

T	ransitional
L	ifestyles
C	ommunity, LLC

## Residential Staff Job Description

**STATUS:** Hourly, Non-Exempt  
**SUPERVISION RECEIVED:** House Supervisor  
**SUPERVISION GIVEN:** None

### OVERVIEW OF POSITION

Residential staff is the individual responsible for direct care and supervision of consumers in a residential home, as well as implementing the ISP.

### QUALIFICATIONS

- 1) hold current Driver's License and insurable, per TLC Insurability Statement
- 2) ability to read/comprehend TLC policies/forms, and to document services on TLC forms
- 3) ability to lift 75 pounds
- 4) clean drug test

### PREFERRED QUALIFICATIONS

- 1) high School Diploma or GED
- 2) experience working with MR/DD population
- 3) bilingual (English/Spanish, or other language spoken by our consumers)

### PRIMARY DUTIES

- 1) Provide direct care and supervision of consumers living in the residential home in which you work, in accordance with the individual consumer's ISP and TLC policies and procedures.
- 2) Provide personal care to consumers living in the residential home in which you work, including, but not limited to assistance with: bathing/showering; toileting; dressing and undressing; grooming; and mealtimes.
- 3) Assist and support consumers living in the residential home in which you work in achieving ISP Goals, based on the TLC ISP Goals Objectives & Strategies.
- 4) Assist consumers living in the residential home in which you work in the self administration of medications.
- 5) Assist consumers living in the residential home in which you work in physical therapy exercises as prescribed by a physical therapist.
- 6) Support consumers living in the residential home in which you work in modifying behavior, per the Behavior Plan developed by the Behavior Therapist.
- 7) Prepare meals for consumers, per the posted menu and consumer preferences, and eat/interact with consumers during mealtimes.
- 8) Transport consumers living in the residential home in which you work to doctor, dentist, therapist, and other appointments in the community, using the TLC vehicle assigned to the house in which you work.

- 9) Carry out household tasks in the house in which you work, to include, but not limited to: laundry; cooking; washing dishes; dusting, sweeping, mopping, and vacuuming of floors; cleaning bathrooms; washing windows; taking trash out; and other tasks as indicated on the Shift Duty Checklist.
- 10) Complete all required paperwork documenting interaction with consumers, and fax it to the TLC administrative offices at the end of each shift.
- 11) Attend monthly house meetings and other meetings as required.
- 12) Work all shifts you are scheduled, or find an approved staff person to work the shift for you. Whenever possible this should be done by switching shifts with someone, and not incurring overtime for either individual involved.
- 13) Participate in training as required by the State and TLC policies.
- 14) Interact with Consumers, Parents, Guardians, Case Managers, visitors to the residential home, and all others in a professional, respectful manner.
- 15) Participate in regularly scheduled Performance Assessments.
- 16) Abide by all TLC and state regulations, policies, and procedures.
- 17) Carry out any and all other duties as assigned by your Supervisor or administrative staff.

I have read this Residential Staff Job Description, had the opportunity to have any questions regarding it answered, and have received a copy of it.

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*Staff Signature*

*Date*

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*Witness Signature*

*Date*



### Education

*Please provide information regarding your education (high school and above)*

School:	Dates Attended:
Address:	Course of Study:
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Diploma/Degree:	Date Received:
School:	Dates Attended:
Address:	Course of Study:
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Diploma/Degree:	Date Received:
School:	Dates Attended:
Address:	Course of Study:
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Diploma/Degree:	Date Received:

### Training

*Please provide information regarding any training you have which is relevant to the position you are applying for. If you are hired, you will be required to provide documentation*

<input type="checkbox"/> Yes <input type="checkbox"/> No First Aid Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No CPR Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No Pre-Service Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Mandt Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No Medications Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Defensive Driving Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No Client Rights Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Goals/Objectives Date:

Other related training (please include dates):

### Statements, Consent, and Signature

- ♦ *TLC, LLC, is an Equal Opportunity Employer, and does not discriminate in hiring and employment practices on the basis of race, creed, sex, disability, national origin, sexual orientation, or veteran status.*
- ♦ *All information provided in this Application is complete and accurate. I understand that inaccurate or false information may result in a decision not to hire, or termination of my employment. I hereby authorize TLC and its representatives to investigate all statements made in this Application, and for relevant individuals/agencies to release requested information.*
- ♦ *I understand that this Application is not an offer of/contract of employment, and that should I be offered employment with TLC, such employment is At Will (either party may terminate the employment with or without cause).*

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

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# CCHSP Person Summary

**A check must be made through the New Mexico DOH Caregivers Criminal History Screening Program on all potential employees and sub-contractors. This check must be performed prior to hire! No exceptions!**

Fill out the form below (**please print legibly**) and give to the office administrator for processing.

First Name: _____	SSN: _____
Middle Name: _____	Date of Birth: _____
Last Name: _____	Race: _____
Suffix: _____	Gender: _____
Address Line 1: _____	Eye Color: _____
Address Line 2: _____	Hair Color: _____
City: _____	Height: _____
State: _____	Weight: _____ lbs.
Zip: _____	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
County: _____	Place of Birth:
	City: _____ State: _____
Mailing address: (If different from above): _____	Primary Phone: _____
_____	Secondary Phone: _____
_____	E-mail: _____

**(For office use only):**

Application #: \_\_\_\_\_ Background Check # \_\_\_\_\_

Sent for Fingerprints: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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# Applicant Declaration Regarding Criminal Record

Name	SS #	DOB
Street Address		
City, State, Zip		
Are you awaiting trial on, been convicted of, or have you committed any of the following Criminal offenses in New Mexico or similar offenses in another state or jurisdiction? <b>Yes No Please indicate by putting a checkmark next to each offense in either yes or no column.</b>		
<b>Section One</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Robbery
<input type="checkbox"/>	<input type="checkbox"/>	Arson
<input type="checkbox"/>	<input type="checkbox"/>	Kidnapping
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated assault
<input type="checkbox"/>	<input type="checkbox"/>	Voluntary manslaughter
<input type="checkbox"/>	<input type="checkbox"/>	First or second degree murder
<input type="checkbox"/>	<input type="checkbox"/>	Felony offenses within the past 10 years involving the manufacture or distribution of marijuana, dangerous drugs, or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	Molestation of a child or vulnerable adult
<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of a child or vulnerable adult
<input type="checkbox"/>	<input type="checkbox"/>	Commercial sexual exploitation of a child or vulnerable adult
<input type="checkbox"/>	<input type="checkbox"/>	Sexual assault
<input type="checkbox"/>	<input type="checkbox"/>	Sexual conduct with a child
<input type="checkbox"/>	<input type="checkbox"/>	Abuse of a child or vulnerable adult
<input type="checkbox"/>	<input type="checkbox"/>	Child prostitution
<input type="checkbox"/>	<input type="checkbox"/>	Sexual abuse of a child or vulnerable adult
<input type="checkbox"/>	<input type="checkbox"/>	Incest
<b>Section Two</b> (See extenuating circumstances on back of this form)		
<input type="checkbox"/>	<input type="checkbox"/>	A sex offense other than those above (e.g., prostitution, pornography, lewd and lascivious conduct, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	A drug related offense (possession of illegal drugs or paraphernalia)
<input type="checkbox"/>	<input type="checkbox"/>	A theft related offense (e.g., car theft, larceny, burglary, bad checks, fraud, shoplifting, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	A violence related offense (assault, weapon related offense, extortion, domestic violence, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Child neglect or neglect of a vulnerable adult
<input type="checkbox"/>	<input type="checkbox"/>	Contributing to the delinquency of a minor
I certify under the penalty of perjury that the answers above are true and correct to the best of my knowledge and belief.		
Signature _____	Date _____	

Subscribed and sworn or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

State of New Mexico County of \_\_\_\_\_ Signature of Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_

## Extenuating Factors

If an Applicant plead guilty to, been convicted of, or committed any of the offenses in Section One of the Applicant Declaration, they are ineligible for employment with or to become a Home Based Provider with Transitional Lifestyles Community, LLC

If an Applicant has plead guilty, been convicted of, or committed any of the offenses in Section Two of the Applicant Declaration, TLC will use the following criteria in considering whether or not to employ or contract with the Applicant.

**An Applicant must qualify under five (5) of the following six (6) factors listed in order to be cleared for employment with or to become a Family Living Provider with TLC:**

- 1) **Length of time since the offense occurred** - at least (3) years must have elapsed for minor misdemeanors, and ten (10) years for felonies. The individual must have completed probation and made restitution and satisfied all other penalties imposed by the court (community service, fines, court costs)
- 2) **Extent of criminal record** - individuals who have only one conviction are given greater consideration than those with multiple convictions.
- 3) **Nature of offense** - individuals convicted of lesser offenses, victimless offenses, and offenses that didn't result in an injury to others, will receive greater consideration than those convicted of offenses resulting in significant harm, injury, emotional, financial, or other harm to the victim.
- 4) **Degree of participation** - if the applicant can document that (s)he was not directly involved in the offense, greater consideration will be given for clearance than those individuals who directly committed the offense (i.e., the arrest record indicates the individual was in a car where drugs were found, but the drugs were the property of another person in the car, etc.)
- 5) **Circumstances of the offense** - individuals convicted of offenses in which there were mitigating circumstances will be given greater consideration (e.g., an assault charge in which the individual was defending her/himself from an attack by another person, etc.). The burden of proof is on the applicant to demonstrate that there were mitigating circumstances.
- 6) **Rehabilitation** - there is evidence that the individual has improved his/her personal circumstances by taking positive action to change her/his criminal behavior. Such action might include successfully completing a drug treatment program or counseling. An individual may have returned to school and received training or education to enable him/her to be employed productively.

***MUST BE KEPT WITH APPLICATION***

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# Abuse Registry

**A check must be made through the New Mexico DOH Consolidated Online Registry, Sex Offender Registry and the New Mexico Courts system on all potential employees and sub-contractors. This check must be performed prior to hire! No exceptions!**

Fill out the form below and give to the office manager for processing.

The following information is required and must be **printed legibly**.  
Use **physical addresses**, not PO Box numbers...

Name (as it appears on your SS card): \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**(For office use only)**

Requestor: \_\_\_\_\_

Date and time processed: \_\_\_\_\_

Findings: COR: attached \_\_\_\_\_  
 DWI: yes ( ) No ( )  
 SO: Yes ( ) No ( )  
 CT: Yes ( ) No ( )

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_