



**CERTIFICATION OF ELIGIBILITY TO PARTICIPATE IN FEDERAL HEALTH CARE PROGRAMS**

The Office of the Inspector General (“OIG”) may impose financial penalties against health care providers that employ or enter into contracts with excluded individuals or entities to provide items or services to federal program beneficiaries (section 1128(a)(6) of the Act; 42 CFR 1003.102(a)(2). Providers such as hospitals, nursing homes, home health agencies, and hospices may face exposure if they submit claims to a federal health care program for health care items or services provided, directly or indirectly, by excluded individuals or entities.

Individuals may be excluded from participation in federal health care programs for a number of reasons, including a Medicare/Medicaid fraud or abuse conviction, license revocation, or failure to repay a federal student loan.

If a health care provider arranges or contracts (by employment or otherwise) with an individual or entity who is excluded by the OIG from program participation for the provision of items or services reimbursable under such a federal program, the provider may be subject to fines up to \$10,000 for each item or service furnished by the excluded individual or entity, as well as an assessment of up to three times the amount claimed and program exclusion may be imposed.

Furthermore, if an individual seeks employment with a Medicare/Medicaid participating provider, it could affect his/her opportunity for reinstatement at the conclusion of the exclusion period.

***I certify I am not subject to exclusion or debarment under federal law or designated in a nurse aid or other professional registry as having a finding concerning abuse, neglect, or mistreatment of a patient or misappropriation of a patient’s property.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**EQUAL EMPLOYMENT OPPORTUNITY DATA**

*PERSONAL HOME CARE PROVIDES EQUAL OPPORTUNITY TO ALL QUALIFIED INDIVIDUALS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, MARITAL STATUS, VETERAN STATUS, DISABILITY OR OTHER LEGALLY PROTECTED STATUS, IN CONFORMITY WITH ALL FEDERAL AND STATE LAWS.*

Employers collect data to provide periodic reports to the United States government regarding the sex, ethnicity, disability or other protected status of employees and applicants. In order for Personal Home Care to comply with government record keeping, reporting, and other legal requirements, we ask you to voluntarily provide the information requested below. Please be aware that you are not obligated to complete this form, and that any information you do provide voluntarily will be treated strictly confidentially and kept separate from the Application for Employment. Inclusion or exclusion of requested information will have no effect on further employment consideration or hiring decisions.

- I elect to voluntarily provide the information requested below
- I decline to provide the information requested below.

**POSITION APPLIED FOR: Caregiver**

**CHECK ONE:**       MALE                       FEMALE

**CHECK ONE:**     AFRICAN AMERICAN / BLACK       HISPANIC                       ASIAN/PACIFIC ISLANDER  
 NATIVE AMERICAN                       CAUCASIAN                       OTHER \_\_\_\_\_

**CHECK ANY WHICH ARE APPLICABLE:**

VIETNAM VETERAN                       DISABLED INDIVIDUAL                       DISABLED VETERAN

Print Name (Optional): \_\_\_\_\_ Date: \_\_\_\_\_