

Atlantic In-Home Care, LLC; NR30211036; Medicaid Provider ID 016181800  
808 Delaware Ave, Fort Pierce, FL 34950 *Serving West Palm Beach to Sebastian*  
Tele 772-462-6707 Fax 772-462-6706 Email [INFO@atlanticinhomecare.com](mailto:INFO@atlanticinhomecare.com)

### Independent Contractor Caregiver Requirements

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Referred By: \_\_\_\_\_

CHECK ONE     CNA     Home Health Aide     LPN     RN

#### \*\*\*\* Independent Contractor DOCUMENTS REQUIRED \*\*\*\*

- ATLANTIC Registration Form**
- Level 2 background screening result** (If needed, schedule appointment at (800) 528-1358 or online at [www.L1enrollment.com](http://www.L1enrollment.com)) And PROVIDE ORI Number for AHCA licensure/employment: **EAHCA020Z**
- Local background check** from the Police Station or Sheriff's Department (obtain this from your local community)
- License or Certificate**
- Drivers License #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_
- Social Security Card or Federal Tax ID #** \_\_\_\_\_
- Professional Liability Insurance** (If needed, it can be obtained for \$86.00 [www.cmfgroup.com](http://www.cmfgroup.com) 800-221-4904, or [www.nso.com](http://www.nso.com) (Date \_\_\_\_\_))
- Auto Insurance** (Date \_\_\_\_\_)
- Auto registration** (Date \_\_\_\_\_)(APD Requirement)
- CPR certification** (Date \_\_\_\_\_)
- First Aid certification** (Date \_\_\_\_\_) (APD Requirement)
- Physical examination** to show free and clear of Communicable Diseases & signed by Physician (Date \_\_\_\_\_)
- Voided check or equivalent with Direct Deposit Request Form**
- W-9 IRS Form**
- Current Head Shot Photo** (can be taken at the office)
- ATLANTIC Contractor Agreement Executed** (Date \_\_\_\_\_)
- ATLANTIC Arbitration Agreement Executed** (Date \_\_\_\_\_)
- Attestation of Compliance - AHCA background screening requirements** (Date \_\_\_\_\_)
- Affidavit of Good Moral Character (APD form1649)** (Date \_\_\_\_\_)
- ATLANTIC Representations Form**
- In Services / CEU's** proof of **all APD Training** and Continuing Education Units of 12 hours minimum of in-service training each calendar year Date \_\_\_\_\_. Examples:  Dementia  Alzheimer's & Related Disorders  
 Zero Tolerance  Core Competency training (DD& Safety & Health)  HIV/Aides  Domestic Violence  HIPAA  Clients Rights  Assisting with Self-Medication  Communicating w/Cognitively Impaired  
 Preventing Medical Errors

Administrator Signature \_\_\_\_\_ Check List Completed by \_\_\_\_\_ Approved by Administrator \_\_\_\_\_  
Atlantic In-Home Care, LLC contracts with qualified individuals to provide services as an INDEPENDENT CONTRACTOR to serve clients in AHCA Area 9 in compliance with all AHCA, Florida Medicaid, and Agency rules, regulations, and laws. Form: Contractor Requirements & Check List.