	Today's Date
Personal I	nformation
Name	
Current Address	
City	State/Zip
Phone () Cell ()	Best time to call
Email address	
Social Security Number	
Age 18 or Older?YesNo	Sex?MaleFemale
Military Veteran?YesNo	If yes, what branch?
If you are a veteran, have you been honorably	discharged?YesNo
Speak/Understand Foreign Languages?	YesNo
Currently Employed?YesNo	Work for Another Agency?YesNo
Are you bound by a non-competition agreement employer? (Yes)	







Reliable Transportation	ı?Yes	No If yes,	which ones?	
Maximum number of m	iles you are wi	lling to commu	ıte:	Please Initial:
	Em	ployment St	tatus	
Are you a U.S. Citizen?	(Yes)(N	Vo)		
If not a U.S. citizen, ple	ase indicate yo	our immigratio	n status.	
(HI-B Visa) (TN	Visa) (Re	esident Alien)_	(Other)	
	Addi	tional Infori	nation	
How did you hear about	t us?			
If referral, please indica	ate whom			
Have you ever applied v	with us before?	' If so,	when?	
Are any of your relative	es employed by	us? (Yes)	_ (No)	
In which counties wi	ll you accept	employment	?	
Anne Arundel	Carroll _	Charles	Howard	St. Mary's
Baltimore City	Calvert _	Frederick	Montgomer	y Washington, DC
Baltimore County	Harford _	Prince Geo	orge's Wash	ington
	Emergeno	ey Contact I	nformation	
Primary Emergency Co				
(Cell #)	Relations	ship to Applica	nt:	
Secondary Emergency				Home #)
(Cell #)	Kelations	ship to Applica	.nt:	







Medical Experience

Healthcare Discipline			
Advanced Practice RN		RN	
LPN II		LPN	
CNA		PCA/HM	-
Other		Respite/Compa	nion
	Total Year	rs of Experience:	
	Date Pass	eed Boards:	
DI (*11 4 4 1 4		cation	1 4 1
Please fill out at least	t one of the following	g education rows co	ompletely.
High SchoolYear Graduated		City	State
Year Graduated	Degree Type		
Nursing School		City	Stato
Nursing School Year Graduated	Degree Type	Ony	State
College/University			State
Year Graduated	Degree Type		
Other		City	State
Year Graduated	Degree Type	010,5	
Please identify the amo		Experience	ush unit listed below
		· •	ortunity for assignments.
CHICAGOI IIOIIINIIIOJ WIOII	Trode corporation trains	autos mos moro opp	or was grantes.
Critical Care		Medical Surgica	al
Cardiac Cath Lab		Neonatal ICU _	
Emergency Room		Labor & Deliver	
Telemetry		Post Partum	
Stepdown/ICU Psychiatric Nursing		Operating Room Geri-Psych	
Inpatient Rehab		Orthopedics	
Neurology	_	Dialysis	
Other		2 2027 010	_







Preferences

Shift Preference:Days	EveningsNights	_Weekends
F	Employment History	
Company #1 From (month/year)/	To (month/year)	
Hospital/Facility		
Street Address		
City	State	Zip
Agency (if a travel or per diem ass	ignment)	
Position	Charge Experience)
Phone (-	
Supervisor Name and Title		
Reason for Leaving		
May we contact this employer?	YesNo	
Company #2 From (month/year)//	To (month/year)	
Hospital/Facility		
Street Address		
City	State	Zip
Agency (if a travel or per diem ass	ignment)	
Position	Charge Experience)
Phone (_	
Supervisor Name and Title		
Reason for Leaving		







May we contact this employer?Yes	No	
Company #3 From (month/year)/ To	(month/year)/	
Hospital/Facility		
Street Address		
City	State	Zip
Agency (if a travel or per diem assignment)		
Position	Charge Experience	
Phone (
Supervisor Name and Title		
Reason for Leaving		
May we contact this employer?Yes	No	
Company #4 From (month/year)/To	(month/year)/	
Hospital/Facility		
Street Address		
City	State	Zip
Agency (if a travel or per diem assignment)		
Position	Charge Experience	
Phone (
Supervisor Name and Title		
Reason for Leaving		
May we contact this employer?Yes	No	

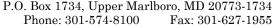






References

Reference #1 Name			
City	State	Zip	
Position	Relationship to You _		
Phone ()			
Reference #2 Name			
Company			
Address			
	State		
Position	Relationship to You _		
Phone ()			
Reference #3 Name			
Company			
Address			
	State		
Position	Relationship to You _		
Phone ()			







APPLICATION ACKNOWLEDGEMENT

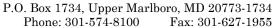
I certify that the information in this application and any supporting documentation is true, accurate, current and complete. I understand that any misstatement, misrepresentation, omission, or falsification of facts on this application or supporting documentation may result in disqualification from further consideration or termination of the contractual agreement.

I authorize Military Caregivers of America, LLC to investigate my employment history, professional licensure, and credentials and to obtain any relevant information (including criminal background check) needed to make a decision regarding utilizing my services. I authorize Military Caregivers of America, LLC to contact any current or former employer, staffing companies through whom I have worked, state licensing boards, professional organizations, references, medical malpractice insurance carriers, educational institutions and any other sources of information about me to inquire about my background, education, work history, character, experience and clinical skills. I authorize Military Caregivers of America, LLC to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I also authorize Military Caregivers of America, LLC to disclose any of my performance appraisals, disciplinary records or skills assessments for the same purposes as above. I release Military Caregivers of America, LLC and any individual or entity providing information to Military Caregivers of America, LLC from all liability for any damages resulting from disclosure of this information.

I also understand and agree that passing a medical examination and/or participating in a post—conditional offer medical screening may be required. If medical restrictions cannot be reasonably accommodated, my services may not be utilized as an independent contractor.

I consent that, subject to applicable state laws, Military Caregivers of America, LLC reserves the right to conduct pre-contractual drug screening or drug screening and testing for reasonable suspicion at any time during our contractual agreement or where warranted by circumstances, workplace conditions, or contractual requirements. Any violation of this policy shall result in termination of my services with Military Caregivers of America, LLC.

I understand and agree that nothing contained in this application or in granting of an interview creates an employment between Military Caregivers of America, LLC and myself. No promises regarding employment have been made to me. I acknowledge that the purpose of filling out all forms (including tax forms) at this







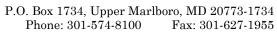
pre-contract stage is solely for administrative purposes and it will not be used for a hiring decision for contracting. If any independent contractor relationship is established, I understand that my independent contractor agreement will be terminated "at will," that I will have the right to terminate my independent contractor agreement at any time, and that Military Caregivers of America, LLC will retain a similar right to terminate my services at any time.

I understand and agree that Military Caregivers of America, LLC is under no obligation to contract with me or find placement on my behalf with one of its clients.

I understand and agree that this application is a continuous document and should any of the information which I have supplied herein changes, I am obligated to notify Military Caregivers of America, LLC of such changes immediately. Should I be hired as an independent contractor by Military Caregivers of America, LLC, my caregiver assignments, schedules, and/or work locations, are subject to change according to the needs of the business and the clients of Military Caregivers of America, LLC.

Applicant Name (print):	
Signature of Applicant:	Date:
	· · · · · · · · · · · · · · · · · · ·

Military Caregivers of America, LLC is an Equal Opportunity Employer. Pursuant to Title VII of the Civil Rights Act of 1964 (42 U.S. C s200d et seq.) and 45 C.F.R. Part 80, Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S. C s794) and 45 C.F. R Part 84, and the Age discrimination Act of 1975 (42 U.S. C s6101 et seq.) and 45 C.F. R. Part 91, the agency adheres to an equal opportunity policy for all persons seeking contractual employment, and for all persons employed by the agency. Military Caregivers of America, LLC does not discriminate on the basis of age, race, color, religion, military status, marital status, gender, gender preference, national origin, disability, or any characteristic protected by law.



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$\frac{PROFESSIONAL\ CREDENTIALS}{AND\ CERTIFICATIONS}$

Name:		
(Last)	(First)	(Middle Name)
	dentials (CPR, ACLS, TNCC a copy to this application.	C, CNOR, BLS, etc.) along with the expiration
Credential/ Certif	fication	Expiration Date
	Profession	al Licensure
License #:	State _	
	_	different name? YesNo
	es to any of the questions nces, dates and final outo	s below, please attach a separate sheet
Have you ever beNo	en convicted of a crime other	r than a minor traffic violation? Yes
Has your license	or certification ever been inv	vestigated or suspended? YesNo
Have you ever be	en named as a defendant in	a malpractice claim? YesNo



 $\begin{array}{cccc} \text{P.O. Box 1734, Upper Marlboro, MD } 20773\text{-}1734} \\ \text{Phone: } 301\text{-}574\text{-}8100 & \text{Fax: } 301\text{-}627\text{-}1955 \end{array}$

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REFERENCE INFORMATION

Independent Contractor's Name ______ Signature _____

Notice to Reference: The applicant named above has and has given us your name as employment dates as well as proutlined below. Please make an hiring this applicant. Your comments applicant.	a professional reference ovide an evaluation of the y additional comments y	. We would greatly ap nis applicant's past pe you feel would assist u	preciate it if you would verify rformance using the criteria is in making our decision in
TO BE COMPLETED E	BY REFERENCE:		
Employment Dates: From (month/year)	/ To (mo	onth/year)/_	
Hospital/ Facility		Nur	nber of Beds
Specialty/Units Worked _		Average	Patient Ratio
Position			
Applicant Role in UnitOther (Explain)			N
Charge Experience?	_YesNo		
Is this applicant eligible (Explain)		No	
	Clinical Perfor	mance/ Attributes	
	Exceeds Standards	Meets Standards	Does not Meet Standards*
Clinical Competence			
Critical Thinking Skills Quality of Work			
Quantity of Work			
·			
Ability to Follow Directions			
Accepts Feedback			
Dependability			
Attitude			
Initiative			
Interpersonal Skills			
Print Name		_ Title	
Signature		_ Date	



 $\begin{array}{cccc} \text{P.O. Box 1734, Upper Marlboro, MD } 20773\text{-}1734} \\ \text{Phone: } 301\text{-}574\text{-}8100 & \text{Fax: } 301\text{-}627\text{-}1955 \end{array}$

 $\underline{www.military caregivers of america.org}$

REFERENCE INFORMATION

Independent Contractor's Name ______ Signature _____

Notice to Reference: The applicant named above has and has given us your name as employment dates as well as proutlined below. Please make an hiring this applicant. Your comparison of the comp	a professional reference ovide an evaluation of the y additional comments y	. We would greatly ap nis applicant's past pe you feel would assist u	preciate it if you would verify erformance using the criteria is in making our decision in
TO BE COMPLETED I	SY REFERENCE:		
Employment Dates: From (month/year)	/To (mo	onth/year)/_	
Hospital/ Facility		Nur	nber of Beds
Specialty/Units Worked _		Average	Patient Ratio
Position			
Applicant Role in UnitOther (Explain)			N
Charge Experience?	_YesNo		
Is this applicant eligible (Explain)		No	
	Clinical Perfor	mance/ Attributes	
	Exceeds Standards	Meets Standards	Does not Meet Standards*
Clinical Competence			
Critical Thinking Skills			
Quality of Work			
Quantity of Work			
Ability to Follow Directions			
Accepts Feedback			
Dependability			
Attitude			
Initiative			
Interpersonal Skills			
Print Name		_ Title	
Signature		_ Date	



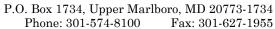
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REFERENCE INFORMATION

Independent Contractor's Name ______ Signature _____

TO BE COMPLETED BY REFERENCE: Employment Dates: From (month/year) To (month/year)	Notice to Reference: The applicant named above has and has given us your name as employment dates as well as proutlined below. Please make an hiring this applicant. Your comments of the comm	a professional reference ovide an evaluation of th y additional comments y	. We would greatly ap nis applicant's past pe you feel would assist u	preciate it if you would verify rformance using the criteria is in making our decision in
From (month/year) / To (month/year) / Hospital/ Facility Number of Beds Specialty/Units Worked Average Patient Ratio Position Applicant Role in Unit Advanced Practice RN RN LPN Other (Explain) Charge Experience? Yes No Is this applicant eligible for rehire? Yes No (Explain) Clinical Performance/ Attributes Exceeds Standards Meets Standards Does not Meet Standards* Clinical Competence Critical Thinking Skills Quality of Work Quality of Work Ability to Follow Directions Accepts Feedback Dependability Attitude	TO BE COMPLETED I	BY REFERENCE:		
Specialty/Units WorkedAverage Patient Ratio Position Applicant Role in UnitAdvanced Practice RNRNLPN		/ To (mo	onth/year)/_	
PositionApplicant Role in UnitAdvanced Practice RNRNLPNCher (Explain)	Hospital/ Facility		Nun	nber of Beds
Applicant Role in UnitAdvanced Practice RNRNLPNOther (Explain) Charge Experience?YesNo Is this applicant eligible for rehire?YesNo (Explain) Clinical Performance/ Attributes Exceeds Standards Meets Standards Does not Meet Standards* Clinical CompetenceCritical Thinking Skills	Specialty/Units Worked _		Average	Patient Ratio
Charge Experience?YesNo Is this applicant eligible for rehire?YesNo (Explain) Clinical Performance/ Attributes Exceeds Standards Meets Standards Does not Meet Standards* Clinical Competence Critical Thinking Skills Quality of Work Quantity of Work Ability to Follow Directions Accepts Feedback Dependability Attitude Initiative Interpersonal Skills	Position			
Is this applicant eligible for rehire?YesNo (Explain)				
Clinical Performance/ Attributes Exceeds Standards Meets Standards Does not Meet Standards* Clinical Competence Critical Thinking Skills Quality of Work Quantity of Work Ability to Follow Directions Accepts Feedback Dependability Attitude Initiative Interpersonal Skills	Charge Experience?	_YesNo		
Exceeds Standards Meets Standards Does not Meet Standards* Clinical Competence Critical Thinking Skills Quality of Work Quantity of Work Ability to Follow Directions Accepts Feedback Dependability Attitude Initiative Interpersonal Skills	= =		No	
Clinical Competence Critical Thinking Skills Quality of Work Quantity of Work Ability to Follow Directions Accepts Feedback Dependability Attitude Initiative Interpersonal Skills		Clinical Perfor	mance/ Attributes	
Critical Thinking Skills Quality of Work Quantity of Work Ability to Follow Directions Accepts Feedback Dependability Attitude Initiative Interpersonal Skills		Exceeds Standards	Meets Standards	Does not Meet Standards*
Critical Thinking Skills Quality of Work Quantity of Work Ability to Follow Directions Accepts Feedback Dependability Attitude Initiative Interpersonal Skills	Clinical Competence			
Quality of Work Quantity of Work Ability to Follow Directions Accepts Feedback Dependability Attitude Interpersonal Skills				
Quantity of Work Ability to Follow Directions Accepts Feedback Dependability Attitude Initiative Interpersonal Skills	Č			
Accepts Feedback Dependability Attitude Initiative Interpersonal Skills	•			
Dependability Attitude Initiative Interpersonal Skills	Ability to Follow Directions			
Attitude Initiative Interpersonal Skills	Accepts Feedback			
Initiative Interpersonal Skills	Dependability			
Interpersonal Skills	Attitude			
Print Name Title	Interpersonal Skills			
	Print Name		_ Title	
Signature Date	Signature		_ Date	



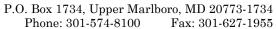
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PHYSICIAN'S STATEMENT OF HEALTH

This nurse, contagious disease, and there is no cause to prevent the nurse for required by his/her profession.	, is free from infectious or rom performing the tasks
Date:	
Physician's Signature:	
Physician's Printed Name:	
Physician's Office Address:	
Physician's Telephone Number:	

Return this completed statement to Military Caregivers of America, LLC for submission with your application packet.







TUBERCULIN SKIN TEST REPORTING FORM

Name (Please print):		
Last	First	Middle Name
Date of Test:		
	18 to 72 hours after it is administer	red)
Read By (Printed Name)		
Office Address:		
Results:0m	9	

• If redness or swelling occurs, your test must be read by independent contractor's health nurse or a nurse certified in reading test.

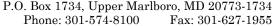






HEPATITIS B VACCINATION STATUS

Name	Classification:		
The hepatitis B vaccination will be made available to all independent contractors after independent contractors have received the required training, within 10 working days of initial assignment and to all who have occupational exposure, unless the independent contractor is exempted from having the Hepatitis B vaccination series for any of the following reasons:			
(Check one) The antibody testing indicates m The vaccine cannot be given for n I have received the complete Hep I would like the Hepatitis B Vaccing I am currently receiving the Hep	medical reasons. patitis B Vaccination series previously. cination.		
Signature	Date		
vaccine, I continue to be at risk of acquithat due to my occupational exposure to may be at a higher risk of acquiring He have occupational exposure to blood an	t this time. I understand that by declining this airing Hepatitis B, a serious disease. I understand to blood and other potentially infectious materials, I epatitis B. However, if in the future I continue to ad other potentially infectious materials and want to coine, I will receive the vaccination series at that		
Signature			







<u>AUTHORIZATION OF BACKGROUND INVESTIGATION</u> & RELEASE OF INFORMATION

In consideration of my application for contract employment, I hereby authorize Military Caregivers of America, LLC ("MCA") and/or its agents to make an independent investigation of my background and request any present or former employer, school, police department, financial institution, agency or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for contract employment with an MCA client; including consumer report information that may contain motor vehicle records.

I understand that MCA may release the results of my background investigation to any actual or potential MCA clients. Any background investigation results released by MCA shall be solely for the purpose of obtaining potential contract employment for me. I grant my permission to MCA to release the results of my background investigation and hereby agree to hold MCA harmless from any liability for the release of such results to MCA actual or potential clients.

The scope of this report may contain information on my work history, criminal record (if any), education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends, or associates. MCA makes no warranty regarding the truthfulness or accuracy of the background results obtained from other sources. I have the right to the results of the background investigation conducted. Additional rights specific to the state I reside or work in are listed below. Any requests for the results of my background investigation can be obtained by submitting a written request to Military Caregivers of America, LLC, P.O. Box 1734, Upper Marlboro, MD 20773-1734. I may also have a right to request additional disclosures regarding the nature and scope of the investigation. I am willing that a photocopy of this authorization be accepted with the same authority as the original and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be a part of the written employment application which I sign.

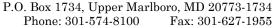
Applicant name (Print):	Print Maiden or Other Names Used:	Date of Birth:
		(Identification purposes only)
		/
Social Security #:	Phone:	Cell:
(Identification purposes only)		







Present Address:	List all prior address Address (1)	ses within the Past 7 years:
Address (2):	Address (3):	
and I certify that the facts and	a copy/fax/scan of this document information in this form are tru ument, effective as of the date of	e and correct. I also agree to
Signature:	Printed Name:	Date:



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ADDITIONAL RIGHTS REGARDING DISCLOSURE OF BACKGROUND INVESTIGATIONS

If you are a resident of any of the following states, please review the additional rights afforded to residents of that state.

California, Minnesota, or Oklahoma: If a consumer background report is ordered, would you like a free copy of the report mailed to your home?

Yes
No

California: A copy of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW has been provided to you.

Maine: If requested, you have the right to be informed if (1) the Company ordered a background report on you and if ordered (2) the name and address of the Consumer Reporting Agency (CRA) furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the CRA's nearest office. In addition, you have the right to request and promptly receive from all such CRAs copies of any such investigative consumer reports.

New Jersey: If requested, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the CRA for a copy.

Minnesota: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

New York: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You have been provided a copy of Article 23-A of the New York Correction Law, in compliance with Article 25 Section 380-g of the New York General Business Law.

State of Washington: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the CRA a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.



MILITARY CAREGIVERS OF AMERICA, LLC'S SUBSTANCE ABUSE TESTING PROGRAM FOR INDEPENDENT CONTRACTORS

Introduction

Military Caregivers of America, LLC ("Company") is committed to promoting a safe and healthful work environment for all of its independent contractors. The Company is particularly concerned about alcohol and other drug abuse, since such abuse can have a serious effect on productivity and job performance, and may jeopardize the safety of the independent contractor.

In addition, the Company has an obligation to its clients to provide high quality services and to ensure client satisfaction. Substance abuse by Company independent contractors could result in serious mistakes in judgment and thereby compromise the high quality of our services and our clients' trust.

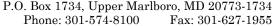
The Company consequently has established this Substance Abuse Testing Program ("Program") to:

- Insure a safe healthful working environment for all independent contractors
- Reduce substance abuse-related injuries and property damage
- Improve, if not insure, productivity and product quality
- Reduce substance abuse-related absenteeism and tardiness
- Refer independent contractors with substance abuse problems to appropriate care and assistance
- Deter individuals from bringing, possessing, using, distributing or having in their systems alcohol or other drugs on Company time or premises
- Help the Company maintain its position of leadership in the nursing referral agency industry.

The Company has committed substantial resources to make this Program effective for every independent contractor, whether regular or temporary. The safety and livelihood of too many others depend on having a drug-free place of work.

General Provisions

Except as otherwise provided in this Program, the Company prohibits the use, possession and/or distribution of alcohol and other drugs (hereafter collectively referred to as "drugs", unless otherwise noted) by anyone on its premises or time, on its clients'







premises or time or at its outside events. The Company also prohibits independent contractors from reporting to their assignments under the influence of a drug or having in their systems (even if because of use off Company premises and time) any drug in excess of (1) the appropriate concentration level established by the U.S. Department of Health and Human Services ("DHHS") or the U.S. Department of Transportation ("DOT") (in the case of alcohol) or (2), in the case of a substance for which neither of those agencies has established such a level, the appropriate concentration level accepted as reasonable by the medical community. The use and possession of legally-prescribed drugs is permitted on the Company's premises and time provided the drug is contained in the original prescription container and has been prescribed by a medical practitioner for the current use of the person in possession of the drug. Possession of lawfullyacquired over-the-counter drugs also is permitted, but use of any such drug must be consistent with the manufacturer's instructions. Alcoholic beverages are permitted on the Company's premises and time only when in sealed and unopened containers or when otherwise authorized by the President. The permissibility of legally- prescribed drugs, lawfully-acquired over-the-counter drugs and alcohol on clients' premises depends on the clients' policies, which the Company will enforce.

In order to enforce and to monitor compliance with this Program, the Company has contracted with one or more clinics and testing laboratories to collect and to test urine, breath and blood samples for the presence of drugs, as explained below. The Company also may have testing conducted in accordance with the requirements of clients or applicable law, even if not specifically mentioned in this Program and even if different from the testing provided for in this Program.

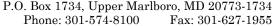
Vendors

Vendors who will be working on Company time or premises for an extended period will be required to subject their employees, who are assigned Company work, to the prohibition and testing provisions of this Program.

Types of Testing to be Conducted

Pre-employment testing

All candidates being considered for independent contracting work with the Company will be required to undergo and to pass a drug test as a condition of hire. No candidate whose test result is positive will be considered further for independent contracting, and no future application for employment by the candidate will be considered for at least a year.







Reasonable suspicion testing

Any independent contractor whom the Company reasonably suspects may be in violation of this Program or the program of a client to whom the independent contractor has been assigned will be required to undergo a drug test. A reasonable suspicion is one based upon observable and articulable conduct, appearance or work performance of the independent contractor identified. Involvement by an independent contractor in a work-related incident resulting in \$1,500 or more in property damage (estimated or actual) or injury to any person requiring more than first aid will constitute grounds for reasonable suspicion in the event the independent contractor shows at least one additional indicator of potentially being in violation of this program.

Whenever feasible, an independent contractor required to submit to reasonable suspicion testing will be observed by the Company's Coordinator or Assistant Coordinator of Healthcare Services or management employee, and Company will complete a form detailing the reason(s) for suspicion of violation of the Substance Abuse Policy. (See attachment.) An independent contractor to be tested based upon reasonable suspicion will be suspended from work pending the Company's receipt of notice of the test result.

Sample Collection and Testing

Consent and Release

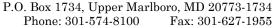
Prior to sample collection, an independent contractor identified for testing will be required to sign a consent and release form authorizing and agreeing to collection and testing of a sample, or samples, of his/her urine, blood or breath. Examples of such forms are attached, though any form chosen by the Company, its client to whom the independent contractor has been assigned, its clinic(s), or its laboratory(ies) may be used.

Sample collection

Urine, blood and breath samples will be collected by the Company's clinic(s), which will follow chain-of-custody procedures and procedures that protect independent contractor confidentiality and privacy and protect the collected sample(s) from adulteration, substitution and misidentification.

Sample testing

All urine and blood sample testing will be conducted by a laboratory certified by the U.S. Department of Health and Human Services ("DHHS"), and all initial positive urine and







blood test results will be confirmed by a second, reliable testing method.

Testing for alcohol content will be by blood analysis or breathalyzer.

Any independent contractor blood- or urine-tested under this Program who questions the accuracy of a positive test result may submit a written request for a retest to the Company's Managing Director within three (3) working days of the independent contractor's receipt of notice of the result. A portion of the original specimen, or a "split" sample, will have been preserved for such testing, which will be conducted at the independent contractor's own expense by the same laboratory or a different

DHHS-certified laboratory of the independent contractor's choice applying the same concentration cut-off levels as were applied during the first test.

Medical Review Officer

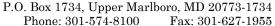
No test result will be reported to the Company as positive until the Company's medical review officer ("MRO") has confirmed that the result reflects a violation of this Program. The MRO will be a physician chosen by the Company and may contact any tested independent contractor for information the MRO deems necessary to a determination that the independent contractor's test result was or was not positive. The MRO also may order a retest of the independent contractor's original sample(s) or split sample.

Reinstatement, Assistance and Discipline

After reasonable suspicion testing

In the event an independent contractor's reasonable suspicion test result is negative while he or she is on suspension pending the Company's receipt of notice of the result, the independent contractor will be immediately reinstated and paid any wages and benefits that would have been paid had the independent contractor's work hours not been interrupted by the test and/or suspension. However, if the suspension was in part or in whole for misconduct, whether associated with the circumstances that led to the initial testing or not, the independent contractor will not be made whole for, or reinstated during, any part of the suspension that was for the misconduct.

In the event an independent contractor's reasonable suspicion test result is positive, the independent contractor will be removed from his/her assignment. The independent contractor also may be disciplined, up to and including discharge, for any misconduct related to, or any damage or injury caused by, his or her substance abuse in accordance with the Company's discipline policy.







After retesting at independent contractor's request

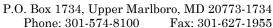
If the result of a retest requested by an independent contractor under this Program is negative, the Company will reimburse the independent contractor for the cost of the test, and the independent contractor will be reinstated and made whole if he or she was suspended pending the Company's receipt of notice of the first test result. However, if the suspension was in part or in whole for misconduct, whether associated with the circumstances that led to the initial testing or not, the independent contractor will not be made whole for, or reinstated during, any part of the suspension that was for the misconduct.

Upon refusal to sign/cooperate

An independent contractor who refuses to execute a consent and release form, who attempts to adulterate or to substitute a sample or otherwise to interfere with the sample collection or testing processes, or who refuses to cooperate with the Company's MRO or to provide the MRO with information he or she requests will be treated as having tested positive and as having been insubordinate.

Confidentiality

The Company and its clinic(s)/laboratory(ies) will keep confidential, to the extent reasonable and feasible, all test results and test-related information.







CONSENT TO BREATH AND/OR BLOOD TEST

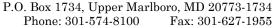
I hereby voluntarily consent to a breath or blood test, including the collection of a sample or samples of my breath and/or blood, pursuant to Military Caregivers of America, LLC's ("the Company's") Substance Abuse Testing Program ("Program"). I acknowledge that I have been given notice of the Program and that I understand it. I further consent to the disclosure of the test result(s) and any test-related information by and between the Company, the Company's testing laboratory, its medical review officer, and its appropriate supervisory and managerial personnel. Signed: Date: ____/____ **CONSENT TO URINALYSIS** I hereby voluntarily consent to a urine test, including the collection of a sample of my urine, for the purpose of urinalysis pursuant to Military Caregivers of America, LLC's ("the Company's") Substance Abuse Testing Program ("Program"). I acknowledge that I have been given notice of the Program and that I understand it. I further consent to the disclosure of the test result(s) and any test-related information by and between the Company's medical clinic, testing laboratory, medical review officer, and appropriate supervisory and managerial personnel. Date: ____/___/____ CONSENT TO SUBSTANCE ABUSE TESTING PROGRAM I hereby acknowledge I have received a copy of Military Caregivers of America, LLC's ("the Company's") Substance Abuse Testing Program, have had the chance to review it and ask any questions I have about it, understand it, and must abide by it as a condition of employment with the Company. Name _____ Date Signed Signature



P.O. Box 1734, Upper Marlboro, MD 20773-1734 Phone: 301-574-8100 Fax: 301-627-1955 www.militarycaregiversofamerica.org

PERMISSION FOR RELEASE OF INFORMATION

I,	do hereby authorize Military Caregivers of America, LLC to
relea	se the following information, as applicable, from my personnel file to any Military
Care	givers of America, LLC's client. I hereby release Military Caregivers of America, LLC
from	any and all liability associated with such release.
The	nformation shall include, but not be limited to:
	Licenses Certifications Skills checklists/ Exam results Clinical Competencies US citizenship status Health status, including immunizations/vaccines, and TB results In-services Graduation date, school or degree received
I	adependent Contractor's Signature Date







A Summary of Your Rights under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552 or phone (202)435-7000.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

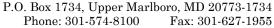
You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within (60) days.

In addition, all consumers are entitled to one free disclosure every (12) months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the







consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within (30) days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than (7) years old, or bankruptcies that are more than (10) years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at (1-888-567-8688).

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit: www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For more information about your federal rights, contact:





TYPE OF BUSINESS:	CONTACT:
The FTC works to prevent fraudulent, deceptive and unfair business practices. In addition, provide consumer spot, stop, and avoid scams and fraud.	Federal Trade Commission (FTC) 600 Pennsylvania Ave., NW Washington, DC 20580 1-877-382-4357
The Office Comptroller charters, regulates and supervises all national banks. In addition, Federal branches/agencies of foreign banks.	Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney St. Suite 3450 Houston, TX 77010-9050 1-800-613-6743
Federal Reserve System is the central bank of the U.S. Formulates and administers credit and monetary policy.	Federal Reserve System 20 th St and Constitution Ave NW Washington, DC 20551 1-888-851-1920
NCUA charters and supervises Federal credit unions and insures savings in federal and most state-chartered credit unions across the country and National Credit Union Share Insurance Fraud.	National Credit Union Administration (NCUA) 1775 Duke Street Alexandria, VA 22314-3428 1-800-755-1030/1-703-518-6300
FDIC responds to questions about Federal deposit insurance coverage and handles complaints & inquiries about FDIC-Insured state banks which are "not" members of the Federal Reserve System.	Federal Deposit Insurance Corporation (FDIC) Consumer Response Center 1100 Walnut St. Box # 11 Kansas City, MO 64106 1-877-275-3342
DOT is responsible for planning and coordinating federal transportation projects. It also sets safety regulations for all major modes of transportation	Department of Transportation (DOT) 1200 New Jersey Ave, SE Washington, DC 20590 1-855-368-4200/1-202-366-4000