



Employee Training Signature Forms



# E-Signature Intent/Consent Form

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

Compassionate Living and Services has incorporated an electronic paperwork system. Each staff member of Compassionate Living and Services will sign this form stating that they:

- 1. Have 'intent to sign' each personally completed CLS document with an electronically typed signature.**
- 2. Consent to use CLS forms electronically to document shift data, shift notes, timesheets, monthly summaries, support strategy details, and complete any other CLS document required for employment.**
- 3. A. Consent to maintaining confidentiality of CLS documents and sensitive client information held within said documents. B. Will not share CLS document information with individuals outside of CLS administrations and management.**
- 4. Consent to possible legal action taken against them if confidentiality agreement is broken.**

By signing below I consent to the above listed requirements. I also consent to sign any and all CLS documents with an electronic signature (typed).

**Employee Name (Printed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Title:** \_\_\_\_\_



Department of Human Services  
195 North 1950 West  
Salt Lake City, UT 84116

**Name of Contractor:**

**CONFLICT OF INTEREST - DISCLOSURE STATEMENT**

Does any employee in your organization have a conflict of interest or potential conflict of interest?

**YES**

*(Please use a separate form for each employee with a conflict or potential conflict, and complete all applicable portions of the form. Attach additional sheets as needed.)*

**NO**

*(Please complete the signature section below.)*

**Dual Employment** *(The notary section of this form must be completed for all dual employment conflicts of interest.)*

Name of individual with dual employment:	
Title or position with the State of Utah or political subdivision:	
Title or position with the Contractor:	
Nature and value of the individual's interest in Contractor's business entity:	
Individual's decision-making authority with the Contractor and with the State:	
How does the Contractor protect DHS from potentially adverse effects resulting from this individual's Conflict of Interest?	

**Related-Party Transactions or Independent Judgment Impaired**

Name and position or title of individual with Conflict of Interest:	(individual associated with Contractor):	
	(individual associated with other party):	
Relationship between identified individuals:		
Description of transaction involving identified individuals and dollar amount (if any):		
Decision-making authority of individuals with respect to that transaction:		
Potential effect on this Contract with DHS:		
How does the Contractor protect DHS from potentially adverse effects resulting from this identified Conflict of Interest?		

**Name of Contractor:**

**Signature:**

I hereby certify that the information I have given is true and complete to the best of my knowledge.

\_\_\_\_\_  
(Name and Title of Person Completing Form)

\_\_\_\_\_  
(Signature)

**Date:** \_\_\_\_\_

**Notary:** *(Must be completed for all dual employment conflicts of interest)*

STATE OF \_\_\_\_\_ )

: ss.

COUNTY OF \_\_\_\_\_ )

SUBSCRIBED to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

NOTARY PUBLIC \_\_\_\_\_

Commission Expires \_\_\_\_\_

DHS/_____ Action:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	** <input type="checkbox"/> Refer to BIRA	Agency Signature: _____	Date: _____
DHS/_____ Action:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	** <input type="checkbox"/> Refer to BIRA	Agency Signature: _____	Date: _____
DHS/_____ Action:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	** <input type="checkbox"/> Refer to BIRA	Agency Signature: _____	Date: _____

\*\*"Approve" means the Agency has no reason to question the accuracy of a "no conflicts" declaration or, in those situations where a conflict has been declared, that the Agency has taken sufficient action to determine the facts declared by the Contractor do not constitute a prohibited conflict of interest.

\*\*DHS may refer any questions regarding potential Conflicts of Interest to the DHS Bureau of Internal Review and Audit ("BIRA").

**BIRA Action Upon DHS/ Referral:**  Approve  Deny  Other: \_\_\_\_\_



**DEPARTMENT OF HUMAN SERVICES  
DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES**

**Provider/Employee/Volunteer Code of Conduct Certification**

This form accompanies the Department of Human Services Provider Code of Conduct and the Division of Services for People with Disabilities Code of Conduct. This form must be signed by all Providers, Employees, and Volunteers in Department of Human Services and Division programs, once a year.

By signing below, I acknowledge that:

I have read and been provided a personal copy of the Department of Human Services Provider Code of Conduct and the Division of Services for People with Disabilities Code of Conduct.

I understand the expectations outlined in the Code of Conduct and will strive in good faith to comply with the provisions therein. Any questions or clarifications of the Code of Conduct have been presented and satisfactorily responded to.

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Signature of Employee Date

Print Name: \_\_\_\_\_

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Signature of Employer Date

Print Name: \_\_\_\_\_

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Program/Facility Name *(if applicable)*

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Employer/Program/Facility Address

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City State Zip

# Compassionate Living and Services

## Medication Training

CLS strives to create a safe environment for all of our clients. This includes administering medicine safely and correctly. In the event that medication management is needed, it is your job to ensure the client's medicine is being given correctly each time.

You **must** remember the 5 “rights.”

The 5 rights of medication administration are:

### **Right Person**

- Be sure you have the right client before administering medication

### **Right Medication**

- Check the bottle's label to ensure it's the correct medication for the correct client

### **Right Dose**

- Double check the *amount* of medication before administering
- Be sure the amount to be given is clearly understood

### **Right Time**

- Medication is to be given within one half hour before or after the scheduled time

### **Right Route**

- Verify whether the medicine is to be given by mouth, intravenously, as a suppository, or by any other method.

*Also, please note, any medication that is labeled "extended release" can never be crushed or split in half. This type medicine is designed to release slowly over a certain period of time, and crushing it can be extremely dangerous.*

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Staff Signature

Date

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Print Name

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Supervisor Signature

Date

---

Print Name

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Title



COMPASSIONATE  
LIVING & SERVICES

**30-Day Training Certificate of Understanding & Compliance**  
(To be signed by all Compassionate Living and Services Employees.)

I have completed my 30 day training, which includes my job description, DHS code of conduct, provider code of conduct, policies and procedures, money management policy, human rights, duties and responsibilities, non-disclosure and non-competition, chain of command, incident reporting, APS reporting, prevention of choking, communicable diseases, first aid and CPR training, medication training, when to call 911, confidentiality, seizure disorders, introduction to persons with disabilities, getting to know the client, notification for lost client, and positive behavior supports, what makes a good employee (see provider code of conduct), abuse, neglect exploitation prevention (see DHS code of conduct), legal rights of persons with disabilities (see human rights), catastrophic emergency/crisis prevention (see human rights), quality management plan, person centered planning. I was given an opportunity to ask questions about anything I do not understand and received answers. I received a copy of this document upon request.

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Signature of Employee or Volunteer

Date

Print Name: \_\_\_\_\_

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Signature of Supervisor

Date

Print Name: \_\_\_\_\_

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Program/Facility

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Street Address

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City, State, ZIP



# COMPASSIONATE LIVING & SERVICES

CLS  
Emergency Procedures  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

## *True or False*

1.    T    F    If a staff on duty fears for the immediate safety of the residents, they should evacuate the premises immediately, and then contact their House Manager or other key personnel.
2.    T    F    The ultimate responsibility of staff in an evacuation is to protect the safety of their people. Under no circumstances should they abandon the people in their supervision.
3.    T    F    Incident Reporting procedures are outlined in the company policy and provide a way to report physical injury, abuse, criminal acts, drug/alcohol abuse, med errors, missing persons, seizures, restraint or property destruction.
4.    T    F    If a person that you serve has a behavior and needs physical intervention you do not need to fill out an incident report (Form 1-8).
5.    T    F    You should call 911 if immediate professional medical attention is needed, you or a resident is in fatal or near fatal danger, or you feel there is no other option available to you in an emergency.
6.    T    F    You should not call a doctor or hospital if the individual(s) you are serving seems to be sick, vomiting or has a moderate/severe physical injury.
7.    T    F    Incident reports are the main tool to communicate incidents to the Behaviorist and the Support Coordinator.
8.    T    F    Seizures are common and immediate medical attention is not necessary.
9.    T    F    If an individual is having a seizure you should: cushion the person's head, loosen any tight neckwear, turn the person on his or her side, do not hold the person down or restrain the person, do not place anything in the mouth or try to pry the teeth apart.





# COMPASSIONATE LIVING & SERVICES

CLS  
Catastrophic Emergency & Civil Crisis Procedures  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

### *True or False*

1.    T    F    Staff is required to call 911 if the following circumstances arise and are not limited to: fire, earthquake, flood, severe thunderstorm, power/heat failure of a long duration, a civil defense emergency, bomb threat, gas leak or odor, or terrorist attack.
  
2.    T    F    If a staff on duty fears for the immediate safety of the residents, they should not evacuate the premises immediately, and then contact their House Manager or other key personnel.
  
3.    T    F    Imminent danger is defined as a situation where injury to the individual or another person is threateningly close at hand. It is an emergency situation.
  
4.    T    F    We do not have the right to take things away from the people we serve unless there is imminent danger.
  
5.    T    F    If you are in a situation with a person you serve and you need help, you should contact your supervisor. If you can't contact the supervisor you should call the emergency cell phone number.
  
6.    T    F    All CLS facilities have Emergency Preparedness plans. All employees need to review the plans and know the components.
  
7.    T    F    All CLS facilities have 72 hour kits and sleeping bags for the use of the people we serve in case of emergency situations.
  
8.    T    F    I do not need to notify my supervisor or other CLS authorities if I am injured on the job.



# COMPASSIONATE LIVING & SERVICES

CLS  
Positive Behavior Supports  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

## *True or False*

1.    T    F    CLS encourages positive behavior by providing freedom, choice of actions, and self-determination.
2.    T    F    Staff does not need to positively reinforce good behavior by offering praise, being respectful and verbally encouraging the individual.
3.    T    F    Staff's values and attitudes do not directly correlate with the individuals behavior.
4.    T    F    Building a healthy and positive relationship with and individual that you serve can result in an enhanced and more pleasurable lifestyle and a reduction of problem behaviors.
5.    T    F    Physical restraint/intervention should be the 'last resort' in a problem situation.
6.    T    F    Teaching an individual life skills does not help and is a waste of time.



# COMPASSIONATE LIVING & SERVICES

CLS  
Legal Rights of Persons with Disabilities  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

*True or False*

1.    T    F    Persons with disabilities are guaranteed the same rights under the Constitution as all other individuals.
2.    T    F    Forcing an individual to live in an unsanitary environment is a clear violation of their rights.
3.    T    F    Medical, dental, and dietary attention are at the discretion of CLS.
4.    T    F    Individuals must attend church or some religious congregation as long as they are enrolled in the program.
5.    T    F    All individuals have the right to be treated with dignity and respect.
6.    T    F    Individuals are not allowed privacy, time alone, or a private place.
7.    T    F    Occasional verbal abuse from staff is something that the clients have to learn to live with.
8.    T    F    Residents do not have the right to manage their own financial affairs since they often need help.
9.    T    F    Supportive services (i.e. speech therapy, behavior modification, physical therapy, etc.) are rights protected by CLS and the state.
10.   T    F    Residents have the right to be recognized for their individuality and uniqueness.



# COMPASSIONATE LIVING & SERVICES

CLS  
Abuse, Neglect, and Exploitation  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

## *True or False*

1.    T    F    CLS wants all employees to use "people first language".
2.    T    F    CLS believes that ignoring an individual is the best way for them to learn how to do something on their own.
3.    T    F    Calling the people we serve by their first name is not allowed.
4.    T    F    It is ok to label the people we serve with nick names.
5.    T    F    It is ok to call the people we serve names that are descriptive of their personality or their looks.
6.    T    F    If other people are calling the people we serve derogatory or demeaning names it is ok for you to do it.
7.    T    F    We should call the people that we serve "clients".
8.    T    F    We are not allowed to call the people we serve "retards".
9.    T    F    The proper way to introduce the people you serve would be to introduce them by name instead of saying "these are the clients I work with".
10.   T    F    Calling the people we serve derogatory or demeaning names, even in a joking of fun way, would warrant corrective action and would jeopardize your employment.



# COMPASSIONATE LIVING & SERVICES

CLS  
DHS Provider Code of Conduct  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

### *True or False*

1.    T    F    CLS employees are not allowed to buy, sell, borrow or lend items or property to or from the people the company serves.
2.    T    F    Utah State Law protects both children and disabled adults from abuse, neglect, maltreatment and/or exploitation.
3.    T    F    Causing harm, use of corporal punishment, and /or the threat of physical harm are acts of abuse according to the Code of Conduct.
4.    T    F    Only unexplained injuries to people we serve need to be documented in writing and reported immediately to supervisory personnel.
5.    T    F    Employees are morally, and legally responsible to report suspected incidents of abuse, neglect, maltreatment and exploitation to their supervisor.
6.    T    F    Coming to work under the influence of alcohol is a violation of AL policy and the Code of Conduct, and would be considered an act of neglect.
7.    T    F    Having a person, which receives services from CLS, help you move or perform yard work without appropriate payment of their labor would be considered an act of exploitation according to the provider Code of Conduct.
8.    T    F    Using obscene and offensive language in the presence of people served by CLS would be inappropriate, and an act of abuse according to the Code of Conduct.
9.    T    F    Any act that is sexual in nature, between an CLS staff member and a person receiving services from CLS is not cause for immediate termination and is not a violation of the Code of Conduct.



COMPASSIONATE  
LIVING & SERVICES

10.    T        F        Forcing a person receiving services from CLS to do pushups  
as a punishment is not against the Code of Conduct.



# COMPASSIONATE LIVING & SERVICES

CLS  
Confidentiality Policies  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

### *True or False*

1.    T    F    Staff are authorized to release documents to other agencies.
2.    T    F    CLS employees are not authorized to release any information concerning a resident, including the fact that they are served by this organization, unless authorized to do so by an CLS Administrative employee.
3.    T    F    Written information must be kept confidential and should not be left out where others can view it.
4.    T    F    Staff should not discuss a resident's record with unauthorized individuals whether on or off duty.
5.    T    F    Persons reviewing the residents' files should sign an "Access to Persons Records" form.
6.    T    F    All information concerning residents will be treated as confidential.
7.    T    F    Information can be given over the phone.
8.    T    F    Confidential information does not need to be locked up as long as it is where nobody can see it.
9.    T    F    Employees can be dismissed for a breach of confidentiality.

### *Multiple Choice*

10.    If someone wants information concerning one of the people in services you should:
  - a. Give them the needed information
  - b. Allow them to speak with the person in services
  - c. Refer them to the House Manager
  - d. Invite them to ask questions



# COMPASSIONATE LIVING & SERVICES

CLS  
Orientation to Disabilities  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

## *True or False*

1.    T        F        Cerebral Palsy is not one condition, but a variety of neurological conditions.
2.    T        F        The term Developmental Disability means that a person cannot do what he or she likes to do.
3.    T        F        The individual's needs define the services they receive not the diagnosis.
4.    T        F        An estimated 156 million people worldwide have been diagnosed with mental retardation.
5.    T        F        People with disabilities, like all people, have unique personalities.
6.    T        F        There is no known cure for Epilepsy.
7.    T        F        There are no known treatments for Epilepsy.
8.    T        F        Three out of four people with Autism are males.
9.    T        F        Mental Retardation, Cerebral Palsy, Epilepsy and Autism are not considered to be Developmental Disabilities.
10.   T        F        All people with disabilities have the same mannerisms and should be treated the same.





# COMPASSIONATE LIVING & SERVICES

CLS  
Medication Side Effects  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

## *True or False*

1.    T    F    Medication side effects are predictable but unpleasant reactions to a medication.
2.    T    F    Side effects are usually mild but can be inconvenient. In some cases, they are more serious.
3.    T    F    Before a person uses an over the counter medication, the nurse must approve its usage.
4.    T    F    The people we serve are evaluated by their nurse to help determine if it is proper to self-medicate.
5.    T    F    A persons medical and dental forms are kept in the person's white information folder.
6.    T    F    The person's primary care physician is listed in the person's white information folder.
7.    T    F    If I immediately contact the nurse for s medication error, I do not need to document a person's seizures.
8.    T    F    I do not need to document if a person refuses to take their medications.
9.    T    F    CLS strongly encourages staff and residents to learn about the medications they take.



# COMPASSIONATE LIVING & SERVICES

CLS  
Prevention of Communicable Diseases  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

## *True or False*

1.    T    F    There is approximately 100 common communicable diseases worldwide.
2.    T    F    The following are not common communicable diseases:
  - Tuberculosis
  - West Nile Virus
  - Shingles
  - Rabies
  - Lice
  - Hepatitis B
  - Botulism
3.    T    F    The best way to prevent infectious disease is by washing your hands regularly.
4.    T    F    Sanitize the home regularly by cleaning and washing surfaces using proper chemicals and products.
5.    T    F    Always being conscious of sanitation and cleanliness is a waste of time.
6.    T    F    Handling food for individuals you serve requires no training and is just part of the job.



# COMPASSIONATE LIVING & SERVICES

CLS  
Disabilities, Supports, and Individual Strengths  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

### *True or False*

1.    T    F    Most disabilities are similar and require the same type of support.
2.    T    F    Herb Lovett once pointed out that an approach or support is not automatically *positive* just because it is not punitive or punishing.
3.    T    F    It is strongly encouraged by CLS management that you become as knowledgeable as possible about the specific disability of the individual(s) that you serve.
4.    T    F    A question that you may have about an individual's disability cannot be answered by your House Manager or company administrator.
5.    T    F    All people with disabilities have the same needs and should be treated the same.
6.    T    F    Every person, including disabled individuals, have specific strengths and desires. You should always try to respect and enhance people's lives by educating yourself on their individual needs and strengths.
7.    T    F    Studying an individual's 'Support Strategies', located in the person's white information folder, is a great way to learn about how to provide the required supports specific to that individual.



# COMPASSIONATE LIVING & SERVICES

CLS  
Protective Services  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

## *True or False*

1.    T    F    Family members never contribute to the risk of a child who is a victim of abuse, neglect, or dependency.
  
2.    T    F    Staff's assessment of immediate risk, safety, and protection needs of an individual is crucial to that person's well being.
  
3.    T    F    In Utah, the law (62A-3-305 and 76-5-111.1) states that any person who has reason to believe that an elder or disabled adult is being abused, neglected or exploited must immediately report the situation to Adult Protective Services intake or the nearest law enforcement office. All reporters are immune from civil liability, and all information is confidential.
  
4.    T    F    You should contact Adult Protective Services immediately if you have reason to believe that a vulnerable adult has been the subject of abuse, neglect or exploitation.
  
5.    T    F    You should not contact Child and Family Services immediately if you have reason to believe that a child has been the subject of abuse, neglect or exploitation.



# COMPASSIONATE LIVING & SERVICES

CLS  
Behavioral Crisis Prevention and Intervention  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

### *True or False*

1.    T    F    The Human Rights Committee reviews all behavior programs to make sure that a person's rights are not being violated.
2.    T    F    SOAR Training Level One focuses on non-aversive techniques as a first response in behavioral crisis prevention and intervention.
3.    T    F    An individual's 'Support Strategies' will not help you to understand a person's needed supports or teach you how to respond in the event of a problem behavior.
4.    T    F    A proactive approach (more time spent before a problem) vs. a reactive approach (more time spent during a problem) is the expectation for all staff.
5.    T    F    Crisis management is not a substitute for building good relationships or for teaching replacement skills.
6.    T    F    Responding to a behavioral crisis by restraining an individual is the best way de-escalate the situation.



# COMPASSIONATE LIVING & SERVICES

CLS  
Support, Options, Actions for Respect (SOAR)  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

### *True or False*

1.    T    F    If the person receiving services is likely to engage in aggressive, self-injurious or destructive behavior, certification is required in CPI.
  
2.    T    F    CPI training does not promote positive approaches that enhance a person's life through collaboration instead of control.
  
3.    T    F    One of the philosophies of CPI is to focus on the individual's point of view instead of eliminating situations or circumstances *we* perceive to be unacceptable.
  
4.    T    F    If you do not complete your SOAR training with in the given time frames corrective action may take place.
  
5.    How many months after your date of hire do you have to complete CPI training?        \_\_\_\_\_ months



# COMPASSIONATE LIVING & SERVICES

CLS  
DHS/DSPD Rules, Philosophy, Mission & Beliefs  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

## *True or False*

1.    T    F    Team building is not one of DHS/DSPD's values.
2.    T    F    DSPD's mission includes providing the opportunity for persons with disabilities to be part of the community.
3.    T    F    DSPD believes that decision making ought to occur with as much input from the individual as possible.
4.    T    F    Integration into the community by working and associating with other persons in the community is not that important to DSPD.
5.    T    F    DSPD services should be facilitative (not restrictive) to the persons receiving services.
6.    T    F    DSPD is committed to:
  - Promote and recognize excellence
  - Continue a person-centered philosophy
  - Promote public awareness of disability issues
  - Work collaboratively to dissolve barriers to quality service
  - Support a full spectrum of service options
  - Support self-determination
7.    T    F    A natural support is a person that interacts with the people we serve, but is not paid to do so.
8.    What does the acronym 'DSPD' stand for?

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# COMPASSIONATE LIVING & SERVICES

CLS  
CLS' Policy, Philosophy & Mission  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

### *True or False*

1.    T    F    CLS seeks to deliver services with a minimum of limitation, intrusion disruption or departure from commonly accepted patterns of living.
2.    T    F    CLS believes that decision making ought to occur with as much input from the individual as possible.
3.    T    F    Team building is not one of CLS' values.
4.    T    F    CLS promotes individual rights, self-determination, and community access.
5.    T    F    One of CLS' philosophies is to create a fun, safe and educational environment for the individuals in which we serve.

6.    CLS' Mission Statement is:

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# COMPASSIONATE LIVING & SERVICES

CLS  
Americans with Disabilities Act  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

## *True or False*

1.    T    F    The employment section of the ADA requires CLS to hire individuals with disabilities if they are not qualified.
2.    T    F    A person on cocaine is not covered by the ADA.
3.    T    F    I can park a company car that has the handicapped sticker in handicapped parking without transporting a person with disabilities.
4.    T    F    A blind person would not be considered a qualified applicant for the position of a bus driver.
5.    T    F    The ADA does not protect people with disabilities from discrimination.
6.    T    F    The five titles under the ADA cover: employment, Public services, public accommodations, telecommunications, and miscellaneous protections.
7.    T    F    The people we serve are covered under the ADA.
8.    T    F    Negative attitudes and misconceptions towards people with disabilities can be some of the greatest barriers to employment.
9.    What does the acronym 'ADA' stand for?  
\_\_\_\_\_



# COMPASSIONATE LIVING & SERVICES

CLS  
CPR/First Aid  
Competency Test

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SCORE: \_\_\_\_\_

### *True or False*

1.    T    F    CPR and First Aid certification training is not necessary if you are an Eagle Scout.
  
2.    T    F    Emergency procedures training such as First Aid and CPR, including the Heimlich Maneuver, is required by DSPD and CLS.
  
3.    T    F    If you do not complete your CPR/First Aid training within the given time frames corrective action may take place.
  
4.    How many months after your date of hire do you have to complete CPR/First Aid training? \_\_\_\_\_ months