August 20, 2019

NM Dept. of Transportation
Transit and Rail Division
P. O. Box 1149
Santa Fe, NM 87504-1149

To Whom It May Concern:

This letter is provided in support by the Board of Directors of Share Your Care, Inc. in favor of Share Your Care's application for grant funding from the NM Department of Transportation for FY21, under Section 5310 Elderly and Disabled transportation for the purchase of one modified van with wheelchair ramp or lift.

Share Your Care currently transports many of its elderly and disabled program participants to and from our programs located in Albuquerque, Rio Rancho and Gallup, NM. Share Your Care also transports its clients to outings into the communities on a daily basis. We heartily support Share Your Care's application for Section 5310 grant funding for FY21.

Approved and signed by a majority of current Board Members this date, August 20, 2019:

Shirley K Underwood
Shirley Underwood, Board President

Pam Barncastle, Board Vice-President

Dan Regan
Dan Regan, Board Secretary

Carolyn Gonzales, Board Director

James Wise, Board Director

Ben Feuchter, Board Director

SHARE YOUR CARE
ADULT DAY SERVICES

Share Your Care, Inc. · PO Box 35101 · Albuquerque NM 87176 · 505.298.1700 · Fax 505.298.1900 · www.shareyourcare.org

OUR CARE BRIGHTENS LIVES

Demographic info.

DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2012-2016 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Tell us what you think. Provide feedback to help make American Community Survey data more useful for you.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	Albuquerque city, New Mexico			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	556,859	+/-99	556,859	(X)
Male	271,069	+/-875	48.7%	+/-0.2
Female	285,790	+/-856	51.3%	+/-0.2
Under 5 years	35,404	+/-550	6.4%	+/-0.1
5 to 9 years	36,681	+/-1,043	6.6%	+/-0.2
10 to 14 years	36,639	+/-1,173	6.6%	+/-0.2
15 to 19 years	34,413	+/-523	6.2%	+/-0.1
20 to 24 years	40,152	+/-761	7.2%	+/-0.1
25 to 34 years	87,266	+/-823	15.7%	+/-0.1
35 to 44 years	71,652	+/-731	12.9%	+/-0.1
45 to 54 years	70,680	+/-795	12.7%	+/-0.1
55 to 59 years	35,141	+/-1,034	6.3%	+/-0.2
60 to 64 years	32,457	+/-1,120	5.8%	+/-0.2
65 to 74 years	43,400	+/-560	7.8%	+/-0.1
75 to 84 years	23,409	+/-734	4.2%	+/-0.1
85 years and over	9,565	+/-606	1.7%	+/-0.1
Median age (years)	36.0	+/-0.2	(X)	(X)
18 years and over	427,621	+/-999	76.8%	+/-0.2
21 years and over	405,662	+/-1,183	72.8%	+/-0.2
62 years and over	94,958	+/-1,150	17.1%	+/-0.2
65 years and over	76,374	+/-655	13.7%	+/-0.1
18 years and over	427,621	+/-999	427,621	(X)
Male	205,334	+/-1,040	48.0%	+/-0.2
Female	222,287	+/-943	52.0%	+/-0.2
65 years and over	76,374	+/-655	76,374	(X)
Male	32,796	+/-453	42.9%	+/-0.4

Subject	Albuquerque city, New Mexico			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	43,578	+/-445	57.1%	+/-0.4
RACE				
Total population	556,859	+/-99	556,859	(X)
One race	532,481	+/-1,879	95.6%	+/-0.3
Two or more races	24,378	+/-1,881	4.4%	+/-0.3
One race	532,481	+/-1,879	95.6%	+/-0.3
White	401,281	+/-4,031	72.1%	+/-0.7
Black or African American	18,239	+/-840	3.3%	+/-0.2
American Indian and Alaska Native	24,762	+/-1,050	4.4%	+/-0.2
Cherokee tribal grouping	196	+/-134	0.0%	+/-0.1
Chippewa tribal grouping	391	+/-249	0.1%	+/-0.1
Navajo tribal grouping	12,962	+/-1,249	2.3%	+/-0.2
Sioux tribal grouping	371	+/-202	0.1%	+/-0.1
Asian	14,499	+/-912	2.6%	+/-0.2
Asian Indian	1,920	+/-468	0.3%	+/-0.1
Chinese	2,898	+/-487	0.5%	+/-0.1
Filipino	2,231	+/-485	0.4%	+/-0.1
Japanese	849	+/-393	0.2%	+/-0.1
Korean	806	+/-227	0.1%	+/-0.1
Vietnamese	3,538	+/-671	0.6%	+/-0.1
Other Asian	2,257	+/-664	0.4%	+/-0.1
Native Hawaiian and Other Pacific Islander	622	+/-165	0.1%	+/-0.1
Native Hawaiian	190	+/-126	0.0%	+/-0.1
Guamanian or Chamorro	20	+/-34	0.0%	+/-0.1
Samoan	49	+/-43	0.0%	+/-0.1
Other Pacific Islander	363	+/-163	0.1%	+/-0.1
Some other race	73,078	+/-4,100	13.1%	+/-0.7
Two or more races	24,378	+/-1,881	4.4%	+/-0.3
White and Black or African American	3,266	+/-570	0.6%	+/-0.1
White and American Indian and Alaska Native	3,890	+/-636	0.7%	+/-0.1
White and Asian	3,658	+/-532	0.7%	+/-0.1
Black or African American and American Indian and Alaska Native	817	+/-344	0.1%	+/-0.1
Race alone or in combination with one or more other races				
Total population	556,859	+/-99	556,859	(X)
White	418,990	+/-4,163	75.2%	+/-0.7
Black or African American	23,965	+/-929	4.3%	+/-0.2
American Indian and Alaska Native	31,667	+/-985	5.7%	+/-0.2
Asian	23,002	+/-1,229	4.1%	+/-0.2
Native Hawaiian and Other Pacific Islander	1,477	+/-313	0.3%	+/-0.1
Some other race	83,777	+/-4,436	15.0%	+/-0.8
HISPANIC OR LATINO AND RACE				
Total population	556,859	+/-99	556,859	(X)
Hispanic or Latino (of any race)	266,937	+/-1,271	47.9%	+/-0.2
Mexican	156,440	+/-3,754	28.1%	+/-0.7
Puerto Rican	3,423	+/-744	0.6%	+/-0.1
Cuban	1,851	+/-422	0.3%	+/-0.1
Other Hispanic or Latino	105,223	+/-3,678	18.9%	+/-0.7
Not Hispanic or Latino	289,922	+/-1,276	52.1%	+/-0.2
White alone	226,255	+/-1,207	40.6%	+/-0.2
Black or African American alone	15,756	+/-541	2.8%	+/-0.1
American Indian and Alaska Native alone	21,837	+/-880	3.9%	+/-0.2
Asian alone	13,716	+/-723	2.5%	+/-0.1
Native Hawaiian and Other Pacific Islander alone	429	+/-102	0.1%	+/-0.1

Subject	Albuquerque city, New Mexico			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	1,780	+/-535	0.3%	+/-0.1
Two or more races	10,149	+/-954	1.8%	+/-0.2
Two races including Some other race	487	+/-211	0.1%	+/-0.1
Two races excluding Some other race, and Three or more races	9,662	+/-937	1.7%	+/-0.2
Total housing units	242,070	+/-886	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	395,361	+/-2,191	395,361	(X)
Male	189,281	+/-1,482	47.9%	+/-0.2
Female	206,080	+/-1,416	52.1%	+/-0.2

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

For more information on understanding race and Hispanic origin data, please see the Census 2010 Brief entitled, Overview of Race and Hispanic Origin: 2010, issued March 2011. (pdf format)

While the 2012-2016 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

AMERICAN FactFinder

DP02

SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES

2012-2016 American Community Survey 5-Year Estimates

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Subject	Albuquerque city, New Mexico			
	Estimate	Margin of Error	Percent	Percent Margin of Error
HOUSEHOLDS BY TYPE				
Total households	221,320	+/-1,300	221,320	(X)
Family households (families)	131,319	+/-1,662	59.3%	+/-0.7
With own children of the householder under 18 years	60,564	+/-1,416	27.4%	+/-0.6
Married-couple family	86,942	+/-1,543	39.3%	+/-0.7
With own children of the householder under 18 years	34,848	+/-1,160	15.7%	+/-0.5
Male householder, no wife present, family	12,915	+/-926	5.8%	+/-0.4
With own children of the householder under 18 years	6,897	+/-706	3.1%	+/-0.3
Female householder, no husband present, family	31,462	+/-1,149	14.2%	+/-0.5
With own children of the householder under 18 years	18,819	+/-979	8.5%	+/-0.4
Nonfamily households	90,001	+/-1,747	40.7%	+/-0.7
Householder living alone	73,488	+/-1,580	33.2%	+/-0.7
65 years and over	24,634	+/-852	11.1%	+/-0.4
Households with one or more people under 18 years	67,075	+/-1,482	30.3%	+/-0.6
Households with one or more people 65 years and over	55,514	+/-727	25.1%	+/-0.3
Average household size	2.49	+/-0.01	(X)	(X)
Average family size	3.21	+/-0.03	(X)	(X)
RELATIONSHIP				
Population in households	550,873	+/-511	550,873	(X)
Householder	221,320	+/-1,300	40.2%	+/-0.2
Spouse	86,942	+/-1,506	15.8%	+/-0.3
Child	164,768	+/-2,083	29.9%	+/-0.4
Other relatives	39,141	+/-1,995	7.1%	+/-0.4
Nonrelatives	38,702	+/-1,732	7.0%	+/-0.3
Unmarried partner	17,729	+/-892	3.2%	+/-0.2

Subject	Albuquerque city, New Mexico			
	Estimate	Margin of Error	Percent	Percent Margin of Error
MARITAL STATUS				
Males 15 years and over	215,703	+/-979	215,703	(X)
Never married	86,330	+/-1,620	40.0%	+/-0.7
Now married, except separated	95,488	+/-1,586	44.3%	+/-0.8
Separated	3,170	+/-506	1.5%	+/-0.2
Widowed	5,282	+/-472	2.4%	+/-0.2
Divorced	25,433	+/-1,051	11.8%	+/-0.5
Females 15 years and over	232,432	+/-906	232,432	(X)
Never married	77,415	+/-1,533	33.3%	+/-0.6
Now married, except separated	93,624	+/-1,839	40.3%	+/-0.8
Separated	4,644	+/-553	2.0%	+/-0.2
Widowed	19,510	+/-718	8.4%	+/-0.3
Divorced	37,239	+/-1,373	16.0%	+/-0.6
FERTILITY				
Number of women 15 to 50 years old who had a birth in the past 12 months	7,059	+/-619	7,059	(X)
Unmarried women (widowed, divorced, and never married)	2,700	+/-379	38.2%	+/-4.6
Per 1,000 unmarried women	33	+/-5	(X)	(X)
Per 1,000 women 15 to 50 years old	51	+/-4	(X)	(X)
Per 1,000 women 15 to 19 years old	17	+/-8	(X)	(X)
Per 1,000 women 20 to 34 years old	80	+/-8	(X)	(X)
Per 1,000 women 35 to 50 years old	30	+/-6	(X)	(X)
GRANDPARENTS				
Number of grandparents living with own grandchildren under 18 years	11,202	+/-763	11,202	(X)
Grandparents responsible for grandchildren	4,846	+/-537	43.3%	+/-4.0
Years responsible for grandchildren				
Less than 1 year	1,534	+/-407	13.7%	+/-3.5
1 or 2 years	892	+/-261	8.0%	+/-2.3
3 or 4 years	695	+/-198	6.2%	+/-1.8
5 or more years	1,725	+/-346	15.4%	+/-3.0
Number of grandparents responsible for own grandchildren under 18 years	4,846	+/-537	4,846	(X)
Who are female	3,116	+/-358	64.3%	+/-3.6
Who are married	3,180	+/-481	65.6%	+/-5.7
SCHOOL ENROLLMENT				
Population 3 years and over enrolled in school	152,957	+/-2,080	152,957	(X)
Nursery school, preschool	8,182	+/-654	5.3%	+/-0.4
Kindergarten	7,342	+/-638	4.8%	+/-0.4
Elementary school (grades 1-8)	57,955	+/-1,065	37.9%	+/-0.7
High school (grades 9-12)	28,703	+/-863	18.8%	+/-0.6
College or graduate school	50,775	+/-1,733	33.2%	+/-0.8
EDUCATIONAL ATTAINMENT				
Population 25 years and over	373,570	+/-1,066	373,570	(X)
Less than 9th grade	17,698	+/-968	4.7%	+/-0.3
9th to 12th grade, no diploma	23,161	+/-1,118	6.2%	+/-0.3
High school graduate (includes equivalency)	85,862	+/-2,039	23.0%	+/-0.5
Some college, no degree	90,341	+/-1,960	24.2%	+/-0.5
Associate's degree	30,421	+/-1,435	8.1%	+/-0.4
Bachelor's degree	69,694	+/-1,457	18.7%	+/-0.4
Graduate or professional degree	56,393	+/-1,438	15.1%	+/-0.4
Percent high school graduate or higher	(X)	(X)	89.1%	+/-0.4
Percent bachelor's degree or higher	(X)	(X)	33.8%	+/-0.5

Subject	Albuquerque city, New Mexico			
	Estimate	Margin of Error	Percent	Percent Margin of Error
VETERAN STATUS				
Civilian population 18 years and over	426,358	+/-999	426,358	(X)
Civilian veterans	40,466	+/-1,354	9.5%	+/-0.3
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION				
Total Civilian Noninstitutionalized Population	553,296	+/-426	553,296	(X)
With a disability	72,045	+/-1,886	13.0%	+/-0.3
Under 18 years	129,023	+/-999	129,023	(X)
With a disability	4,803	+/-581	3.7%	+/-0.4
18 to 64 years	349,281	+/-975	349,281	(X)
With a disability	39,117	+/-1,591	11.2%	+/-0.5
65 years and over	74,992	+/-690	74,992	(X)
With a disability	28,125	+/-823	37.5%	+/-1.1
RESIDENCE 1 YEAR AGO				
Population 1 year and over	550,292	+/-596	550,292	(X)
Same house	455,063	+/-3,449	82.7%	+/-0.6
Different house in the U.S.	92,329	+/-3,481	16.8%	+/-0.6
Same county	64,571	+/-2,806	11.7%	+/-0.5
Different county	27,758	+/-1,980	5.0%	+/-0.4
Same state	12,315	+/-1,335	2.2%	+/-0.2
Different state	15,443	+/-1,379	2.8%	+/-0.2
Abroad	2,900	+/-778	0.5%	+/-0.1
PLACE OF BIRTH				
Total population	556,859	+/-99	556,859	(X)
Native	498,944	+/-2,412	89.6%	+/-0.4
Born in United States	491,160	+/-2,555	88.2%	+/-0.5
State of residence	291,631	+/-3,504	52.4%	+/-0.6
Different state	199,529	+/-2,800	35.8%	+/-0.5
Born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s)	7,784	+/-638	1.4%	+/-0.1
Foreign born	57,915	+/-2,400	10.4%	+/-0.4
U.S. CITIZENSHIP STATUS				
Foreign-born population	57,915	+/-2,400	57,915	(X)
Naturalized U.S. citizen	22,387	+/-1,356	38.7%	+/-2.3
Not a U.S. citizen	35,528	+/-2,319	61.3%	+/-2.3
YEAR OF ENTRY				
Population born outside the United States	65,699	+/-2,540	65,699	(X)
Native	7,784	+/-638	7,784	(X)
Entered 2010 or later	665	+/-221	8.5%	+/-2.7
Entered before 2010	7,119	+/-609	91.5%	+/-2.7
Foreign born	57,915	+/-2,400	57,915	(X)
Entered 2010 or later	6,429	+/-1,076	11.1%	+/-1.7
Entered before 2010	51,486	+/-2,109	88.9%	+/-1.7
WORLD REGION OF BIRTH OF FOREIGN BORN				
Foreign-born population, excluding population born at sea	57,915	+/-2,400	57,915	(X)
Europe	4,724	+/-497	8.2%	+/-0.8
Asia	12,716	+/-954	22.0%	+/-1.6

Subject	Albuquerque city, New Mexico			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Africa	1,286	+/-317	2.2%	+/-0.5
Oceania	104	+/-45	0.2%	+/-0.1
Latin America	38,031	+/-2,090	65.7%	+/-1.7
Northern America	1,054	+/-272	1.8%	+/-0.5
LANGUAGE SPOKEN AT HOME				
Population 5 years and over	521,455	+/-556	521,455	(X)
English only	367,973	+/-3,628	70.6%	+/-0.7
Language other than English	153,482	+/-3,582	29.4%	+/-0.7
Speak English less than "very well"	40,554	+/-2,061	7.8%	+/-0.4
Spanish	123,512	+/-3,345	23.7%	+/-0.6
Speak English less than "very well"	32,651	+/-1,809	6.3%	+/-0.3
Other Indo-European languages	9,107	+/-983	1.7%	+/-0.2
Speak English less than "very well"	1,904	+/-366	0.4%	+/-0.1
Asian and Pacific Islander languages	9,137	+/-653	1.8%	+/-0.1
Speak English less than "very well"	4,261	+/-556	0.8%	+/-0.1
Other languages	11,726	+/-1,337	2.2%	+/-0.3
Speak English less than "very well"	1,738	+/-387	0.3%	+/-0.1
ANCESTRY				
Total population	556,859	+/-99	556,859	(X)
American	22,391	+/-1,421	4.0%	+/-0.3
Arab	4,094	+/-1,119	0.7%	+/-0.2
Czech	1,462	+/-291	0.3%	+/-0.1
Danish	1,593	+/-305	0.3%	+/-0.1
Dutch	5,156	+/-624	0.9%	+/-0.1
English	34,664	+/-1,187	6.2%	+/-0.2
French (except Basque)	10,235	+/-828	1.8%	+/-0.1
French Canadian	1,851	+/-353	0.3%	+/-0.1
German	55,374	+/-2,168	9.9%	+/-0.4
Greek	1,962	+/-447	0.4%	+/-0.1
Hungarian	2,105	+/-429	0.4%	+/-0.1
Irish	39,157	+/-1,463	7.0%	+/-0.3
Italian	17,077	+/-1,341	3.1%	+/-0.2
Lithuanian	854	+/-216	0.2%	+/-0.1
Norwegian	5,510	+/-573	1.0%	+/-0.1
Polish	7,301	+/-649	1.3%	+/-0.1
Portuguese	943	+/-286	0.2%	+/-0.1
Russian	3,228	+/-479	0.6%	+/-0.1
Scotch-Irish	5,188	+/-585	0.9%	+/-0.1
Scottish	9,624	+/-871	1.7%	+/-0.2
Slovak	500	+/-130	0.1%	+/-0.1
Subsaharan African	2,682	+/-665	0.5%	+/-0.1
Swedish	5,946	+/-758	1.1%	+/-0.1
Swiss	996	+/-174	0.2%	+/-0.1
Ukrainian	881	+/-256	0.2%	+/-0.1
Welsh	3,067	+/-459	0.6%	+/-0.1
West Indian (excluding Hispanic origin groups)	581	+/-221	0.1%	+/-0.1
COMPUTERS AND INTERNET USE				
Total households	(X)	(X)	(X)	(X)
With a computer	(X)	(X)	(X)	(X)
With a broadband Internet subscription	(X)	(X)	(X)	(X)

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data).

The effect of nonsampling error is not represented in these tables.

Ancestry listed in this table refers to the total number of people who responded with a particular ancestry; for example, the estimate given for Russian represents the number of people who listed Russian as either their first or second ancestry. This table lists only the largest ancestry groups; see the Detailed Tables for more categories. Race and Hispanic origin groups are not included in this table because official data for those groups come from the Race and Hispanic origin questions rather than the ancestry question (see Demographic Table).

Data for year of entry of the native population reflect the year of entry into the U.S. by people who were born in Puerto Rico, U.S. Island Areas or born outside the U.S. to a U.S. citizen parent and who subsequently moved to the U.S.

Fertility data are not available for certain geographic areas due to problems with data collection. See Errata Note #92 for details.

Methodological changes to data collection in 2013 may have affected language data for 2013. Users should be aware of these changes when using 2013 data or multi-year data containing data from 2013. For more information, see: Language User Note.

The Census Bureau introduced a new set of disability questions in the 2008 ACS questionnaire. Accordingly, comparisons of disability data from 2008 or later with data from prior years are not recommended. For more information on these questions and their evaluation in the 2006 ACS Content Test, see the Evaluation Report Covering Disability.

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Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Explanation of Symbols:

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3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

SHARE YOUR CARE, INC. FUNDING SOURCES--TRANSPORTATION AND NON TRANSPORTATION SOU

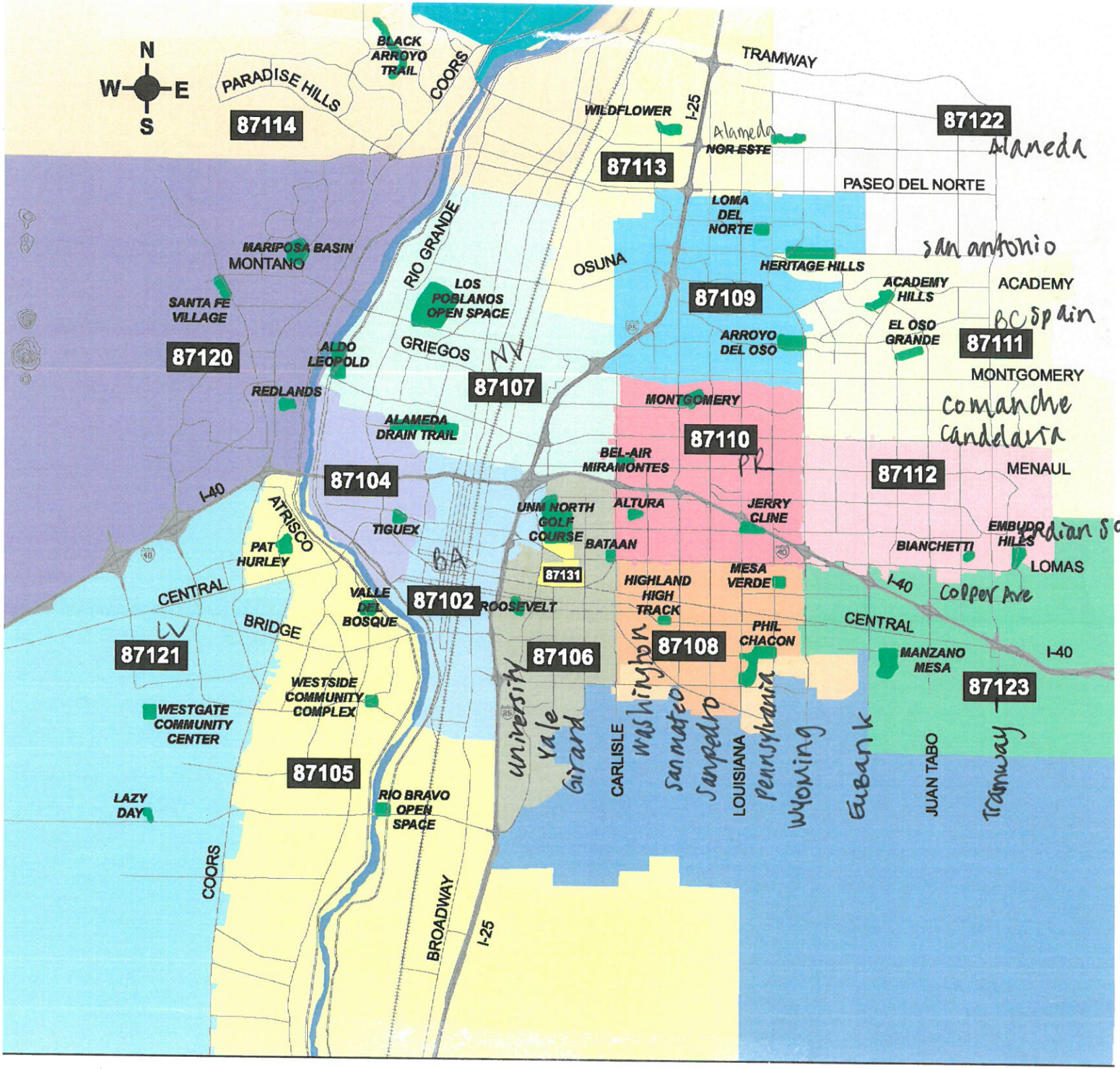
	FY19	FY19	FY19	FY20	FY20
Source:	Total	Trans.	Non-Trans.	Total	Trans.
Medicaid Waivers	912,548	365,019	$547,529	927,129	370,852
Area on Aging	1,071,817	53,591	$1,018,226	1,079,707	53,985
ALSTD	77,000	15,400	$61,600	62,624	12,525
CYFD - Food Prog	77,000	0	$77,000	77,590	0
Private Fees	173,500	26,025	$147,475	134,752	20,213
Veteran Admin	235,000	58,750	$176,250	235,664	58,916
Cost Sharing	7,900	0	$7,900	4,340	0
Contributions	9,800	1,000	$8,800	21,570	1,000
Miscellaneous	1,000	0	$1,000	10,271	0
Fundraising	0	0	$0	0	0
Investment	0	0	$0	19,173	0
Restricted	0	0	$0	0	0
Private Grants	32,000	0	$32,000	33,900	0
United Way	12,000	0	$12,000	0	0
Section 5310 Grant	63,176	63,176	$0	68,236	68,236
Total	$2,672,741	$582,961	$2,089,780	$2,674,956	$585,726

Note: Transportation services for enrolled Adult Day Care participants are bundled in the hourly fee-for-service r

IRCES

FY20	FY21 ESTIMATE	FY21 ESTIMATE	FY21 ESTIMATE
Non-Trans.	Total	Trans.	Non-Trans.
$556,277	927,129	370,852	$556,277
$1,025,722	1,079,707	53,985	$1,025,722
$50,099	62,624	12,525	$50,099
$77,590	77,590	0	$77,590
$114,539	134,752	20,213	$114,539
$176,748	235,664	58,916	$176,748
$4,340	4,340	0	$4,340
$20,570	21,570	1,000	$20,570
$10,274	10,274	0	$10,274
$0	0	0	$0
$19,173	19,173	0	$19,173
$0	0	0	$0
$33,900	33,900	0	$33,900
$0	0	0	$0
$0	68,236	68,236	$0
$2,089,229	$2,674,959	$585,726	$2,089,232

rate paid by funding sources.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LOMA DEL NORTE
MARIPOSA BASIN
MONTANO
RIO GRANDE
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HERITAGE HILLS
san antonio
ACADEMY HILLS
ACADEMY
SANTA FE VILLAGE
LOS POBLANOS OPEN SPACE
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GRIEGOS
ARROYO DEL OSO
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MONTGOMERY
REDLANDS
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MONTGOMERY
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ALAMEDA DRAIN TRAIL
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ATRISCO
UNM NORTH GOLF COURSE
ALTURA
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TIGUEX
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CENTRAL
VALLE DEL BOSQUE
87102
ROOSEVELT
HIGHLAND HIGH TRACK
I-40
Copper Ave
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PHIL CHACON
MANZANO MESA
I-40
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WESTSIDE COMMUNITY COMPLEX
WESTGATE COMMUNITY CENTER
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Yale
Girard
CARLISLE
washington
San mateo
Sanpedro
LOUISIANA
pennsylvania
wyoming
Eubank
JUAN TABO
Tramway
87105
LAZY DAY
RIO BRAVO OPEN SPACE
COORS
BROADWAY
I-25

Share Your Care, Inc.

Section 5310 Application

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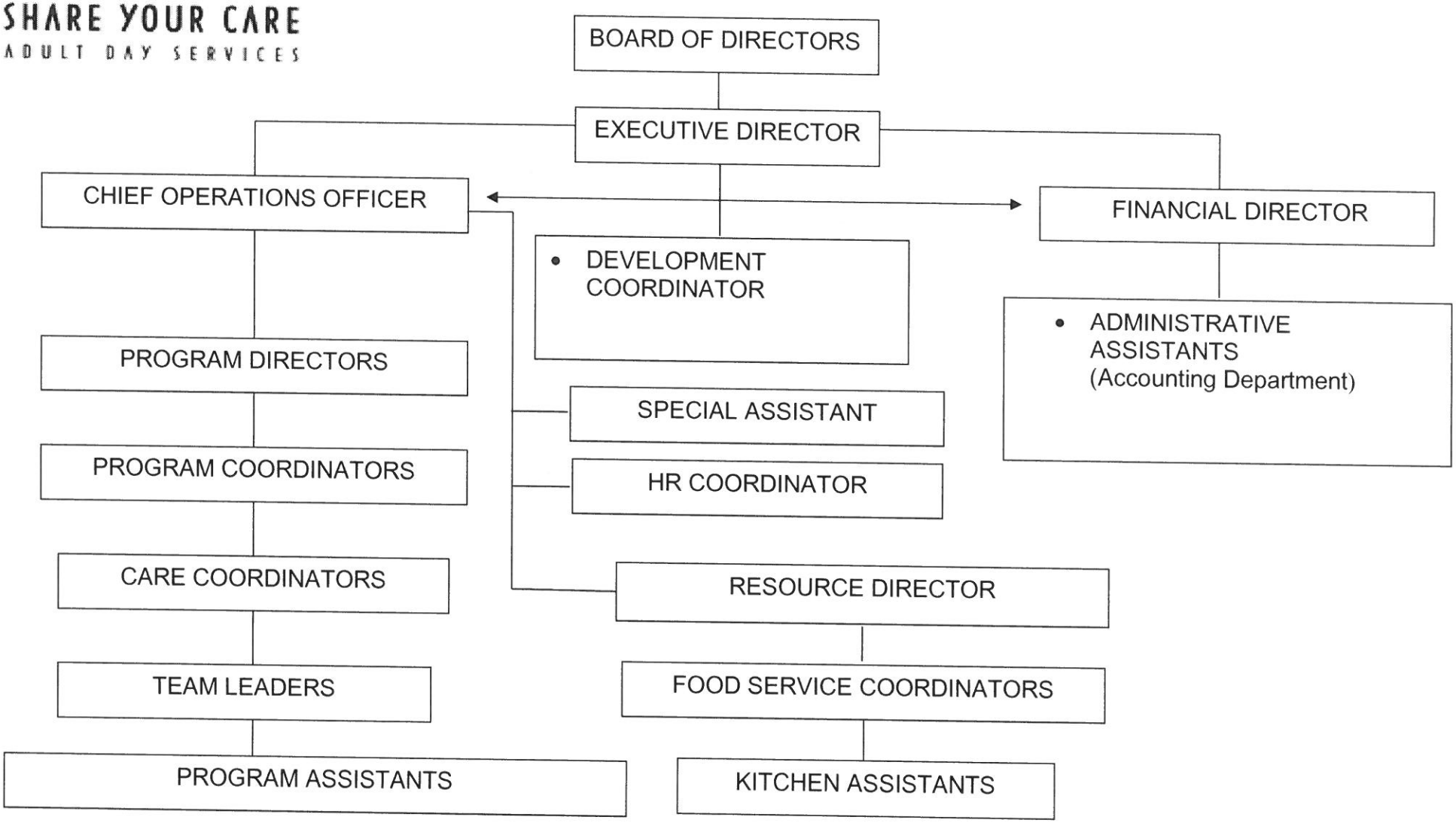

BOARD OF DIRECTORS
EXECUTIVE DIRECTOR
CHIEF OPERATIONS OFFICER
FINANCIAL DIRECTOR
• DEVELOPMENT COORDINATOR
• ADMINISTRATIVE ASSISTANTS (Accounting Department)
PROGRAM DIRECTORS
SPECIAL ASSISTANT
PROGRAM COORDINATORS
HR COORDINATOR
CARE COORDINATORS
RESOURCE DIRECTOR
TEAM LEADERS
FOOD SERVICE COORDINATORS
PROGRAM ASSISTANTS
KITCHEN ASSISTANTS

Administrative Policy

AP-2000 Human Resources

AP-2150 PROFESSIONAL STAFF ORGANIZATION

The Board of Directors authorizes share Your Care's professional staff organization for each of its programs, and each program's organization is outlined as follows (please see job descriptions for qualifications and organizational chart for illustration):

ALL PROGRAMS:

The Executive Director (full-time) supervises the Chief Operations Officer, the Chief Financial Officer/Assistant Director and the Development Coordinator.

Chief Operations Officer (full-time): Office located at the Administrative Office in Albuquerque, NM--overall responsibility for managing all programs and management staff of Share Your Care program sites. Supervises Program Directors and Coordinators, Resource Director, Special Administrative Assistant, and Human Resources/Training Coordinator.

Chief Financial Officer/Assistant Director (full-time): Office located at the Administrative Office in Albuquerque, NM--overall responsibility for all financial reporting and accounting for all funding sources for the Agency. Supervises Administrative Assistants for Payroll, Accounts Receivable and Accounts Payable.

ALBUQUERQUE PROGRAMS:

A. Ponderosa Site: Supervised by a Program Director

5301 Ponderosa. NE, Albuquerque, NM

I. Respite Program:
- Program Coordinator (full-time) supervises Program Assistants
- Program Assistants (full-time, part-time, and substitute)

II. General Program:
- Program Coordinator (full-time) supervises Program Assistants and Team Leader
- Care Coordinator (full-time)
- General Program Team Leader (full time)
- Program Assistants (full-time, part-time, and substitute

III. Food Service Coordinator
- Kitchen Assistant

IV. Psychosocial Intervention/Rehab (Group) Program:
- Mental Health Program Director/Clinical Director (full-time) supervised by the Chief Operations Officer, supervises Mental Health Program staff. Additionally, serves as Clinical Director
- Mental Health Program Team Leader (full-time)
- Rehabilitation Coordinators (full-time and part-time

B. Bear Canyon Site: (all located on site) 4645 Pitt NE, Albuquerque, NM

- Program Coordinator (full-time)
- Team Leader (full-time)
- Program Assistants (full-time, part-time, and substitute)

C. North Valley Site (all located on site) 3825 Fourth St. NW, Albuquerque, NM
Program Coordinator (full-time)
Team Leader (full-time)
Program Assistants (full-time, part-time, and substitute)

D. Bareleas Site: (all located on site) 714 Seventh St. SW, Albuquerque, NM
Program Coordinator (full-time)
Team Leader (full-time)
Program Assistants (full-time, part-time, and substitute)

E. Los Volcanes Site: (all located on site) 6500 Los Volcanes NW, Albuquerque, NM
Program Coordinator (full-time)
Team Leader (full-time)
Program Assistants (full-time, part-time, and substitute)

RIO RANCHO PROGRAMS:

Located at 1004 24th Street Rio Rancho, NM
All staff on site.
Program Director (full-time):--overall responsibility for managing all programs and staff of Rio Rancho Programs. Supervises Program Coordinators, Care Coordinator, and Food Service Coordinator (supervised by the Resource Director).
Care Coordinator (full-time)

I. Respite Program:
Program Coordinator (full-time) supervises Program Assistants
Program Assistants (full-time, part-time and substitute)

II. General Program:
Program Coordinator (full-time) supervises Program Assistants and Team Leaders
General Program Team Leader (full-time)
Program Assistants (full-time, part-time and substitute)

GALLUP, NEW MEXICO PROGRAM:

Located at 1800 Red Rock Road, Gallup, NM
Program Coordinator (full-time) supervises Program Assistants and Team Leader
Team Leader (full-time)
Program Assistants (full-time and substitute)

ADMINISTRATIVE OFFICES:

Located in Albuquerque, NM. The following staff are on site:
Executive Director (full-time), Assistant Director/Chief Financial Officer, Chief Operations Officer, Accounting Administrative Assistants, Resource Director, Special Administrative Assistant, Human Resources/Training Coordinator and Development Coordinator.

A volunteer Board of Directors govern share Your Care. A Consumer Advisory Group (CAG) is composed of consumer members from each of Share Your Care's programs. The volunteer Board of Directors is composed of members of the community who demonstrate expertise in human resource management, fiscal management, medical and legal professions, etc.

Minimum staff ratios of all programs are maintained at a ratio of one staff person to five persons-served.

Other Contracted Staff Serving the entire Agency

1. Licensed Registered Nurse
2. Licensed Pharmacist

See Related Documents: AP-2150A Organizational Chart; AP-2150B Executive Director; AP-2150C Assistant Director; AP-2150D Resource Development Officer; AP-2150E Staff Development Officer; AP-2150F Bookkeeper; AP-2150G Administrative Assistant; AP-2150H ABQ Programs Program Director; AP-2150J ABQ Programs Care Coordinator; AP-2150J ABQ Programs Care Coordinator; AP-2150K ABQ Programs Program Coordinator; AP-2150L ABQ Programs Team Leader; AP-2150M Rio Rancho Care Coordinator; AP-2150N Rio Rancho General Program Coordinator; AP-2150P Rio Rancho Respite Program Coordinator; AP-2150Q General Program Team Leader; AP-2150R Mental Health (PSI) Program Director; AP-2150S Mental Health (PSI) Program Team Leader; AP-2150T Service Coordinator; AP-2150U Program Director; AP-2150V Program Coordinator; AP-2150W Program Assistant; AP-2150X Substitute Program Assistant; AP-2150Y ISB Team Leader; AP-2150Z Rehabilitation Coordinator; AP-2150AA Food Service Coordinator; AP-2150 AB Kitchen Assistant; AP-2150AC Nurse Consultant Services & Responsibilities; AP-2150AD Clinical Director Responsibilities; AP-2150AE Pharmacist Consultant Services & Responsibilities; AP-2150ag Information Systems Administrator.

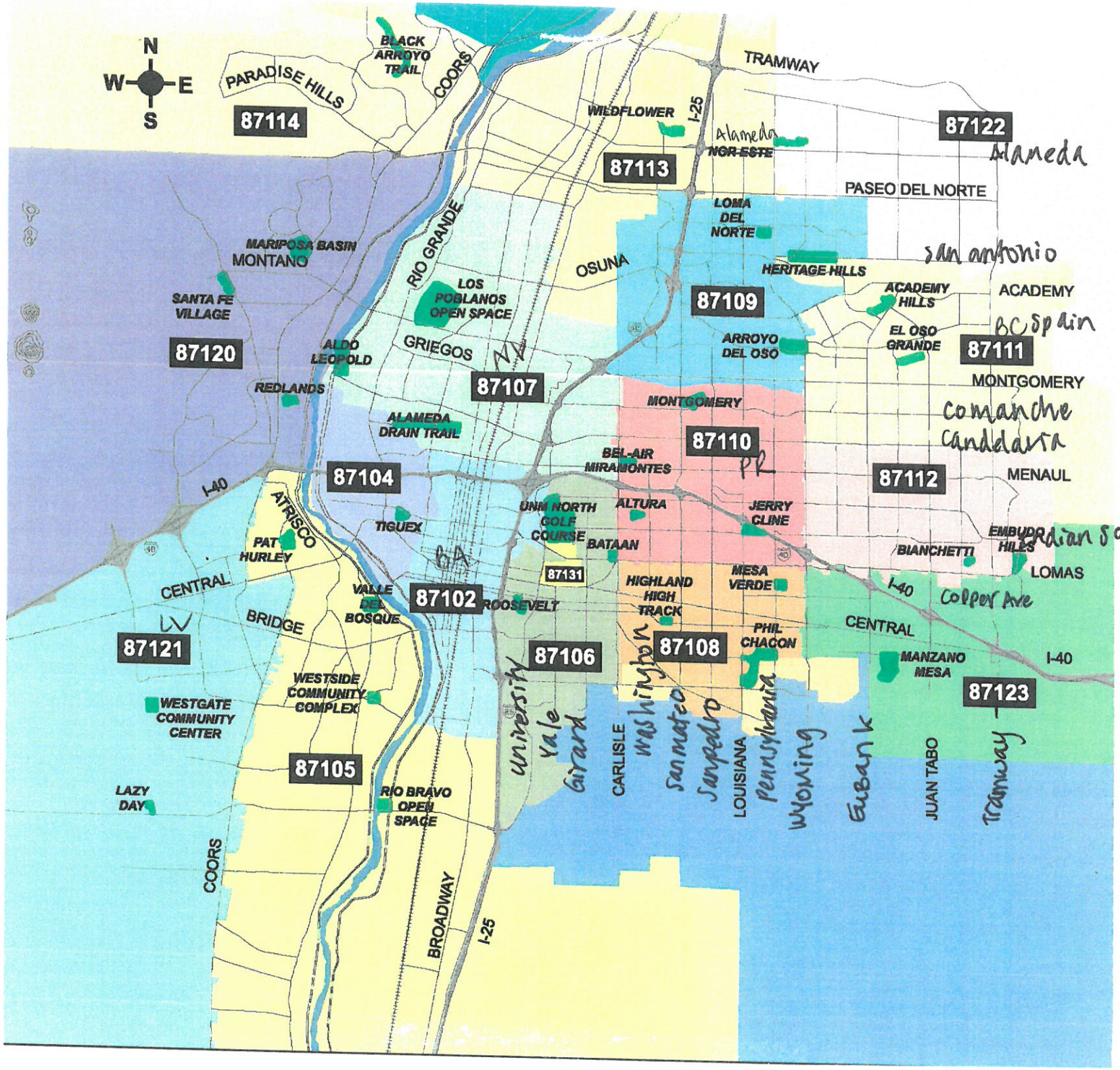
The Mission of Share Your Care is to provide quality adult day services as an alternative to institutional care. Transportation services to bring the participants to our programs is an integral part of the service.

The Goals of Share Your Care's Adult Day Services are:

- To enhance and/or maintain the level of functioning of the individuals
- To decrease abuse, neglect and exploitation of those served
- To prevent inappropriate and premature institutionalization
- To provide respite and support to caregivers in order to maintain families or to age in place
- To provide programming based upon client, caregiver and community input

The Objectives of Share Your Care's Adult Day Services are to provide:

- A caring, protective environment staffed by well-trained professionals at a ratio of one direct care employee to every four to five persons served, at a minimum
- Daily cognitive, recreational and expressive forms of rehabilitative therapy designed for the different functional states of those who attend the programs
- Nutritional meals and snacks and assistance with special dietary needs
- Health monitoring, screening and medical consultation by a Registered Nurse
- Community Outreach activities and field trips into the community
- Door-to-Door Transportation Services
- On-going Safety and Quality Improvement processes to enhance the safety, accessibility and quality of the services we provide
- Consumer Satisfaction Survey systems to expand and enhance the services provided
- Care coordination services to assist in securing ancillary, in-home, medical, housing and other services that the participants may need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PASEO DEL NORTE
LOMA DEL NORTE
MARIPOSA BASIN
MONTANO
RIO GRANDE
OSUNA
HERITAGE HILLS
san antonio
ACADEMY HILLS
ACADEMY
SANTA FE VILLAGE
LOS POBLANOS OPEN SPACE
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EL OSO GRANDE
BC Spain
87120
ALDO LEOPOLD
GRIEGOS
ARROYO DEL OSO
87111
REDLANDS
87107
MONTGOMERY
MONTGOMERY
comanche
candelaria
ALAMEDA DRAIN TRAIL
87110
BEL-AIR MIRAMONTES
PR
87104
87112
MENAUL
I-40
ATRISCO
UNM NORTH GOLF COURSE
ALTURA
JERRY CLINE
TIGUEX
EMBUDO HILLS
Gordian School
PAT HURLEY
BATAAN
BIANCHETTI
LOMAS
87131
CENTRAL
VALLE DEL BOSQUE
87102
ROOSEVELT
HIGHLAND HIGH TRACK
MESA VERDE
I-40
Copper Ave
LV
BRIDGE
CENTRAL
87121
87106
87108
PHIL CHACON
MANZANO MESA
I-40
WESTSIDE COMMUNITY COMPLEX
87123
WESTGATE COMMUNITY CENTER
university
Yale
Girard
CARLISLE
Washington
San mateo
San pedro
LOUISIANA
Pennsylvania
Wyoming
Eubank
JUAN TABO
Tramway
87105
LAZY DAY
RIO BRAVO OPEN SPACE
COORS
BROADWAY
I-25

6

Share Your Care, Inc. Description of Service Areas

Albuquerque, Bernalillo County:
Transportation routes for daily transportation to and from our adult day care program sites is bounded by Gibson Blvd./Kirtland AFB on the south, Edith Blvd. and part of 4th Street NW on the West, Alameda Blvd. on the north and Tramway Blvd. on the east.

Travel time for daily to/from routes ranges from 1 hour to 1 ¾ hours.

Transportation for community outings is within a 50 mile radius of any program site. Community outings in these communities includes attractions, special events and volunteer opportunities in Albuquerque, the nearby Sandia Mountains and cultural events operated by the municipalities.

Client Care

CC-8000 Transportation

CC-8010 TRANSPORTATION SERVICES POLICY & PROCEDURES

The following procedures have been developed and adopted to ensure that equitable access to transportation as provided by Share Your Care, Inc. has been afforded to all participants based upon individual needs. Share Your Care provides transportation primarily for persons who do not have access to transportation services to our programs. Any amendments or changes to this policy, or implementation of it, shall be made only after 30 days written notice, or at the discretion of the Executive Director.

This policy applies only to transportation to and from the Share Your Care program. This policy does not apply to field trips, nor does this indicate a change in the scope of the Share Your Care van service to include doctor appointments, or other individual transportation services.

Share Your Care, Inc. shall develop a waiting list at each location and maintain them to determine eligibility for utilization of the Share Your Care, Inc. van service. This waiting list shall be maintained on a priority of need basis. Within each priority status, the order of waiting list placement is based upon the date of transportation application submission. All interested persons must complete and submit a transportation waiting list application/ (Intent to Ride form) to the Program Director prior to being considered for receiving transportation services. In no case shall any person be added to waiting lists without receiving completed application materials.

The priority of need used for waiting list placement is:

First Priority: Any person currently using SYC vans and persons whose participation in SYC programs are funded by CYFD/APS-Title XX, the D&E Waiver and Area Agency on aging. (AAA) Any person who extended their leave beyond the 30 day maximum and subsequently lost their reservation to ride and/or any person who changed residences and as a result was not able to receive continued service.

Second Priority: Any person who indicates that the SYC van service is the only means of transportation to/from SYC available to them.

Third Priority: Any person eligible to use public transportation to and from Share Your Care (This includes Sun Van transportation service for people with disabilities.)

Fourth Priority: Any person who has in the past, or is currently using a caregiver or other means of private transportation to and/or from the program.

Determination of the ability of Share Your Care, Inc. to provide transportation to those people on the transportation waiting list will be made by the Program Director at each site according to

space availability, geographic areas served by SYC van service, as well as priority status as indicated on the waiting list. In addition, any person who refuses to wear a seat belt or have their wheel chair securely fasten by the tie-down method will not eligible for transportation services by Share Your Care.

SERVICE ANIMAL POLICY:

Share Your Care, Inc. defines service animals as animals that are individually trained to perform tasks for people with disabilities such as guiding people who are blind, alerting people who are deaf, pulling wheelchairs, alerting and protecting a person who is having a seizure, or performing other special tasks. Service animals are working animals, not pets.

Share Your Care clients will not be asked to remove their service animal from the van or program center unless: (1) the animal is out of control and the animal's owner does not take effective action to control it (for example, a dog that barks repeatedly during transport) or (2) the animal poses a direct threat to the health or safety of others riding in Share Your Care's vehicles.

Share Your Care is not responsible to provide clean up, care or food to service animals and all care, supervision and up-to-date vaccine verification records is the responsibility of the Share Your Care client.

Share Your Care clients who use service animals will not be charged extra transportation fees.

GEOGRAPHIC AREAS SERVED:

Note: Geographic areas served are not fixed and are subject to change based on current utilization. Share Your Care reserves the right to change geographic areas served. The number and distribution of riders within a particular geographic area determine service areas. Based on utilization, service areas may be redefined. If this is done and riders are affected, Share Your Care will give riders 30 days' notice, and assist with identifying alternative transportation resources if necessary. However, in general, the Albuquerque Program's transportation service area includes the fours quadrants of the City of Albuquerque (limited areas), and the Rio Rancho program's service area includes the West Side communities of Albuquerque and the City of Rio Rancho (limited areas). Even if eligible, not all persons will be offered transportation if they reside in an area outside of a current geographic service area. However, service may be negotiated at an increased fee for service if the provision of service is determined feasible by Program Directors (please see #3 below).

Upon determination of eligibility for SYC van service, eligible individuals will be notified. At this time, an individual transportation service contract shall be developed. Transportation services will not be provided before a service contract is initiated. Potential service recipients will be required to meet with Program Directors to review and initiate contract terms. (The only

exception is for persons requesting on-call transportation services for a period of no more than three days in a one-month period.)

Note: Continued transportation cannot be guaranteed if a current recipient of transportation services changes residences within the service area. In the event that continued service is not feasible, the participant will be placed on the Level I priority waiting list.

Note: Order of pickup/drop off is at the sole discretion of the Program Director. Recipients of service understand that the order of pickup/drop off is subject to change without notice. There is a maximum 5 minute pick up window. Drivers are instructed to not wait any longer than 5 minutes after arrival.

TRANSPORTATION FEES: Share Your Care, Inc. does not charge its program participants any fees for providing transportation to and from the program centers or on field trips or community connections provided to the clients while they are attending any Share Your Ce operated program.

Any person who does not regularly use the Share Your Care, Inc. van service who requests a one or two-way ride to or from the program are on an on-call basis. These special requests will be accommodated at the discretion of the Program Director or their designee. 24-hour advance notice is required to provide service for these requests.

Client Care

CC-8000 Transportation

CC-8020 TRANSPORTATION PREFERENCES

Share Your Care's consumers who use our transportation services are made aware of and are provided informed consent to the following:

1. As a condition of placement on the waiting list and/or subsequent use of the Share Your Care transportation service to/from the program centers, the client/client caregiver/guardian agrees to be placed on the waiting list, which will be maintained at the program sites by the Program Coordinators.
2. The consumer understands that by being placed on a prioritized waiting list that this is not a first-come first-served arrangement. The client/client caregiver/guardian is informed that other clients may be afforded the opportunity to ride the Share Your Care, Inc. van before they are, based on the priority status or geographical location, and that provision of transportation services is ultimately at the discretion of Share Your Care's Program Director(s) and/or Program Coordinators.

SHARE YOUR CARE
ADULT DAY SERVICES

OPERATIONS MANUAL
CC-10,050A Outing Roll Sheet
Revised 7/28/2016

Site: _____

Date: _____

Pre & Loading Check List

	Checked
Check for Nails & Visually Low Tire Pressure	
Check for Broken/Damaged Rear & Front Lights	
Check under Van for any Leaking Fluids	
Check all Gauges for Possible Problems	
Check Wheel Chair Lift to insure Working Properly	
Check Proper Installation of Wheel Chair Tie Downs	
Insure all Safety Belts are Fastened	

Check the one that applies

AM	
PM	
ALL DAY	

Check for Duplicate Copy Left at Program ☐

Check/NA For

Sunscreen	
Hats	
Name Tags	
Oxygen	
Personal Care	
Money	
Water	

Van #: _____
Outing Location: _____
Cell Number: _____

Attending Staff

_____
_____
_____
_____

_____
Team Leader Signature

_____
Lead Staff Signature

	Medications		Participants Name	Transport Status	Ethnicity	Loaded on Van for Trip	Arrival at Location	Lunch	Loaded on Van for Return
#	Needs	Taken							
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Total Trips (Each Field Trip Counts as 2 Trips per Person): _____
Beginning Mileage: _____
Ending Mileage: _____

Legend: Transport Status; E=Elderly, D=Disabled, A=Ambulatory & NAM=Non-Ambulatory
Ethnicity; H=Hispanic, C=Caucasian, AA=African American, NA=Native American & AS=Asian

Coordinator or above acknowledges receipt of form at end of outing: _____

Executive Director – Job Description

SUPERVISOR: BOARD OF DIRECTORS

QUALIFICATIONS:

Minimum of Bachelors Degree in the field of geriatrics, or a health or human service related course of study which includes the care of the elderly, or be a Registered Nurse.

In lieu of Bachelors Degree in specified field of study, 5 years experience in the field of Adult Day Services may be substituted with a Bachelors Degree in any field.

Bachelor's degree in specified field plus a minimum of two years experience administering and managing elderly, disabled, or related programs, to include financial management.

Experience in writing, implementing, or supervising grants and/or projects.

Familiarity with local, state, and national laws and trends regarding day care programs for the elderly and disabled.

Ability to meet professional standards in written and verbal communication skills.

Good Word Processing skills on a computer.

Provide proof of absence of tuberculosis in a transmissible form.

Valid New Mexico driver's license and "clean" driving record.

The Executive Director will assume responsibility for the overall development, implementation and coordination of all programs and services offered by Share Your Care, Inc.

The Executive Director will act as the direct liaison with public and private grantors as well as a variety of community agencies and programs that participate in the service programs of Share Your Care, Inc.

The Executive Director will act as the direct Liaison with public and private grantors as well as a variety of community agencies and programs that participate in the service programs of Share Your Care, Inc.

The Executive Director will promote and maintain program quality and fiscal integrity.

COORDINATE AND DIRECT:

The daily operations of the programs and services offered by Share Your Care, Inc., inclusive of recruiting, interviewing, employing, supervising and evaluating qualified personnel; determine salary adjustments and terminating unsatisfactory personnel.

Supervising/assessing monthly financial statements and reports of client census according to policies and procedures of Share Your Care, Inc.

Assure confidentiality of client and personnel records and files in response to and in compliance with all legal, contractual, and ethical obligations of Share Your Care, Inc.

Prepare and submit administrative reports and submit financial reports to funding sources as required by agreements.

Review and update program policies and procedures annually.

IN COOPERATION WITH BOARD OF DIRECTORS:

Initiate, negotiate and coordinate and maintain contractual agreements with a variety of agencies, programs and professionals in the public and private sector compatible with the goals and mission of Share Your Care, Inc.

Coordinate and initiate the development and implementation of evaluative and research strategies regarding the on-going mission, programs and policies of Share Your Care, Inc.

Prepare and submit monthly and annual administrative and financial reports.

RESPONSIBLE FOR:

All grant proposals and evaluate strategies; Initiate additional grant proposals, as appropriate.

Positive community relations through on-going client, family, and community interactions and involvement.

I agree to follow and uphold Share Your Care's mission and values. To provide quality adult day services as an alternative to institutionalization. To provide services with courtesy and compassion, respecting the dignity and privacy of the individuals served. I have read my job description and understand my job responsibilities. I realize that a copy of my job description will be in my personnel file at all times and is available to me if I so desire at any time.

_____ _____
Employee Signature Date

_____ _____
Supervisor's Signature Date

Assistant Director/Finance Director

SUPERVISOR: EXECUTIVE DIRECTOR

QUALIFICATIONS:

Bachelors Degree with a minimum of two years experience in administering and managing elderly, disabled, chronically mentally ill or related programs including staff supervision preferred. In lieu of degree, five years experience in office management and/or administrative assistance, including staff supervision, may be substituted for the education requirement.

Five year's bookkeeping or accounting experience required. Experience in non-profit or equivalent education preferred. Knowledgeable in non-profit funding, regulations and state and federal reporting requirements.

Experience in writing, implementing or supervising grants or projects.

Excellent verbal, written and organizational skills.

Provide proof of absence of tuberculosis in a transmissible form.

Valid New Mexico driver's license and clean driving record.

DUTIES:

Serves as Chief Privacy Officer.

Responsible for overall operation of accounting functions of the agency.

Supervision of accounting staff or Administrative Assistants as directed by Executive Director or agency organization.

Assist the Executive Director in developing or maintaining grant proposals and evaluating strategies to initiate or maintain grant proposals.

At the direction of the Executive Director, act as direct liaison with all grantors, agencies and allied programs.

Promote program accountability and quality of services for all programs and services offered by Share Your Care.

Responsible for completion and submission of all required funding source reports and documentation including billings and claims for payment. Monitor changes and on-going compliance requirements.

Monitor the approval and/or purchase of office and agency equipment and supplies.

Responsible for maintaining and recording annual agency inventories.

Production and submission of monthly financial statements and narrative for approval by the Board of Directors and Executive Director.

Serve as part of the Management Team, and in the absence of the Executive Director, in conjunction with the Chief Operations Officer, oversee the operation of the Agency.

Attest (witness) signatures as required by personnel or client documents.

As directed by Executive Director, attend meetings that pertain to funding sources or operations and report findings to Executive Director.

I agree to follow and uphold Share Your Care's mission and values. To provide quality adult day services as an alternative to institutionalization. To provide services with courtesy and compassion, respecting the dignity and privacy of the individuals served. I have read my job description and understand my job responsibilities. I realize that a copy of my job description will be in my personnel file at all times and is available to me if I so desire at any time.

_____ _____
Employee Signature Date

_____ _____
Supervisor Signature Date

Administrative Assistant – Job Description

SUPERVISOR: ASSISTANT DIRECTOR

QUALIFICATIONS:

GED or High School education required.

Business education desirable. Three years clerical experience including word processing.

Must be able to interact professionally with the public at large, clients and clients' family members.

Must be goal oriented and able to complete tasks in a timely manner with accuracy and professionalism.

Provide proof of absence of tuberculosis in a transmissible form.

Valid New Mexico drivers license and "clean" driving record.

LEVEL OF AUTHORIZED ACCESS TO PROTECTED CLIENT INFORMATION

Client name, address, phone number, ethnicity, client's personal representative's name, address and phone number, client's social security number, third party billing information, billing rate information for any funding source for the client's attendance or transportation, diagnosis for demographic information, diagnosis code applicable to billing requirements for Medicaid or Medicare billing, annual client and/or household income if applicable to eligibility for any funding source, all demographic and diagnostic information that is gathered by SYC for reporting purposes. Authorized to send/receive faxes or e-mails regarding client attendance or funding source information as detailed above.

DUTIES:

Provide administrative assistance, general secretarial duties, typing, word processing, filing, maintaining demographic information and client data and maintaining management information as needed.

Direct and handle telephone communications.

Provide assistance to Assistant Director for Accounts Payable, Accounts Receivable, Disbursements and General Accounting Preparation and Reconciliation.

Responsible for mail handling, including bulk mailings and maintaining all mailing lists for the Agency.

Take telephone referrals for Share Your Care services and provide referral information as necessary.

Responsible for completing errands as required for the Agency.

Assist in the preparation and monitoring of all funding source billings as directed by the Assist Director.

Coordinate the purchase of office or program supplies or equipment as needed or as requested

Work as a team member and fill in with other duties as needed or assigned.

Chief Operations Officer – Job Description

SUPERVISOR: EXECUTIVE DIRECTOR

QUALIFICATIONS:

Bachelors Degree in a human service or related field -or- in lieu of education five years relevant experience. Two years supervisory experience and knowledge of government funding sources and regulations are preferred.

Ability to plan therapeutic programs, understand diagnoses, and develop and implement individual service plans.

Experience in working with adults with mental and physical challenges.

Excellent verbal and written communication and organizational skills.

Willingness and ability to lead and be a member of a team of employees.

Good public relations skills.

CPR and First Aid certified within three months of employment.

Good word processing skills on a computer.

Provide proof of absence of TB in transmissible form.

Valid NM driver's license and "clean" driving record.

RESPONSIBILITIES:

Develop and oversee the programs operations in compliance with all funding, accreditation and licensing, and Agency regulations and standards.

Supervise the Eastside Albuquerque Programs sites including the City Centers, General and Respite Programs and Food Service staff including hiring, scheduling, evaluating, orienting, training, and assigning duties as appropriate.

Ensuring mandatory training requirements of staff are met by Coordinating with Staff Development Officer.

Coordinate transportation services, including van maintenance.

Review client and employee files for adequate, orderly, and appropriate documentation in compliance with all funding regulations.

Ensure compliance with the Client Bill of Rights, ADA, Health, Safety, Emergency, and Fire and Disaster policies, procedures and regulations.

Ensure involvement in the program and adequacy of service delivery, emphasizing consistent and quality care provided to the individuals served.

Maintain a client-centered approach of the Agency's operations and among the Agency's personnel.

Documentation/submission of all billing and contract reporting requirements.

Promote awareness of the Agency in the community.

Provide family support systems in coordination with the Albuquerque Programs Care Coordinator.

Maintain and oversee the storage, utilization and inventory of all materials, supplies and equipment.

Supervise, train, and recruit volunteers in coordination with the Resource Development Officer.

Managing enrollment and census of all Programs.

Ensure equipment and facility are in good working condition, reporting problems in a timely manner to the Executive Director and coordinating repair/maintenance with church/city personnel.

Maintain program supply and staffing budgets as directed by and in coordination with the Executive Director.

Ensure a clean and sanitary environment of the physical plant.

Perform other duties as assigned by the Executive Director.

I agree to follow and uphold Share Your Care's mission and values. To provide quality adult day services as an alternative to institutionalization. To provide services with courtesy and compassion, respecting the dignity and privacy of the individuals served. I have read my job description and understand my job responsibilities. I realize that a copy of my job description will be in my personnel file at all times and is available to me if I so desire at any time.

_____ _____

Employee Signature Date

_____ _____

Supervisor's Signature Date

Program Director – Job Description

SUPERVISOR: CHIEF OPERATIONS OFFICER

QUALIFICATIONS (ALL ARE REQUIRED):

Bachelors Degree in a human service or related field -or- in lieu of education five years relevant experience. Two years supervisory experience and knowledge of government funding sources and regulations are preferred.

Ability to plan therapeutic programs, understand diagnoses, and develop and implement individual service plans.

Experience in working with adults with mental and physical challenges.

Excellent verbal and written communication and organizational skills.

Willingness and ability to lead and be a member of a team of employees.

Good public relations skills.

CPR and First Aid certified within three months of employment.

Good working knowledge of email, spreadsheets and other Microsoft software.

Provide proof of absence of TB in transmissible form.

Able to lift 30 pounds. Able to transfer client from wheel chair to sitting or lying position, assist client with personal care in restroom including transfers; transfer client to changing table if needed and able to a push wheel chair and assist client with gate belt for ambulation.

Valid NM driver's license and "clean" driving record.

LEVEL OF AUTHORIZED ACCESS TO PROTECTED CLIENT INFORMATION:

Full access to all information contained in client charts for the program site where you are employed and at interdisciplinary team meetings for the clients for which you provide direct care services. Authorized to fax or e-mail client information including attendance data on the clients served in your program.

RESPONSIBILITIES:

Develop and oversee the program operations in compliance with all funding, accreditation and licensing, and Agency regulations and standards.

Supervise the General and Respite Programs and Food Service staff including hiring, scheduling, evaluating, orienting, training, and assigning duties as appropriate.

Ensuring mandatory training requirements of staff are met.

Coordinate transportation services, including van maintenance.

Review client and employee files for adequate, orderly, and appropriate documentation in compliance with all funding regulations.

Ensure compliance with the Client Bill of Rights, ADA, Health, Safety, Emergency, and Fire and Disaster policies, procedures and regulations.

Ensure involvement in the program and adequacy of service delivery, emphasizing consistent and quality care provided to the individuals served.

Maintain a client centered approach of the Agency's operations and among the Agency's personnel.

Documentation/submission of all billing and contract reporting requirements.

Promote awareness of the Agency in the community.

Provide family support systems in coordination with the Care Coordinator.

Maintain and oversee the storage, utilization and inventory of all materials, supplies and equipment.

Supervise, train, and recruit volunteers.

Manage enrollment and census of all Programs to meet licensing requirements at all times.

Ensure equipment and facility are in good working condition, reporting problems in a timely manner to the Chief Operations Officer and Executive Director.

Maintain program supply and activity budgets as directed by and in coordination with the Chief Operations Officer.

Ensure a clean and sanitary environment of the physical plant.

Perform other duties as assigned by the Chief Operations Officer or Executive Director.

I agree to follow and uphold Share Your Care's mission and values. To provide quality adult day services as an alternative to institutionalization. To provide services with courtesy and compassion, respecting the dignity and privacy of the individuals served. I have read my job description and understand my job responsibilities. I realize that a copy of my job description will be in my personnel file at all times and is available to me if I so desire at any time.

_____ _____

Employee Signature Date

_____ _____

Supervisor's Signature Date

Program Coordinator – Job Description

SUPERVISOR: PROGRAM DIRECTOR

QUALIFICATIONS (ALL ARE REQUIRED):

Bachelors Degree in human service or related field; or a minimum of three years experience working with frail elderly and/or disabled adults, including, planning and implementing activities.

Two years supervisory experience preferred.

Ability to plan appropriate therapeutic program activities based upon diagnosis, set goals and objectives, and implement them based upon individual functional levels.

Experience working with dementia in elderly and persons with disabilities. Demonstrated knowledge of the elderly and disabled population.

Willingness and ability to maintain current program methodology for day care needs.

Excellent verbal and written communication and organizational skills. The ability to demonstrate good public relations skills.

CPR and First Aid certification within three months of employment.

Able to lift 30 pounds. Able to transfer client from wheel chair to sitting or lying position, assist client with personal care in restroom including transfers; transfer client to changing table if needed and able to a push wheel chair and assist client with gate belt for ambulation.

Provide proof of absence of tuberculosis in a transmissible form.

LEVEL OF AUTHORIZED ACCESS TO PROTECTED CLIENT INFORMATION:

Full access to all information contained in client charts for the program site where you are employed and at interdisciplinary team meetings for the clients for which you provide direct care services. Authorized to fax or e-mail client information including attendance data on the clients served in your program.

RESPONSIBILITIES:

Assist Program Director in supervision of Program daily operations ensuring the Program is maintained in a safe organized fashion, ensure/monitor safety of employees/clients, scheduling of staff, ensuring the maintenance of appropriate staff to client ratios, and verifying time sheets.

Supervise Program operations and staff in coordination with the Program Director.

Perform employee evaluations as directed by the Program Director.

Assist in the program area as needed and instructed to by the Program Director

Recruitment and supervision of volunteers as directed by Program Director.

Provide leadership and direction to staff.

Assist Program Director in conducting client Quarterly Reviews and revising Service Plans as directed.

Assist Program Director with scheduling and performing client visits and intakes.

Implement monthly program activity coordination: completing activity calendars, staff assignments, coordinating with food service, and purchasing of program supplies.

Under the direction of the Program Director, coordinate transportation of clients and maintenance of vehicles.

Oversee weekly client council meetings and follow-up.

Assist Program Director in orientation and training of Program Assistants.

Comply with all funding agencies and the Agency's Policies and Procedures Manual, including documentation requirements.

Perform first aid assistance during an emergency and activate emergency medical system as needed.

Coordinate and conduct monthly Fire Drills in the program area.

Perform other duties as assigned by the Program Director.

I agree to follow and uphold Share Your Care's mission and values. To provide quality adult day services as an alternative to institutionalization. To provide services with courtesy and compassion, respecting the dignity and privacy of the individuals served. I have read my job description and understand my job responsibilities. I realize that a copy of my job description will be in my personnel file at all times and is available to me if I so desire at any time.

_____ _____

Employee Signature Date

_____ _____

Supervisor's Signature Date

Development Coordinator – Job Description

SUPERVISOR: EXECUTIVE DIRECTOR

QUALIFICATIONS (ALL ARE REQUIRED):

Bachelors Degree in a related field; or a minimum of three years experience working with frail elderly and/or disabled adults, including, planning and marketing.

An understanding of the disease process with dementia in elderly and persons with disabilities. Demonstrated knowledge of the elderly, disabled population, and the continuum of care.

Excellent verbal and written communication and organizational skills. The ability to demonstrate good public relations skills.

Must have a valid NM driver's license, a good driving record and proof of car insurance.

Excellent computer skills required.

Provide proof of absence of tuberculosis in a transmissible form.

LEVEL OF AUTHORIZED ACCESS TO PROTECTED CLIENT INFORMATION:

Not Applicable. In special circumstances permission can be obtained from the Executive Director in a limited capacity.

RESPONSIBILITIES:

Plan and implement outreach program to market the need of Adult Day Services.

Participate in Health Fairs, Conferences, and Speaking Engagements to educate the community about Adult Day Services.

Identify and build relations within the community to increase referral network.

Maintain and develop marketing material.

Track all contacts, outcomes and set up and maintain data base of this information.

Set up and maintain Internet data base for e-mailing information and newsletter.

Maintain mailing lists.

Write and distribute newsletters, annual reports, print advertising, press releases, etc.

Give tours at all site locations as needed.

Perform other duties and responsibilities as assigned.

I agree to follow and uphold Share Your Care's mission and values: To provide quality adult day services as an alternative to institutionalization. To provide services with courtesy and compassion, respecting the dignity and privacy of the individuals served. I have read my job description and understand my job responsibilities. I realize that a copy of my job description will be in my personnel file at all times and is available to me if I so desire at any time.

_____ _____

Employee Signature Date

_____ _____

Supervisor's Signature Date

Administrative Policies

AP-2000 Human Resources

AP-2440 APPEARANCE AND GROOMING

Share Your Care, Inc., takes great care and pride in maintaining a proper public image. There is no greater way for SYC to accomplish this than through our employee's appearance and behavior. These two factors, appearance and behavior, are extremely important because they not only help generate our public image, but they also contribute to the environment created at the individual sites, which ultimately allows our participants to feel comfortable and secure. It is therefore expected that all employees, during the hours of operation, act as ambassadors of SYC and dress and behave accordingly. In an effort to help guide this image, please consider the following standards which must be met:

1. Appearance should always be neat and clean.
2. Appropriate well-fitting clothing must be maintained at all times. Although employees should dress comfortably to perform their assigned duties, extreme and/or revealing fashions are not allowed. No institutional style clothing will be worn such as (scrubs). Management reserves the right to inform an employee that their attire is inappropriate, and instruct that the employee return home to change. Employees instructed to correct their appearance will not be paid for the amount of time required to do so. Repeated violations in appearance may result in discipline up to and including discharge.
3. Shoes that are well fitting, suitable, and appropriate for performing an employee's duties are required at all times to prevent accidents or injuries. All employees working at the program sites are prohibited from wearing open toed shoes, or shoes with heels greater that one inch (1"). Management reserves the right to inform an employee that their shoes are inappropriate, and instruct that the employee return home to change them. Employees instructed to correct their shoes will not be paid for the amount of time required to do so. Repeated violations in this may result in discipline up to and including discharge. Employees with special requirements calling for shoes that are not compliant must notify their direct supervisor in writing, from a doctor or foot professional, as to the extent and type of special requirement.
4. Hair styles must be well kept and clean. Male employees should keep facial hair neat and well groomed. Employees responsible for direct client care or contact with any machinery should keep their hair short or pulled back off the face to avoid accidents and problems. Food service staff must always wear hairnets or caps, as required by state regulations. Management reserves the right to inform an employee that their hair style is inappropriate, and instruct them to fix the infraction.
5. Body piercings must always be kept close to the skin. Employees responsible for direct client care or contact with any machinery are prohibited from wearing hoops, dangles, or any other type of piercings that can be grabbed or pulled to avoid accidents or problems. Food service staff as well as direct care staff should always remove any visible piercings, other than compliant traditional ear piercings, while working and performing their duties. Management reserves the right to inform an employee that their piercings are unsafe or inappropriate, and instruct an employee to remove them during the hours of operation.

6. Tattooing of any kind should be kept as discrete as possible by employees having them. During the hours of operation, tattooed employees that have contact with the public should keep all visible tattoos covered where it is safe and logical to do so. Management reserves the right to instruct an employee to cover any visible tattoos that may be considered inappropriate before allowing an employee to continue their duties.
7. Any employee formally representing Share Your Care to the public (i.e., speaking engagements, seminars, informational forums, or any other presentational format) should always be dressed neat and clean in a "business professional" manner. Management reserves the right to inform an employee that their attire is inappropriate, and to instruct that employee to return home to change. Employees instructed to correct their appearance will not be paid for the amount of time required to do so.

Administrative Policies

AP-2000 Human Resources

AP-2340 STAFF DEVELOPMENT POLICY

GOAL:

To provide educational and training opportunities to all employees of Share Your Care that are organized and appropriate to the needs of the persons served, their caregivers, members of the professional community and professional training programs, funding sources, referral sources, students and volunteers.

NEW EMPLOYEE ORIENTATION:

All new staff shall be oriented to Share Your Care by the Human Resources Coordinator.

A general and job specific orientation check list shall be provided to each new staff member. As each applicable task is learned by the new staff member, he/she shall initial the task indicating familiarization with the procedure.

Each new staff member is required to review the Policies and Procedures Manual, state licensing regulations, adult protective service laws, etc.

Newly hired program staff receive at least 40 hours of orientation prior to independently performing their duties.

Most new employees receive an additional 20-35 hours of training during their first three months of employment. This may include training in basic health, pre-service, goals and objectives, managing challenging behaviors, etc.

All new employees are either certified in CPR and basic first aide prior to employment or receive this training during their first 90 days of employment. Employees who will assist with medications receive medication assistance training.

Regular van drivers receive defensive driving and passenger safety training. All employees are oriented to infection control, disaster preparedness, client rights, grievance procedures, service planning, personal care, personnel policies, and all other pertinent procedures.

TRAINING OF EMPLOYEES:

Supervisors are responsible for on-the-job training related to the immediate job assignment. Appropriate records of accomplishment and competency testing will be kept on file in the administrative offices and in the personnel records. Whenever specific training programs are offered by the agency (seminars, workshops, and on-site training), supervisors will encourage and facilitate participation by all employees.

Educational and training opportunities are available to all employees of Share Your Care.

ANNUAL TRAINING CALENDAR:

A yearly training plan, developed by the Executive Director or designee, will consist of in-service training that accumulates to more than forty hours per year. In addition, staff are encouraged and afforded opportunities to attend additional training relating to the populations served through outside workshops and/or readings. The specific training needs of each staff member will be identified by the supervisor and the individual staff member. Required completion may be included as part of the annual performance evaluation.

State licensing law requires twenty hours of training devoted to the physical, emotional, intellectual, and social needs of adults. Other training topics will include but not be limited to:

- Mission/Values/Scope of Service/Code of Ethics
- CPR\Basic First Aid
- Assistance with Self Medication (designated employees)
- Defensive Driving/Passenger Safety (designated employees)
- DHI Incident Report Procedures (at hire and annually)
- Communicable Diseases
- Infection Control/Universal Precautions
- Behavioral and Functional Issues
- Prevention of Secondary Impairments
- Etiology of: Mental Illness, Mental Retardation, Alzheimer's Disease, Aging
- Americans With Disabilities Act/Accessibility
- Client Rights/Securing and Exercising Rights
- Grievance Procedures
- End of Life Issues
- Nutritional Needs of the Persons Served/Feeding & Aspiration
- Attitudes Towards Individuals Served and Identifying Needs
- Data Collection
- Reporting Procedures
- APS Referral s/Recognizing the Signs of Abuse and Neglect
- Confidentiality
- Fire/Disaster Prepared ness/Safety
- Emergency Procedures
- Physical, Psychosocial, Intellectual Need of Adults
- Drug Free Work Place
- Adult Food Program
- Team Building/Communication

INTENDED RESULTS:

Employees of Share Your Care will receive a minimum of forty (40) hours of documented training per year.

TRAINING OF EMPLOYEES:

Supervisors in coordination with the Human Services Coordinator are responsible for on-the-job training related to the immediate job assignment. Training is documented, a competency test is administered and records are filed to the personnel records. Share Your Care offers a minimum of five 8 hour paid training days per year. All employees are required to attend unless prior approval is requested and approval is given by direct supervisor.

TRAINING

Share Your Care provides a minimum of 5 paid educational sessions to help you in your personal and professional growth. These are designed to help you increase your skill, learn new procedures, enhance your understanding of principles and practices as it relates to your responsibilities as a care-team member. Attendance at these sessions is mandatory. A record of your attendance at all in-service education seminars will be maintained by the Human Resources Coordinator. Time spent attending these meetings will be compensated at your regular rate of pay. If you have difficulty attending a particular meeting, you should discuss this with your supervisor prior to the scheduled meeting. Depending on which program you work in you will be required to attend additional training.

For new hires, an orientation check list shall be provided to each new staff member. As each applicable task is learned by the new staff member, he/she shall initial the task indicating familiarization with the procedure. These orientation check lists shall be maintained in the personnel file.

Each new staff member is required to be familiar with and have access to the Policies and Procedures Manual.

A yearly training plan will consist of five in-service training sessions which accumulates to forty (40) hours per year.

For employees who work with individuals funded by the DD Waiver there are additional training requirements. The Human Resources Coordinator will train or arrange outside training to meet all DD Waiver (DDSD) training requirements. In addition, Individual Specific Training (IST) for employees who work with individuals on the DD Waiver will be required to be obtained (during work hours). Employees who work with individuals on the DD Waiver who have not received training on an individual's IST, ISP, Healthcare Plans, Therapy Plans and/or Crisis Plans, etc. shall not implement any untrained plan until they receive and document training on that plan.

The Human Resources Coordinator will monitor DDSD training compliance for all applicable employees and complete and submit the quarterly training compliance reports to DDSD.

Specific or additional training needs of each staff member will be identified by the Supervisor and the individual staff member. Required completion may be included as part of the employee's performance evaluation. At times, employees are required to attend training sessions conducted off-site, and will be compensated at their regular rate of pay.

Supervisors are responsible for on-the-job training related to the immediate job assignment of their staff. Whenever specific training programs are offered by the Agency (seminars, workshops and off-site training), a supervisor will encourage and facilitate participation of all employees. Share Your Care will administer a training competency test to employees and at regular intervals throughout employment. Competency test results will be filed in the personnel record at each program site.

TRAINING VAN DRIVERS

Program Assistants serve as Share Your Care's van drivers and complete the general and Program Assistant orientation programs. This orientation includes training to Van Drivers to emergency procedures, handling of accidents and road side emergencies, use of emergency equipment, techniques for moving the persons served, and handling behavioral and cognitive issues of the persons served.

Share Your Care provides Defensive Driving training to its van drivers and certificates of training are filed in the personnel records.

See Related Documents: AP-2340A General Orientation Checklist; AP-2340B Executive Director Orientation Checklist; AP-2340C Assistant Director Orientation Checklist; AP-2340D Program Director Orientation Checklist; AP-2340E Care Coordinator/Service Coordinator Orientation Checklist; AP-2340F Program Coordinator and Team Leader Orientation Checklist; AP-2340G PSI Team Leader Orientation Checklist; AP-2340H Administrative Assistant Orientation Checklist; AP-2340J PSI Rehabilitation Coordinator Orientation Checklist; AP-2340K Program Assistant Orientation Checklist; AP-2340L Food Service Coordinator Orientation Checklist; AP-2340M Kitchen Assistant Orientation Checklist; AP-2340N New Employee Orientation Adult Protective Services; AP-2340P Article 7: Adult Protective Services; AP-2340Q In-Service Plan Sheet; AP-2340R Training Session Evaluation

Client Care

CC-8000 Transportation

CC-8030 TRANSPORTATION POLICY-VAN DRIVERS

To ensure the competent, safe, and responsible operation of a transit service, Share Your Care, Inc. requires that all drivers of the transportation vans adhere to the following regulations and standards. Failure to adhere to the stated policy herein shall result in disciplinary action up to and including termination.

Special Note for Drivers at Ponderosa Site, located at 5301 Ponderosa Avenue NE in Albuquerque: AT ANY TIME DURING TRANSPORTION SERVICES, THERE SHALL BE NO LEFT TURNS ALLOWED FROM PONDEROSA AVENUE ONTO SAN MATEO BLVD.

Special Note for Drivers at Barelas Site, located at 714 7th Street SW: DO NOT USE IRON TO CROSS 8TH STREET.

Special Note for Drivers at Bear Canyon Site, located at 4645 Pitt NE: DO NOT TURN LEFT ONTO EITHER MONTGOMERY OR EUBANK FROM THE SENIOR CENTER.

Special Note for Drivers at Rio Rancho Site, located at 1004 24the Street, Rio Rancho THERE SHALL BE NO LEFT TURN ONTO SOUTHERN.

Violation of these Special Notes For Drivers will result in disciplinary action, including termination of employment.

A direct care staff shall be designated by the Program Coordinator or the Team Leader as Lead staff on every transportation trip provided in any Share Your Care vehicle. Daily Van Route Drivers are considered to be the Lead staff while driving the routes. The Lead staff person will be responsible for ensuring the safety of all clients including that they are secure in their seats, that belts are completely engaged and clients are securely in their seats at all times. Lead staff will are responsible for ensuring that wheelchairs are secured properly before transporing and the seatbelt is secured and completely engaged. In addition, the Lead staff is responsible for the following: complete the "walk around" visual inspection of the vehicle. On outings into the community, in addition to the above, the lead staff will ensure that all client medications, adaptive devices (plates, spoons, etc.) and other equipment, articles or items needed by any client is on-board the vehicle. The Lead staff is also responsible to do a roll-call before leaving Share Your Care and from the destination back to Share Your Care. The Lead staff completes the Outing Log.

Drivers must observe all posted speed limits on the route and obey all road and parking laws. Fines for any traffic violations shall become the legal and financial responsibility of the driver.

Drivers must report any and all violations of road and parking laws immediately to their supervisor. If a violation occurs at a place other than during work hours, drivers must report the violation to their supervisor within 48 hours of the infraction. Failure to timely report any violation shall be grounds for immediate termination.

Drivers who are ticketed for driving while under the influence of drugs or alcohol during, after, or before work hours are required to report immediately to their supervisor and if convicted, or if the ticketed driver pleads guilty or *nolo contendere,* he or she is subject to immediate termination. Drivers are required to sign the drug-free work place statement.

Any driver whose license expires or is revoked must report same immediately to supervisor and is subject to immediate termination.

Any driver obtaining one or more citations for moving violations, failure to yield, reckless and careless driving, or any other infraction involving unsafe/negligent operation of a vehicle is subject to immediate disciplinary action up to and including termination.

Any driver cited for improper operation of a vehicle of any type during working hours, particularly when transporting participants is subject to immediate termination.

All drivers of the transportation vans are subject to periodic reviews of their Motor Vehicle Department driving record while employed by Share Your Care, Inc.

CC-8000 Transportation

CC-8051 TRANSPORTATION PROCEDURE

CLIENT SAFETY:

1. Hazard lights should be used at all times when loading and unloading participants.
2. All passengers must wear seat-belts.
3. DURING MORNING AND AFTERNOON VAN ROUTES, AFTER EACH CLIENT IS UNLOADED, DRIVERS MUST RE-CHECK THE REMAINING PASSENGERS, INCLUDING THOSE IN WHEEL CHAIRS, AND ENSURE THAT THEIR SEAT BELT REMAINS SECURELY FASTENED.
4. AT ALL TIMES ENSURE THAT NO ITEMS ARE STORED ABOVE CLIENTS' SEATS OR IN ANY OVERHEAD STORAGE AREA.
5. The pull-out step will be used to allow individuals to enter and exit vehicle more easily.
6. Appropriate temperature will be maintained in the vehicles when transporting clients - (i.e. heating in cold weather, air conditioning in warm weather).
7. Drive defensively. Follow all traffic signs strictly. Use your mirrors well.
8. NO SMOKING, EATING, OR DRINKING, ETC. while driving. Keep attentive.
9. If any problems occur with clients, stop the vehicle in a safe area to deal with problems. Call the program site for assistance when needed.
10. Clients shall be escorted by a staff person to and from the vehicles (see van loading procedures). This means to provide door-to-door service.
11. Vehicles should be free of any objects that could be harmful to participants.
12. Radio should not be played excessively loud. Company cell phone may be used ONLY when the vehicle is stopped in a safe location. Company cell phones are not set up for texting nor are drivers allowed to text on their personal cell phones. In addition, use of personal cell phones or texting is only allowed while on break.
13. Turn the engine off and hazard lights on when the driver leaves the van to escort clients.
14. Rest stops are to be offered every thirty minutes.
15. Share Your Care ensures that all vans are properly licensed, registered and carry appropriate insurance coverage. Share Your Care, Inc. also ensures that all vans are equipped with fire extinguishers and first aid kits.
16. Drivers license records are checked annually for all employees.

PARKING OF VEHICLE:

1. Park in the church lot. DO NOT park vehicle in handicapped parking. AVOID BLOCKING THE WHEEL CHAIR RAMP ACCESS.
2. Never get into a tight squeeze with the vehicle. Avoid entering driveways, if possible, and exercise extreme caution when backing up.
3. Always make sure vehicles are locked.

VEHICLE UP-KEEP:

1. Keep inside and outside of vehicles clean. Wash at least monthly.
2. In hot weather, when parked, allow windows to be slightly open and cover front dash.
3. Once a week, check motor oil, transmission fluid, power steering, brake fluid, water in battery, radiator water, air in tires, and air filter. Monthly and weekly, Drivers will complete the Van Inspection Form, which is submitted to the Program Director.
4. At beginning of Fall, check anti-freeze.
5. Report unusual noises, problems, etc. to Program Director or Assistant Director.
6. The Program Directors keep a record of service checks needed and schedules maintenance, records mileage when service is completed, i.e. oil changes, tune-ups, brake jobs, tire rotation and/or alignments and any other maintenance and repairs performed on the vehicles.
7. Record all mileage. Give mileage to office staff for billing on the last day of the month.

DRIVER LIABILITY:

1. If negligent in an accident, this could mean immediate termination.
2. Route time will be used for transporting clients between Share Your Care and their residences, on field trips, and special assignments approved by supervisor or designee such as errands or deliveries. Vans are not to be used for conducting personal business.
3. Drivers will keep van passengers in sight at all times.

VAN LOADING PROCEDURES:

1. Driver must drive the van to loading area prior to clients leaving the program areas.
2. Driver must escort clients needing assistance from program area to the van. (Additional staff will help with escorting if needed).
3. Driver will assist all clients into the van and check that seat belts are properly utilized.
4. When Share Your Care vans transport clients, the Agency is responsible for the client upon the client entering the van for transport to the Agency, and when the client leaves the van when returning to their place of residence or other designated drop off location.
5. Clients needing physical assistance will be escorted by a staff member in a safe manner.
6. Staff will be in attendance as clients not needing assistance walk to and from the vans. The above procedures apply to field trips as well.

ANY DRIVER FAILING TO ABIDE BY THE ABOVE PROCEDURES IS VIOLATING SHARE YOUR CARE POLICIES AND IS CONSIDERED NEGLIGENT OF HIS/HER DUTY TO PROTECT THE CLIENTS UNDER HIS/HER CARE. FAILURE TO COMPLY WITH THE VEHICLE USE POLICY COULD MEAN IMMEDIATE TERMINATION.

CC-8000 Transportation

CC-8052 WHEELCHAIR TIE DOWN PROCEDURES

Before placing wheelchair onto vehicle:

- Front clamps can remain in place at all times. They should be a standard length so that most wheel chairs will fit that length.
- Front clamps should be placed a notch or two WIDER than the FRAME of the wheel chair.
- All floor clamps should be placed into the floor grid with the TRIGGER facing AWAY from the chair.

Bring the wheelchair in and position it the correct distance for securing the clamps. LOCK the wheel chair locks.

Place clamps around the front leg frames.

Unlock wheel chair locks and move the wheel chair back as far as it will go without moving the clamps.

Lock the wheel chair.

Position back floor clamps into the floor grid to ALIGN EXACTLY WITH THE FRAME OR SLIGHTLY INSIDE THE EDGE OF THE FRAME LINE. (Note: The seat belt should not be attached to the frame at this point.)

Place the clamps around the frame where it meets the wheel. This will provide a 35 to 45 degree angle and provide stability for anchoring the chair.

To tighten the clamp: Pull taut along the line of the strap, hold as tight as you can and then clamp it closed while the tension is maintained and then increased as it shuts.

Attach the seat belt ON BOTH SIDES, ABOVE THE FLOOR BUCKLE--all the way up to the first metal connector, between the floor and the chair. (The seat belt is not anchored into the floor).

TEST WHEELCHAIR FOR FIRMNESS OF ANCHORING.

To Unload:

- Release Seat Belt.

- Release back clamps by pushing down on casing. Once released, pull back a bit to get a little slack, then release from the chair anchor point. CLOSE CLAMPS BACK UP.
- Unlock wheel chair and move a bit forward. Release front clamps from chair anchor points.
- REMOVE BACK FLOOR ANCHORS (both sides) to avoid rolling over clamps.
- EXIT VIA LIFT.

Administrative Policies

AP2000 Human Resources

AP-2300 BACKGROUND CHECKS

Prior to employment, Share Your Care will conduct reference checks and a metro/state background check on all employees hired, and candidates whose job does not require them to have unsupervised physical or financial access to persons served will be required to sign a release to allow criminal background checks. No person shall be hired prior to receipt of a clear metro/state background check. The results of the metro/state background check will be reported to the Executive Director or Assistant Director who will give approval or non-approval for hire to supervisor. In compliance with the Caregivers Criminal History Screening Program regulations, employees who have unsupervised physical or financial access to persons served by Share Your Care will be required to submit to fingerprinting for the purpose of an FBI fingerprint check. Newly hired employees may be hired prior to receipt of the FBI fingerprint information, but continued employment will depend upon there being no disqualifying conditions discovered through the FBI fingerprint check. Within 30 days of employment, employees are required to provide Share Your Care with validated proof of High school, GED or College Degree and other credentials as requested. Please see *Verification of Credentials* in Share Your Care's Policy and Procedures manual.

See Related Document: AP-2280 Verification of Credentials

Program Assistant – Job Description

SUPERVISOR: PROGRAM DIRECTOR, COORDINATOR, OR TEAMLEADER

QUALIFICATIONS (ALL ARE REQUIRED):

GED or High School education required.

Two years experience in working with frail elderly and/or disabled preferred.

Must be CPR certified within three months of employment.

Provide proof of absence of tuberculosis in a transmissible form.

Able to lift 30 pounds. Able to transfer client from wheel chair to sitting or lying position, assist client with personal care in restroom including transfers; transfer client to changing table if needed and able to a push wheel chair and assist client with gate belt for ambulation.

Valid New Mexico driver's license and "clean" driving record.

LEVEL OF AUTHORIZED ACCESS TO PROTECTED CLIENT INFORMATION:

Full access to all information contained in client charts for the program site where you are employed and at interdisciplinary team meetings for the clients for which you provide direct care services. Authorized to fax or e-mail client information including attendance data on the clients served in your program.

RESPONSIBILITIES:

Acquire and apply ongoing training and education in aging and disabled populations' needs.

Assess individual client strengths, needs, and preferences and apply these to client interventions.

Maintain a client centered focus.

Maintain a professional attitude, and work effectively under stress.

Maintain a solution-based focus, and a flexible, cooperative and team-oriented, attitude.

Understand the purpose of therapeutic programming; understand diagnoses, goal formulation, and implementation of goals on an individual and program basis.

Respond to participant's needs and act accordingly in emergency and/or crisis situations.

Participate in the interdisciplinary team process: assessment and development of care plans.

Carry out plans of care.

Develop and implement social, recreational and leisure activities.

Develop and implement educational and skill building activities.

Facilitate group discussions.

Provide personal care including toileting, hygiene, etc.

Assist and supervise activities of daily living.

Assist with ambulation.

Preparing, serving and cleaning up after meals and snacks.

Monitoring therapeutic diets.

Practicing behavior acceptance.

Maintaining a safe, caring and therapeutic environment for clients.

Observation and reporting of initial signs of illness and/or problem behaviors.

Participating in a variety of documentation duties.

Communicating on a 1:1 basis with all populations of clients served.

Working with and relating to other staff and volunteers.

Communicating with family members, caregivers and other service providers.

Communicating with the public (including those persons who share space at the facility).

Maintaining confidentiality.

Participating in staff meetings, in-service training, and other relevant trainings.

Practicing environmental/personal safety and sanitation.

Administering CPR, activating agency's or emergency response plan.

Assist clients with self-medication in accordance with the New Mexico Board of Pharmacy.

Transport participants as needed.

Daily assigned duties.

TRANSPORTATION:

Transport participants to and from the day care program and on field trips as needed.

Provide for the safe transportation of participants and assist them with boarding on and off the van in a safe manner.

Intervene with participants exhibiting inappropriate or problematic behavior and/or signs of illness while on the van.

Perform first aid assistance during an emergency and activate emergency medical system as needed.

Report any incident/accident/problem occurring on the van while in the process of transporting participants.

Perform preventative maintenance checks on van and report all problems of operation to immediate supervisor.

TRAFFIC CITATIONS:

Report all traffic citations received on or off the job to immediate supervisor within two working days of receipt of violation.

If license is suspended, report of such suspension must be made immediately to supervisor.

I agree to follow and uphold Share Your Care's mission and values. To provide quality adult day services as an alternative to institutionalization. To provide services with courtesy and compassion, respecting the dignity and privacy of the individuals served. I have read my job description and understand my job responsibilities. I realize that a copy of my job description will be in my personnel file at all times and is available to me if I so desire at any time.

_____ _____

Employee Signature Date

_____ _____

Supervisor's Signature Date

SHARE YOUR CARE

Client Care

CC-8000 Transportation

CC-8040 VAN DRIVERS DRUG-FREE WORKPLACE

In order to promote a drug-free work environment, Share Your Care, Inc. prohibits the unlawful manufacture, distribution, dispensing, possession or use of any controlled substance in any Share Your Care, Inc. facility or while engaged in work related activities. Furthermore, if Share Your Care management has probable cause, an employee will be requested to undergo a drug and/or alcohol test at any time without prior notice. Failure to pass or refusal to take drug or alcohol tests will result in disciplinary action up to and including termination of employment.

This Agency provides access to an Employee Assistance Plan which enables employee to receive counseling at no charge.

Violations of this policy by Share Your Care, Inc. employees shall result in disciplinary action including but not limited to:

- suspension without pay;
- mandatory participation in and satisfactory completion of a federal or state approved drug rehabilitation program;
- termination.

Determination of disciplinary action shall be at the discretion of the Executive Director.

PROCEDURE:

Disciplinary action shall be instituted immediately on discovery of a violation of this policy.

An employee convicted of any criminal drug statute violation occurring in the work place of any Share Your Care, Inc. facility or while engaged in Share Your Care, Inc. sponsored activities shall notify Share Your Care, Inc. within five days of such conviction.

All new employees shall be notified of this policy during orientation.

VAN DRIVER RESPONSIBILITY:

As a condition of employment I will:

A. Abide by the terms of this policy.

B. Agree to mandatory drug screening upon hire and randomly as deemed necessary by management.

C. Notify Share Your Care, Inc. in writing of my conviction for a violation of a Criminal drug statute occurring in the workplace no later than 5 calendar days after such conviction.

In order to promote a drug-free work environment, Share Your Care, Inc. prohibits the unlawful manufacture, distribution, dispensing, possession or use of any controlled substance in any Share Your Care, Inc. facility or while engaged in work related activities. Furthermore, if Share Your Care management has probable cause, an employee will be requested to undergo a drug and/or alcohol test at any time without prior notice. Failure to pass or refusal to take drug or alcohol tests will result in disciplinary action up to and including termination of employment.

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An employee convicted of any criminal drug statute violation occurring in the work place of any Share Your Care, Inc. facility or while engaged in Share Your Care, Inc. sponsored activities shall notify Share Your Care, Inc. within five days of such conviction.

All new employees shall be notified of this policy during orientation.

VAN DRIVER RESPONSIBILITY:

As a condition of employment I will:

A. Abide by the terms of this policy.

B. Agree to the mandatory Dept. of Transportation physical exam including drug screening.

C. Notify Share Your Care, Inc. in writing of my conviction for a violation of a Criminal drug statute occurring in the workplace no later than 5 calendar days after such conviction.

_____ _____

Employee Signature Date

_____ _____

Supervisor's Signature Date

CC-8000 Transportation

CC-8050 TRAINING FOR VAN DRIVERS

Program Assistants serve as Share Your Care's van drivers and complete the General and Program Assistant Orientation programs. This orientation includes training Van Drivers to emergency procedures, handling of accidents and road side emergencies, use of emergency equipment, techniques for moving the persons served, and handling behavioral and cognitive issues of the persons served.

DRIVER TRAINING COMPETENCY

Competency testing is given to all van drivers on the following topics related to transportation:

- Defensive Driving
- Vehicle Inspections
- Driving Safety
- Passenger Relations
- Situational Analysis
- Seizure Management
- Transporting the Person Who Has Alzheimer's Disease or Related Dementia.
- Wheel Chair - Tie Downs

In addition, all van drivers receive a copy of the New Mexico Highway and Transportation Regulation and will receive supervised training and orientation in all van operation. Certificates of training are maintained in the personnel records.

Administrative Policies

AP-2000 Human Resources

AP-2210 INTRODUCTION TO EMPLOYEE HANDBOOK

Working at Share Your Care is a tremendous responsibility and a very important job requiring special understanding, patience and effort. You, as a member of our staff, play a key role. Our success depends on you.

Outlined in this handbook is essential information relating to your employment, your responsibilities and rights and the policies of the agency. We will also give you specific policies and procedures as they relate to your position. You are responsible for knowing the contents of this manual ... be sure to read it thoroughly. If you have any questions, ask your immediate supervisor. You should feel free to discuss any matters related to your job with your supervisor.

Share Your Care's Mission Statement: To provide quality adult day services as an alternative to institutional care.

Share Your Care's Scope of Services: Share Your Care is a nonprofit agency that provides high quality services to our customers that consist of the following:

- Continuous supervision by qualified/professional staff
- Planned therapeutic and recreational activities
- Living skills' development
- Therapeutic socialization
- Community outings and volunteer opportunities
- Assistance with personal care and Activities of Daily Living
- Dietary Services
- Assistance with medication administration
- Individual and family counseling
- Health screening by a licensed medical professional
- Caregiver support groups
- Transportation services

Share Your Care provides specialized programs that include the following:

- Serving Individuals with Alzheimer's Disease and Related Dementias
- Serving Individuals with Severe Disabling Mental Illness
- Serving Individuals with Skill Building activities
- Serving Seniors

SHARE YOUR CARE'S VALUES

- Respect
- Dignity
- Courtesy
- Compassion

We are dedicated to providing services with courtesy and compassion, respecting the dignity and privacy of the individuals we serve.

Share Your Care was established in 1975 and serves Bernalillo, Sandoval and McKinley county residents. We are licensed by the state of New Mexico.

THE PERSON SERVED COMES FIRST

As you become more familiar and more comfortable with your work in the agency, you will come to understand that the persons we serve have special needs. They must be treated with dignity and compassion. Only by working together as a team in a cooperative and professional manner can we meet these needs.

It is up to each one of us to practice the best human relations we can. Here are some tips that will help:

1. Be patient.
2. Always address the persons served by their preferred name.
3. Communicate effectively with persons served and co-workers.
4. Maintain a solution-based focus, and a commitment to team work.

MAINTAIN A PERSON-CENTERED FOCUS

We place the person served first in all matters relating to the delivery of day services. We have an obligation to provide the optimal care for all persons served, to respect their dignity and individual rights, and to do so in a therapeutic, clean and safe environment. Every person served can expect, and should receive, the highest quality of personal -and professional care and treatment.

Share Your Care employees are expected to remain culturally responsive to the ethnic community in a manner consistent with the languages and cultures of the Albuquerque area by providing written materials in both English and Spanish and by maintaining a staff which represents a cultural mix. Please remember that you are expected to respect and honor program participants and other

employees regardless of their ethnic, race, religion, cultural background, sexual preference, disability and/or impairment. Our consumers come first. You are expected to be sensitive to each client's cultural background.

We insist upon strict adherence to the person's human and legal rights, and all other Federal, State and local laws, rules and regulations.

CODE OF ETHICS

Share Your Care's employees will follow the ethical standards set forth to provide a professional and quality service to its clients and the community.

RESPONSIBILITIES OF ETHICAL CONDUCT FOR EMPLOYEES:

It is the responsibility of employees to maintain the highest standards of professional conduct.

Share your care expects that employees clarify the nature of ethical responsibilities to new employees. This includes an obligation to work expeditiously and as a team member, to safeguard the confidentiality of the consumers, and to follow the procedures set forth that protect the rights of all individuals involved with Share Your Care.

We expect that employees participate in all continuing education provided by Share Your Care to provide competent services to the consumers.

Share Your Care expects that employees practice moral principles regarding the corporation, and we expect that the desire to serve the consumer's needs will motivate employees.

PURPOSE OF THIS HANDBOOK

This handbook is designed to inform you of Share Your Care's present personnel policies, employee benefits and employee rights. All of the items and conditions regarding employment cannot be set forth in this employee handbook. Therefore, if you have a question about a particular policy or about a policy on a situation not covered in this handbook, you should discuss it with your Supervisor.

See Related Document: AP-2120A Acknowledgement of Receipt of Employee Handbook

VEHICLE ORIENTATION DOCUMENTATION FORM

_____
TYPE OF VEHICLE

_____
Instructor

_____
Operator

_____Operator's Daily Equipment Report
_____Driver's Seat/Controls
_____Chime Box
_____Dash Fans Switch
_____Dash Fans – High/Low
_____Climate Control Vent
_____Coat Hanger
_____Driver's Curtain/Release
_____Radio Control/Settings
_____Radio Speaker – On/Off
_____PA Microphone
_____PA Volume Adjustment
_____PA Microphone – On/Off
_____PA Speakers Switch
_____Transmission Retarder
_____Emergency Brake Override
_____Driver's Booster Switch
_____Climate control
Mode
On/Off
Blowers
_____Farebox Light
_____Defrost Switch
Defrost
Driver's Heat/Deflector
Driver's Air
Driver's Thermostat
_____Front Interior Light
_____Rear Interior Lights
_____Driver's Light
_____Passenger Chime/Request Lights
_____Instruments Dimmer Switch
_____High Idle
_____Engine Start
_____Master Switch
Engine Stop
Run
Lights
Park

_____Transmission Gear Selector
_____5 Position Door Control
_____Door Air Dump (Front Only)
_____Sander Switch
_____Fuse Box Lever
_____Destination Sign/Program
_____Dual Air Gauge-Front/Rear
_____Speedometer
_____Coolant Gauge
_____Battery Gauge
_____Oil Gauge
_____Lift Use Counter
_____Intermittent Windshield Wiper
_____Left Windshield Wiper
_____Right Windshield Wiper
_____Windshield Washer
_____Hazard Switch
_____Pre-Start Indicator Lights
Check Engine
Stop Engine
Check Transmission
Do Not Shift
_____Stow Switch
_____Engine Test Switch
_____Engine Emergency Override Switch
_____Transmission Test Switch
_____Kneeler Switch
_____Parking Brake
_____Right Outside Mirror Adjustment

_____Buzzer/Lights Test Button
Turn Signals
Low Air
Charge
Rear Door
High Beam
Engine Fire
Next Stop
Brake On
Lift Power (Lift Power ON)
Wheelchair Stop
Not Stowed
AC Fail
High Idle
Retarder Off
_____Lift Power
_____Lift Sensor Override
_____Lift Selector
Deploy
Raise
Lower
Stow (Double Stow Switch)
_____Lift Function Switch
_____Steering Wheel
Tilt
Telescoping
Horn
_____High/Low Beam
_____Turning Signals
_____Fresh Air Vent
_____Brake Pedal
_____Throttle
_____Cup Holder
_____Trash Receptacle
_____Transfer Cutter
_____Mirrors/Adjustment
_____Farebox

_____Triangles
_____Fire Extinguisher
_____Storage Compartment Behind
_____Driver's Sear
Owner/Insurance Cards
Bio Hazard Kit
_____Spill Socks (under Rear Seat)
_____Roof Emergency Exits
_____Rear Door Emergency Air Dump
_____Window Emergency Exits
_____Window Operation
_____Wheelchair Bays (Refer to GBTA
Procedures
for Transporting Wheelchairs and Three
Wheelers on Vehicles
Seat Latch
Tie Down Belts/Storage
Lift/Kneeler Use w/Wheelchair/Scooter
Loading
Securement w/Belts
Shoulder Harness
Unloading
Stowing
_____Battery Emergency Shut Off Switches
_____Engine Compartment Door Operation
_____Wheel Chock
_____Condition of Seats, Floor & Railings
_____Post Trip Inspection

_____
Instructor

_____
Operator

SHARE YOUR CARE
ADULT DAY SERVICES

OPERATIONS MANUAL

AP-2340K PROGRAM ASSISTANT ORIENTATION CHECKLIST

Revise 06/11/2008

Employee _____ Job Title _____

Supervisor _____ Employment Date _____

Full-Time/Part-Time (Circle One)

	Orientation By	Date
PROGRAM Communication Log		
Time Sheets/Daily Assignments		
Field Trip Log		
Lunch Log		
Daily Assessment Form		
Individual Service Plans & Daily Data		
Transportation Log/Sun Van		
Reference Books (CPR, First Aid, etc.)		
Volunteer Log		
Visit Materials		
Telephones, ER #'s		
Client Census, Attendance Sheets		
Personal Care Log		
Policy & Procedure Manuals/Licensing Regulations/Medical Policy & Procedure		
Progress Notes/Notes Page/Documentation		
Safety/ADA Bulletin Board		
Employee Bulletin Boards		
Activity Calendars/Planning/Review		
Forms File		
Staff Storage		
Client Storage		
Supplies/Equipment		
Driver Duties		
Key Storage/Desk Supplies		
Thermostat		
Gas Valve Wrench		
Fire Alarm/Operation/Evacuation Plans		
Fire Extinguishers-location/use		
Physical Signs of Aging		

Psychosocial/Functional/Behavioral Issues		
Nutritional Issues/Special Diets/Aspiration		
End of Life Issues		
Attitudes Towards Persons Served		
Identifying Special Needs		
Preventing Secondary Impairments		
KITCHEN Meal Service/Snacks/Place Cards		
Lunch Storage (Labels, Dates)		
Storage Areas		
Stove/Oven		
Refrigerators		
Rinse/Disposal Sink		
Hand Sink		
Dish Sink		
Dishwasher		
Microwaves		
Special Diet Cards		
STORE ROOM Food Storage, Freezer		
Pots/Pans		
Supplies, Clothing, Equipment		
Storage Carts		
A/C		
Church Supplies		
UTILITY CLOSET Gas Valve, Wrench		
Mop Buckets/Sink		
Housekeeping Supplies		
A/C		
Wet Floor Sign		
OTHER AREAS Bathrooms		
Courtyard		
Electric Disconnect Switch		

Water, Gas, Main Shut Off Valves		
OFFICE Medication Cabinet		
Client Files		
Copier		
Forms File		
Outgoing Mail Slot		
VAN TRANSPORTATION Received Copy of NM Highway/Transportation Regulations		
Supervised Training and Orientation on Van Operation including Boarding and Exiting		
Supervised Training on Wheel Chair Lift Operation		
One (1) week of observation		
One (1) week of hands on		
Evacuation/procedure on van in case of emergency/fire or roll over		
Defensive Driving Video and Testing		
Responding to Emergencies: 1. 911 Policy review and copy given		
2. SYC Transportation Policies/Procedures		
3. Cell Phone Usage		
Identifying medical and other emergencies		
Supervised Training on Evacuation Techniques		
Transportation Binder/Forms: Daily, Weekly, Monthly; review of policies in binder		
Record Keeping Instruction: 1. Daily Transportation Reports		
2. Field Trip Reports (Dodge Vans Only)		
3. Van Checklists for Maintenance/Safety		
Occupant Capacity and Weight Capacity of Vans		
Passenger Assistance Video and Testing		
Situational Analysis and Seizure Management Videos and Testing		
Transporting People with Alzheimer's Disease Video and Testing		

The above items have been explained to me in detail. I understand these facility policies and realize my responsibility to follow them.

Signature of Supervisor _____ Date _____

Signature of Employee _____ Date _____

SHARE YOUR CARE
ADULT DAY SERVICES

OPERATIONS MANUAL

AP-2370B STAFF VEHICLE EVALUATION

Revised 01/09/2017

Initial Training ☐
Annual Training ☐
Van _____
Site & van # if applicable

Name: _____
Date: _____
Drivers License # _____
Expiration Date: _____

Share Your Care Van Drivers & Supervisor will review this form annually. This form will be implemented on your yearly evaluation date. In doing so, we are making sure all our van drivers are doing there finest to ensure quality care for the individuals we serve.

1. Orientation of vehicle instruments, gauges, switches and general operation of vehicle. _____ Yes_____ No
2. Orientation of Pre & Loading Check list _____ Yes _____ No
3. Familiar with Van Book & Contents? _____ Yes_____ No
4. Know location: 1st Aid Kit/Web cutter _____Yes_____ No; Extinguisher _____Yes _____No
5. Adjusted Mirrors _____Yes _____ No: Used a Seatbelt _____ Yes _____ No
6. Practice Baking Up (Comment on Ability): _____

_____

7. Forward (Jerky, Smooth, etc.):

_____

_____

8. Aware of Speed Limits & Vehicle Distance (Comment):

_____

_____

9. Stops (Describe - Jerky, Smooth, Quick, Signals, Plan/Unplanned Stops):

_____

_____

10. Turns: Right turn (Comment on signal usage, pace, etc.)

_____

Left turn (Comment on signal usage, used proper lane, sneak out, How appropriate, risky etc.)

11. Change Lanes (Describe signal usage, checked mirrors, visual check, etc.

_____

12. Parking (Comment on parking between vehicles, in between lines, parallel parking if need be)

_____

13. Exit Final Stop (Describe on parking between vehicles, in between lines, parallel parking if need be)

_____

14. Demonstrate proper usage of the Wheelchair Lift (Test) _____ Yes _____ No
15. Demonstrate Wheelchair Tie Down Procedure (Test) _____ Yes _____ No
16. Aware of needs for loading/unloading Passengers _____ Yes _____ No
17. Aware of Emergency Exit with Wheelchair Passengers _____ Yes _____No
18. In case of Flat Tire, Breakdown etc.
    Staff will contact Direct Supervisor or Designee _____ Yes _____No
19. Refresher training on Defensive Driving given _____ Yes _____ No
20. Retested on Coaching the Van Driver II with a passing score _____ Yes _____ No
21. Review of evacuation plan on van in case of emergency/fire _____ Yes _____ No
22. Refresher on van roll over training _____ Yes _____ No

_____ _____ _____ _____
Staff Signature/Title Date Supervisor Signature (indicates passing score) Date

SHARE YOUR CARE
ADULT DAY SERVICES

SHARE YOUR CARE, INC. VEHICLE MAINTENANCE LOG
JANUARY - DECEMBER 2018

Operations Manual
CC-8060C Vehicle Maintenance Log
Revised: 04/10/18

SITE: _____ VEHICLE: _____ VIN #: _____ PLATE #: _____

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
TUNE UP (As Needed or @100,000 Miles) Date Scheduled: Date Completed: Mileage: Service Completed By:												
OIL CHANGE (@ Manifacturer's recommendation Date Scheduled: Date Completed: Mileage: Service Completed By:												
TIRES (List # replace at 3/32 & if Front or Rear) Date Scheduled: Date Completed: Mileage: Service Completed by:												
SHOCKS (As Needed) Date Scheduled: Date Completed: Mileage: Service Completed by:												

SHARE YOUR CARE
ADULT DAY SERVICES

SHARE YOUR CARE, INC. VEHICLE MAINTENANCE LOG
JANUARY - DECEMBER 2018

Operations Manual
CC-8060C Vehicle Maintenance Log
Revised: 04/10/18

SITE: 0 VEHICLE: 0 VIN #: 0 PLATE #: 0

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
TIRE ROTATION (Every Oil change or @ 6,000 miles) Date Scheduled: Date Completed: Mileage: Service Completed by:												
TRANSMISSION SERVICE Dually Tires at 30,000, all others 50,000 Date Scheduled: Date Completed: Mileage: Service Completed by:												
LIFT MAINTENANCE (Every 6 Months) Date Scheduled: Date Completed: Mileage: Service Completed by:												

SHARE YOUR CARE
ADULT DAY SERVICES

SHARE YOUR CARE, INC. VEHICLE MAINTENANCE LOG
JANUARY - DECEMBER 2018

Operations Manual
CC-8060C Vehicle Maintenance Log
Revised: 04/10/18

SITE: 0 VEHICLE: 0 VIN #: 0 PLATE #: 0

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A/C CHECK Check Annually Date Scheduled: Date Completed: Mileage: Service Completed by:												
ANTI-FREEZE At Oil Change (check winter/summer) Date Scheduled: Date Completed: Mileage: Service Completed by:												
BRAKES (CHECK at Tire Rotation) Date Scheduled: Date Completed: Mileage: Service Completed by:												
FAN BELTS (Check Annually and at Oil Change) Date Scheduled: Date Completed: Mileage: Service Completed by:												

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SHARE YOUR CARE
ADULT DAY SERVICES

SHARE YOUR CARE, INC. VEHICLE MAINTENANCE LOG
JANUARY - DECEMBER 2018

Operations Manual
CC-8060C Vehicle Maintenance Log
Revised: 04/10/18

SITE: 0 VEHICLE: 0 VIN #: 0 PLATE #: 0

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
HOSES (check Annualy) Date Scheduled: Date Completed: Mileage: Service Completed by:												
BATTERY (check Annual) Date Scheduled: Date Completed: Mileage: Service Completed by:												
FUEL & WATER PUMP (check Condition as Needed) Date Scheduled: Date Completed: Mileage: Service Completed by:												
OTHER/50 Point Date Scheduled: Date Completed: Mileage: Service Completed by:												

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SHARE YOUR CARE
ADULT DAY SERVICES

OPERATIONS MANUAL

CC-8060D - PREVENTIVE MAINTENANCE INSPECTION REPORT

REVISED 12/12/12

Site _____ Vehicle License # _____

Van # _____ Mileage _____

Make and Year _____ Date _____

Mechanic's Agency _____ Mechanic's Signature _____

Equipment & Components	Passed/%	Replaced	Repaired
WHEEL ALLIGNMENT			
SUSPENSION			
STEERING			
BRAKES FRONT (% WORN)			
BRAKES REAR (% WORN)			
SHOCKS			
STRUTS			
BRAKES HYDROLICS – VISUAL			
EXHAUST			
FLUID LEAKS			
LIGHTS			
ELECTRICAL SYSTEM			
VOLTS			
AMPS			
DIODE			
BATTERY			
EMISSIONS			
AC VENT TEMPS (%)			
TIRES, WHEELS, RIMS, STUDS, NUTS			
FUEL SYSTEMS			
EXHAUST SYSTEM			
VEHICLE FRAME, BODY & SHEET METAL			
ELECTIRCAL SYSETMS			
SEATS & SEAT BELTS			
WINDSHIELD WIPERS & DEFROSTERS			
POWER TRAIN COMPONENTS			
SPEEDOMETER & ODOMETER			
Lift Maintenance			
FLUIDS, FILTERS, BELTS & HOSES			
TANKS & PRESSURE VESSELS			
HEATING & AIR CONDITIONING SYSTEMS			

SHARE YOUR CARE
ADULT DAY SERVICES

OPERATIONS MANUAL

CC-8060A WEEKLY VAN MAINTENANCE REPORT

Revised 04/19/2018

Driver's Name _____ **Van** _____ **Date** _____

Odometer Reading _____

Was Van Inspection done after the van had been driven for at least 15 minutes YES or NO (Circle one)

N/A = Needs Attention **AM** = Adjustments Made **NE** = Not Equipped

1. LOOK OUTSIDE THE VAN:	**OK**	**NA**	**AM**	**NE**	**5. CHECK OUTSIDE VAN LIGHTS (Two Staff Required for Check)**	**OK**	**NA**	**AM**	**NE**
Windshield, mirrors, windows, headlights-wipe clean					Turn signals-left/right, front/rear clean & flashing				
Wipers/blades/solution					Flasher warning lights—check front/rear are they flashing				
Exhaust--tailpipe clear, Gas Cap & License Plate present					Headlights hi/lo beams and running lights in front				
Rear emergency door, open & close					Break Lights and Tail Lights are working				
Bump tires, lug nuts in place					Hazard warning Lights Flashing (Both turn signals are flashing at once)				
Check tire pressure & tread wear					**6. WHEEL CHAIR LIFT:**				
Look under van—all clear					Cycle Lift				
General outside appearance—clean					No Leaks and in clean condition				
2. LOOK INSIDE THE VAN:					Tie Downs are present				
Housekeeping—Seats and Floors are clear of Trash, Van organized					Tie Down tracks are clean				
Emergency Equipment On Board: Fire extinguisher First aid kit Infection Control Kit Web Cutter					Hand Crank Bar present and secure				
Check the oil, transmission, power steering, and brake fluid levels					**7. ADDITIONAL ITEMS TO BE CHECKED:**				
Check Belts and Hoses					Reflectors, Jack, Lug Wrench				
Check Radiator Surge Tank for Antifreeze					Spare Tire, (if Equipped)				
3. STARTING THE ENGINE:					Check Bungee Cords. Are they in good condition				
Backup Buzzer working					One can of Fix-O-Flat—in Date				
Engine—look and listen for trouble signs									
All Gauges in working order					**8. FINAL CHECKS WHILE DRIVING THE VAN:**				
4. WITH ENGINE RUNNING CHECK (FROM DRIVER'S SEAT):					Brakes—Stop and Hold, Listen for problems				
Mirrors, interior & stepwell lights					Steering—How does it feel?				
Horn, defroster & heater blowers, windshield wiper operation, washer fluid, A/C					Van Tracking Straight?				
Brakes-pedal height & feel, parking brake release, reset					When you turn the Wheel do you hear or feel anything?				

Comments _____

Van Inspected by _____ _____
Signature Date

"Needs Attention" items Followed-up
By Program Coordinator or above _____ _____
Signature Date

Please retain the following information and attached polices/procedures:

- Client Rights Policy
- Client Eligibility Criteria
- Child and Adult Care Food Program Letter and Application
- Grievance Policy and Procedure
- Client Medication Policy/Documentation of Assistance with Self-Medication
- Transportation Policies
- Inclement Weather and Program Closure Policy
- Patient Self-Determination Act Policy/Your right to make Health Care Decisions
- Discharge Policy
- Title VI Compliance
- Instructions for Reporting Abuse, Neglect and Exploitation & Share Your Care Grievance/Complaint Procedure

I have been informed of the following:

1 The mission of Share Your Care, Inc. is to provide quality adult day services as an alternative to institutional care. Our values are Respect, Dignity, Courtesy and Compassion ... we are dedicated to providing services in a courteous and compassionate manner, respecting the dignity and privacy of the individuals we serve.

2. When a client becomes ill Share Your Care will contact the appropriate person(s) and will request that the client be picked up immediately.

3. Share Your Care, Inc. is not responsible for lost possessions.

4. Share Your Care, Inc. will report suspected cases of adult abuse, neglect, and/or exploitation directly to the New Mexico Adult Protective Services Unit in accordance with the mandatory "Duty To Report laws and statutes.

5. Clients/family members/caregivers need to provide a complete, additional change of clothing. If clothing is not provided and the client soils most of their clothing, we will call for a change of clothing immediately. The caregiver must provide Share Your Care with an ample supply of protective garments

for clients in need.

6. Program participants agree to not perform or threaten to perform any acts of violence to themselves or others while engaged in Share your Care sponsored activities. When a client becomes agitated, out of control, dangerous to self or others or refuses to participate in all program activities, it will be requested that family members/caregiver come to the agency to take the client home. In those cases where the client's behavior escalates to a point where the agency staff are unable to intervene, Emergency Medical Services (EMS-911) will be called.
7. Courtesy between Share Your Care program participants, their family members, caregivers and Share Your Care employees is an important aspect of our service. Family members and caregivers may not threaten any acts of violence or physical harm toward any Share Your Care employee or facility and agree to follow the Grievance Policy/Complaint procedure provided by Share Your Care at enrollment and annually.
8. Contraband: Possession of any illicit drugs, and/or firearms, knives, or other weapons on Share Your Care facilities or vans, etc., is strictly prohibited. Further, use or possession of non-prescribed psychoactive drugs including controlled substances, and/or alcohol, while engaged in Share Your Care sponsored activities is also prohibited. Share Your Care, Inc., considers violations of this rule as very serious and will report any violations immediately to law enforcement and other reporting agencies. Share Your Care, Inc. will also assist law enforcement in any investigation which may result. Consequences of violating this policy may include discharge from Share Your Care, Inc. Determination of discharge will be made at the discretion of the Executive Director.
9. Notification to Share Your Care, Inc. must be provided by 8:00 am on days when the client's times of attendance change or when the client will be absent from the program. This includes changes in who will transport the client to or from Share Your Care. Share Your Care will not allow a client to be transported from its premises by anyone other than those designated on the intake form.
10. Share Your Care is one of several Adult Day Service Agencies offering day care in the Greater Albuquerque Area. Other service agencies include: (Detailed information is available at Share Your Care, Inc.)

    Cornucopia Adult Day Care

    PSI Service Providers: UNM-MHC, Pathways, TLS

    Total Community Care PACE Program
11. Share Your Care uses a variety of tools to elicit input in the development of strategic planning. These tools, may include: Needs Assessment, Client Satisfaction, Caregiver Satisfaction survey, Consumer Advisory Groups and Committees, etc. Your prompt response is vital to this process.
12. There are areas available for clients who smoke. Share Your Care does not purchase tobacco products for clients.

13. Share Your Care will follow the "Notifiable Diseases/Conditions in New Mexico" procedures set forth by the New Mexico Health and Environment Department. These procedures are posted in the Program areas at Share Your Care. Any client who has or is suspected of having a contagious/notifiable disease will not be allowed to continue to attend Share Your Care. If a client has a notifiable disease, they must have a Physician's statement approving re-enrollment at Share Your Care prior to their return.
14. The organizational structure of Share Your Care is as follows:

Board of Directors

Executive Director

Chief Operations Officer Assistant Director/CFO

General Administrative and Accounting Staff and Food Operations Director

Site Program Directors

Program Coordinators

Care Coordinators

Team Leaders

Program Assistants, Rehabilitation Coordinators and Food Service Personnel

15. Clients and/or caregivers have a responsibility to provide, to the extent possible, information that the organization and its practitioners and providers need in order to care for them.
16. Clients have the responsibility to follow the plans and instructions for care that they have agreed upon with their practitioners.
17. Clients have the responsibility to participate, to the degree possible, in understanding their health problems and developing mutually agreed upon treatment goals.
18. Explain the CC-8070 Title VI Compliance Transportation policy.

This information was reviewed with you by: _____ Date: _____

Share Your Care Staff/Title

Caregiver/Client Signature(s):_____ Date:_____

Caregiver

_____ Date:_____

Client

CLIENT NAME: _____ DATE: _____

1) The undersigned hereby GRANTS permission to Share Your Care, Inc. to release any and all information in the Client's file to any physician, hospital, clinic, health care facility or provider, social service agency or program or others, when it is deemed by Share Your Care, Inc., in its sole and absolute discretion, to be in the best interest of the Client to release such information, and the undersigned hereby ratifies all actions so taken by Share Your Care, Inc. and waives any and all claims against Share Your Care, Inc. which may arise as the result of the release of such information and the undersigned hereby GRANTS permission to Share Your Care, Inc. to obtain from any physician, hospital, clinic, health care facility or provider, social service agency or program or others, any and all information on the Client, including but not limited to, social and medical histories and results and copies of or information about any psychological, psychiatric, medical or laboratory tests or examinations. The undersigned hereby waives and releases any and all claims the undersigned may have against any person or entity who releases such information to Share Your Care, Inc. and hereby specifically authorizes such release.

Client Signature: _____ Date: _____

Caregiver/Guardian Signature: _____ Date: _____

2) The undersigned, recognizing that Share Your Care, Inc. does not operate a locked facility, acknowledges that it is possible that the Client may wander off or away from the premises occupied by Share Your Care, Inc. and may suffer injuries as a result. The Client, by his or her signature below, for the Client individually and for his or her heirs, or the undersigned, by his or her signature below, individually and or and on behalf of the Client and the Client's heirs, in partial consideration of the Client's participation in the Share Your Care, Inc. program, assumes the risk thereof and hereby forever releases, waives and discharges any and all claims the Client or the undersigned may have as a result thereof against Share Your Care, Inc., any governmental entity and any organization or entity providing space to Share Your Care, Inc. for the operation of its program.

Client Signature: _____ Date: _____

Caregiver/Guardian Signature: _____ Date: _____

3) The undersigned, in consideration of Share Your Care, Inc. providing transportation for the Client, hereby releases, waives and discharges any and all claims the Client, his or her heirs, or the undersigned may have against Share Your Care, Inc., its agents or employees, as a result of any damages arising from or in connection with the Transportation provided by Share Your Care, Inc. and the undersigned GRANTS permission to Share Your Care, Inc. to take the Client on field trips and outings appropriate for the Client, in the sole and absolute discretion of Share Your Care, Inc. and hereby releases, waives and discharges any and all claims the Client, his or her heirs, or the undersigned may have against Share Your Care, Inc., its agents or employees, for damages which may arise as a result of any such field trips or outings.

Client Signature: _____ Date: _____

Caregiver/Guardian Signature: _____ Date: _____

4) Special Acknowledgement for transporting persons who use wheel chairs: By signature below, Clients who intend to be riding in Share Your Care vehicles while in a wheel chair, either using their personal wheel chair or one provided by Share Your Care, Inc., and do not transfer to a seat, agree to allow Share Your Care, Inc. employees to tie down and secure the wheel chair in any vehicle operated by Share Your Care, Inc. It is further understood by this Acknowledgment, that if Client refuses to agree to this provision, Share Your Care, Inc. will not transport the Client.

Client Signature: _____ Date: _____

Caregiver/Guardian Signature: _____ Date: _____

5) The undersigned GRANTS permission for the Client to be photographed and interviewed for publicity purposes, such as for newspaper, television or brochures, to educate the public about the existence of and the nature of services offered by Share Your Care, Inc. and the United Way of Central New Mexico, as well as photographs taken during client activities and events. The undersigned hereby waives any and all claims for compensation in the event permission is granted.

Client Signature: _____ Date: _____

Caregiver/Guardian Signature: _____ Date: _____

6) The undersigned indicates below the preferred method of involvement with the client's Individual Service/Treatment Plan, the assessment process, and ongoing reviews and/or revisions. Initial all that apply:

( ) I would like a copy of all individual service plans, reviews, and assessment summaries mailed to me.

( ) I would like to be informed of service plan review meetings so that I will have the opportunity to attend.

( ) Other _____

Client Signature: _____ Date: _____

Caregiver/Guardian Signature: _____ Date: _____

Above signatures witnessed by: _____ Date: _____

Signature of Intake Interviewer
(Share Your Care Staff Member)

APPLIES TO: AGING AND LONG TERM SERVICES (APS) FUNDED CLIENTS ONLY

A grant from the Aging and Long Term Services Department with the state of New Mexico enables us to provide day care services for low income participants.

In addition to day care services, this grant specifies that we will monitor the health, safety and well-being of the person served in the day care services and report concerns to family, caregivers or APS Workers. An annual medical update by the client's primary care provider must be provided to Share Your Care in order to document continued eligibility for day care services funded by APS.

APS funding for day care services is meant to be used on a short term basis and other funding sources should be pursued. Share Your Care staff will assist and provide information on other funding sources or services for which the client may be eligible. Options for alternative funding include but are not limited to the following:

Medicaid (Centennial Care for Adult Day Health)
Veteran's Administration (Adult Day Health)
Private Pay Fees for Share Your Care's Day Care Services (sliding scale)
PACE Programs (Adult Day Health/Medical Model)
Meals On Wheels
Share Your Care's Alivio Caregiver Support Program (Private Grant Funded-when available)
Albuquerque Sun Van
Rio Transit
Aging and Disability Resource Center (for information and other long term care options)
Alzheimer's Association (vouchers for funding, information and support groups)
Benefits Connection Center (a free benefit analysis service by Adelante, Inc.)

ACKNOWLEDGEMENT

I understand that an annual medical update form must be provided to Share Your Care for continuation of day care services. In addition, I understand that Share Your Care may assist in applying for other funding sources or community services for which the client may qualify.

Client Signature: _____ Date: _____

Caregiver/Guardian Signature: _____ Date: _____

Above signatures witnessed by: _____ Date: _____

Signature of Intake Interviewer
(Share Your Care Staff Member)

Client Care

CC-8070 Title VI Compliance

Notice to the Public:

The following notice shall be posted in each transportation vehicle, in the reception areas of each program site location operated by Share Your Care, Inc. and on the agency website. The notice shall be published in English and Spanish.

NMDOT operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the 1964 Civil Rights Act. To find out more about our nondiscrimination obligations, to file a complaint, or to request this information in another language, please contact us at NMDOT Title VI Coordinator, PO Box 1149, Santa Fe, NM 87504-1149 or 1-800-554-0936 or (505) 827-1774.

El Departamento de Transporte del estado de Nuevo México opera sus programas y servicios, sin distinción de raza, color y origen nacional, según el Título VI de la Ley de Derechos Civiles. Para obtener más información sobre el programa de derechos civiles del Departamento de Transporte de Nuevo México o para obtener más información sobre los procedimientos para presentar una queja, llame al NMDOT Title VI Coordinator, PO Box 1149, Santa Fe, NM, 1-800-554-0936 o al (505) 827-1774.

Title VI Complaint Procedures

The complaint procedures cover the following:

- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- Civil Rights Restoration Act of 1973
- Civil Rights Restoration Act of 1987
- Americans with Disabilities Act of 1990
- Executive Order 12898
- Executive Order 13166

Any person believing he or she has been excluded from, denied participation in, denied the benefits of, or otherwise has been subjected to discrimination under any NMDOT service, program or activity (whether Federally funded or not) due to that person's race, color, national origin, gender, age, disability, economic status, or limited English proficiency has the right to file a complaint.

Title VI Complaint Reporting

An individual, group of individuals or entity may file a formal Title VI complaint with NMDOT. Complaints shall be submitted to the NMDOT Title VI Coordinator (at the OEOP) in writing, signed and dated, within 180 days of the alleged discriminatory act (or latest occurrence). The complaint should be submitted to the following address:

Attn: Title VI Coordinator

Office of Equal Opportunity Programs

1596 Pacheco Street

Suite 107

Santa Fe, NM 87505

The complaint should include the name, address, phone number and signature of complainant. The formal complaint should describe the alleged discriminatory act that violates Title VI in detail.

Title VI complaints may also be filed directly with the United States Department of Transportation (USDOT), Federal Highway Administration (FHWA), Federal Transit Administration (FTA), Federal Aviation Administration (FAA) or the Federal Railroad Administration (FRA) within the 180 day period of the alleged discriminatory act (or latest occurrence).

The Title VI Coordinator will be responsible for notifying the respondent(s) of the complaint within five working days of receipt. A copy of the complaint will also be forwarded to the alleged discriminatory sub-contractor official. The Title VI Coordinator's name and telephone number shall be included. Additionally the Title VI Coordinator will forward a copy of the complaint to the NMDOT Office of General Counsel for review.

Title VI Complaint Investigations

An investigation by the Title VI Coordinator or an otherwise qualified investigator will be initiated within 15 working days of receipt of the complaint.

The complainant should submit any documentation he/she perceives as relevant to proving his/her complaint.

The respondent will be given the opportunity to respond to all aspects of the complainant's allegations.

The Title VI Coordinator or qualified investigator will determine, based on relevancy or duplication of evidence, which witnesses will be contacted and questioned.

Once the investigation is completed, a final report will be provided to the respondent, the complainant and the appropriate USDOT agency. The final report will include the following:

- The written complaint containing the allegations, basis, and date of filing;
- Summarized statements taken from witnesses;
- Findings of fact;
- Conclusions (based on all evidence in the record) that the complaint is substantiated or unsubstantiated;
- Action(s) the respondent must take to correct deficiencies and to ensure Title VI compliance (if applicable);
- If corrective action(s) is required the respondent will be given thirty calendar days to inform the Title VI Officer of the actions taken for compliance;
- The respondent may implement corrective actions after the initial thirty calendar days with projected time period(s) in which those actions are scheduled to be completed. All corrective actions must be implemented within sixty calendar days;
- If the corrective action(s) have not been completed within the initial thirty day time period allowed, the respondent will be found to be in noncompliance with Title VI and implementing rules and regulations, and a referral will be made to NMDOT for further action in regards to noncompliance.

The complainant and respondent shall be notified of all appeal rights pursuant to 49 CFR 21.

Title VI Complaints Log

The NMDOT Title VI Coordinator shall maintain a log of Title VI complaints received. The log shall include the date the complaint was filed, a summary of the allegations, the status of the complaint, and actions taken in response to the complaint.

New Mexico Department of Transportation Title VI Complaint Form

Section I	
Name:	
Address:	
Telephone (Home/Cell):	Telephone (Work):
Email Address:	
Section II	
Are you filing this complaint on your own behalf: Yes ☐ No ☐	
*If you answered "yes" to this question, go to Section III.	
If you answered "no" please enter the name and relationship of the person you are filing the complaint against:	Name: Relationship:
If you are filing a complaint as a third party, please explain why in the space below:	
Have you have obtained permission of the aggrieved party if you are filing on behalf of a third party: Yes ☐ No ☐	
Section III	

I believe the discrimination I experienced was based on (check all that apply):		
☐ Race	☐ Color	☐ National Origin
Date of Alleged Discrimination (Month, Day, Year):	Date:	

Explain, as clearly as possible, that happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. If more space is needed please attach additional sheets to this form:

Section IV

Have you previously filed a Title VI complaint with the New Mexico Department of Transportation (NMDOT)? Yes ☐ No ☐

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes ☐ No ☐

If yes, please check and name all that apply:

☐ Federal Agency:_____

☐ Federal Court: _____

☐ State Agency:_____

☐ State Court:_____

☐ Local Agency:_____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title:_____

Agency:_____

Address:_____

Telephone:_____

Section VI
Name of agency complaint is against:
Contact person:
Title:
Telephone number:
Signature: _____ Date:_____
Please submit this form in person at the address below, or mail form to: Damian Segura, NMDOT Title VI Coordinator, 1596 Pacheco St. Suite 107, Santa Fe, NM 87505

SHARE YOUR CARE, INC.

ALBUQUERQUE PROGRAMS VAN MAINTENANCE

FOR THE MONTHS OF August Updated 08-01-18

2018

SITE	VAN #	LICENSE #	VIN #	make/ model/yr	Mileage	next serivice	WORK DONE/COMMENTS
Ponderosa	#1	MGM934	2C4RDGBG5CR225823	12 Dodge Entervan	38,639	40,000	OC, TR, B Ramp May
Ponderosa	#2	G-62333	1FDWE35S45HA30646	2005 Ford Startrans	104,931	107,000	OC, TR, B April/Oct
Ponderosa	#3	LWH422	1FDEE3FL0BDA54853	2011 Ford Star Tran	70,583	71,500	OC, TR, B LftM April/Oct
Ponderosa	# 4	HPL705	1GKGG25R721177000	02 GMC Savana	68,719	72,200	OC, TR, B LftM July/Jan
Ponderosa	#5	252RTH	1FTSS34L27DB39008	07 Ford S34G	67,008	72,200	OC, TR, B LftM July/Jan
Gallup	#6	GWC990	1FTSS34L34HB48658	2004 Ford w/lift	77,882	80,000	OC, TR, B LftM April/Oct
Barelas	#7	LWH419	1FDEE3FL4BDA56086	2011 Ford Star Tran	79,473	84,500	OC, TR, B LftM April/Nov
Bear Canyon	#10	LKJ395	1FDEE3FL6ADA42382	2010 Ford Star Tran	69,013	71,500	OC, TR, B LftM April/Oct
Los Volcanes	#9	LKJ394	1FDEE3FL4ADA42381	2010 Ford Star Tran	101,379	106,000	OC, TR, B LftM April/Oct
North Valley	#11	287NYL	1FTSS34L14HB48657	2004 Ford w/lift	98,846	100,000	OC, TR, B, LftM April/Oct
Rio Rancho							
Rio Rancho	#12	MGM935	2C4RDGBG5CR281222	12 Dodge Entervan	39,881	45,000	OC, TR, Ramp May
Rio Rancho	#13	561PHA	1FTSS34LX7DB48667	07 Ford S34G	85,565	88,000	OC, TR, B Lift May/Nov
Rio Rancho	#14	LTT763	1FDEE3FL2BDA54854	2011 Ford Star Tran	63,096	64,750	OC, TR, B LftM May/Nov
Toyota	#15	LHY871	5TENL42N82Z084522	02 Toyota	248,349	251,000	OC, TR, B
Ford Focus	#16	G74756	1FAFP34P43W170920				
Ford Focus	#17	HSX846	1FAHP34N26W177344	06 Ford	105,777	109,000	OC, TR, B Trany at 112000
Ponderosa	#18	271SBM	2C4RDGBG8DR543624	13 Dodge Etervan	34,057	34,350	OC, TR, B Ramp May
Rio Rancho	#19	270SBM	2C4RDGBG8DR599644	13 Dodge Etervan	52,970	58,650	OC, TR, B Ramp May

Legend: OC = Oil change, TR = Tire rotation, LftM = Lift maintenance, TranServ = Transmission Service B=Check Brakes

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SHARE YOUR CARE

Client Care

CC-8000 Transportation

CC-8060 VEHICLE MAINTENANCE

The goal of Share Your Care's van maintenance system is to ensure that the vehicles are completely safe mechanically, are equipped with the required fire extinguisher, first aid kit and safety triangles, and are reliable to provide safe and effective transportation services to the persons served on a daily basis.

Share Your Care's van Maintenance is coordinated by the Chief Operations Officer (COO) in conjunction with the Program Directors and Site Coordinators.

On a monthly basis van maintenance is scheduled by the COO, which is performed by independent mechanics per manufacturer's recommendations (oil changes, filter replacements, if necessary, fluid checks, brakes, tire rotation, etc.) will be completed. The weekly van inspection checklist is to be utilized by program assistants (van drivers). The weekly van inspection checklist is to be used to record any mechanical problems detected on a daily basis during transportation of clients to and from their homes and/or community outings. Once a month, the Monthly Van Safety Inspection Report will be completed by program assistants (van drivers). All weekly and monthly vehicle maintenance forms are to be turned into the Program Director.

If during a routine weekly inspection any driver determines that a defect related to the safe operating of a vehicle exists, the driver will notify the site's Program Coordinator who will communicate with the COO or Program Director. The COO or Program Director is responsible to make the decision to take a vehicle out of service until the defect is corrected.

All wheel chair lifts receive maintenance checks at six-month or 750 cycles intervals by certified technicians. This inspection includes checking tie downs, belts, etc. Wheel chair lift and tie downs are checked monthly by the van drivers.

When vehicles develop unforeseen mechanical problems, the vans are taken to the independent mechanics for repairs. If a breakdown occurs on the road, the Program Assistant (van driver) contacts the Program Director, who assesses the problem and arranges to transfer the clients, if any, to other vehicles and arranges for towing to the independent mechanic for repairs if necessary.

A Vehicle Maintenance Log is utilized to track van repairs as well as routine maintenance. Share Your Care utilizes an on-site provider for oil changes, tune-ups, filter checks and changes, fluid checks and changes and local vehicle mechanic companies and

specialty shops (such as for tire replacement) for van maintenance. The on-site maintenance provider maintains a schedule for the Agency's vans and contacts the Agency when maintenance is due. Share Your Care's Program Assistants clean the vans, inside and out, on a monthly basis.

On an annual basis, the vans purchased through grants from the NM Highway and Transportation Department are inspected by a state representative from the Department. This inspection includes checks for proper operation of turn signals, brake lights, emergency flashers, cleanliness as well as outside appearance of the vehicle and the required on-board items such as the fire extinguisher and safety triangles.

See Related Documents: CC-8060A Weekly Van Maintenance Report; CC-8060B Monthly Van Safety Inspection Report; CC-8060C Vehicle Maintenance Log; Manufacturer's Scheduled Maintenance

SHARE YOUR CARE

Client Care

CC-8000 Transportation

CC-8053 VAN COLLISION OCCURRENCE PROCEDURE

When any van collisions occur on city streets, highways, in a parking lot or driveway, the following procedures .should be followed:

I. Ensure the safety of all passengers.

2. CALL 911 IF THERE ARE ANY APPARENT INJURIES.

3. Notify the Program Director, Executive or Assistant Director or their designee. They will assist you in determining if further action is needed, such as calling a wrecker service or arranging to pick up your passengers.

4. If it is not necessary to call 911 (i.e., not an emergency), call the police department at 242-2667 for Albuquerque, 891-7726 in Rio Rancho, or 867-7526 in Sandoval County.

5. Indicate that the Police were notified on the "Auto Incident Report." Include the Police Report Number along with any other information such as whether or not citations were issued.

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Client Care

CC-8000 Transportation

CC-8054 VEHICLE EVACUATION PROCEDURE

VEHICLE EVACUATION:

Recommended Sequence of Actions

Once the decision is made to evacuate the vehicle, it is essential to do so quickly, especially if fire is a threat. Secure the vehicle, pick up the cell phone and proceed to evacuate passengers.

- Communicate calmly with passengers that evacuation is necessary, indicating which exits they are to use and where they are to gather after leaving the vehicle.
- For the disabled, frail elderly or wheelchair passengers who are on board, ask for evacuation assistance from ambulatory passengers.
- Evacuate all non-assisting ambulatory passengers first instructing one to take the fire extinguisher.
- When evacuating non-ambulatory passengers:
  - Use a web cutter to cut through all securement straps.
  - Use the lift, if possible. Manually operate the life, if necessary.
  - Use the lift, lowered halfway down as a stair step to either roll wheelchairs or carry non-ambulatory passengers out.
  - If the lift is not working, drag or carry non-ambulatory passengers through emergency exit windows, preferably with assistance from outside and inside the vehicle.
- Once all passengers are clear of the vehicle, calmly guide passengers to a safe area assess their condition and make sure that 911 and the administration emergency personnel have been contacted. The information relayed must include location the vehicle and number of injures passengers, if any.

Note: Passengers would normally exit appropriate doors. Emergency roof hatches and windows are used only in the event that doors are blocked or the vehicle has rolled on its side.

VEHICLE EVACUATION IN THE CASE OF FIRE:

Recommended Sequence of Actions

In the event the driver sees/smells smoke, or sees flames the following additional actions are to be taken.

- Immediately bring vehicle power down. (Electrical system in engine compartment at back of vehicle)
- Evacuate the vehicle, follow vehicle evacuation plan
- Evacuate the passengers well away from the vehicle to minimize risk and behind a safe barrier if possible.

SYC Ridership Statistics					
Line #	Category	2017	2018	2019	2020 Projected
1	Annual Ridership	360	377	341	375
2	Annual Mileage	97476	119340	100912	100912
3	Annual Vehicle Hours	14880	18600	18600	18600

August 20, 2019

North Central RTD
1327 N. Riverside Dr.
Espanola, NM 87532

Re: Section 5310 Program Vehicle Purchase Grant

Dear North Central RTD:

Share Your Care, Inc. intends to apply for financial assistance under the Federal Transit Act Section 5310 Program administered by the Public Transportation Programs Bureau of the New Mexico State Highway Transportation Department. If awarded, this grant will allow Share Your Care, Inc. to provide transportation services in Santa Fe County, New Mexico. We will be offering the following transportation services to and from desired location to elderly adults:

- Volunteer activities
- Community services
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Sincerely,

Charles Palmer
Assistant Director/Finance Director

SHARE YOUR CARE
ADULT DAY SERVICES

Share Your Care, Inc. PO Box 35101, Albuquerque NM 87176 505.298.1700 Fax 505.298.1900. www.shareyourcare.org

OUR CARE BRIGHTENS LIVES

UNITED WAY OF CENTRAL NEW MEXICO

August 20, 2019

Santa Fe Trails
2931 Rufina St.
Santa Fe, NM 87507

Re: Section 5310 Program Vehicle Purchase Grant

Dear Santa Fe Trails:

Share Your Care, Inc. intends to apply for financial assistance under the Federal Transit Act Section 5310 Program administered by the Public Transportation Programs Bureau of the New Mexico State Highway Transportation Department. If awarded, this grant will allow Share Your Care, Inc. to provide transportation services in Santa Fe County, New Mexico. We will be offering the following transportation services to and from desired location to elderly adults:

- Volunteer activities
- Community services
- Other related transportation needs

These services will be delivered on scheduled routes. Federal law and State administrative procedures require that all other transportation providers serving in the area be given a fair and timely opportunity to participate to the maximum extent feasible in the planning and provision of the proposed transportation services. For this reason, we invite your comments on this service until September 20, 2019. If you wish to comment, please contact us in writing by the above mentioned time. If you indicate a desire to participate in the project, we will explore the opportunity of working together with you on the proposed project.

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August 20, 2019

Presbyterian Medical Services
1422 Paseo de Peralta
Santa Fe, NM 87501

Re: Section 5310 Program Vehicle Purchase Grant

Dear Presbyterian Medical Services:

Share Your Care, Inc. intends to apply for financial assistance under the Federal Transit Act Section 5310 Program administered by the Public Transportation Programs Bureau of the New Mexico State Highway Transportation Department. If awarded, this grant will allow Share Your Care, Inc. to provide transportation services in Santa Fe County, New Mexico. We will be offering the following transportation services to and from desired location to elderly adults:

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August 20, 2019

Rio Metro RTD
809 Copper Ave. NW
Albuquerque, NM 87102

Re: Section 5310 Program Vehicle Purchase Grant

Dear Rio Metro RTD:

Share Your Care, Inc. intends to apply for financial assistance under the Federal Transit Act Section 5310 Program administered by the Public Transportation Programs Bureau of the New Mexico State Highway Transportation Department. If awarded, this grant will allow Share Your Care, Inc. to provide transportation services in Bernalillo County, New Mexico. We will be offering the following transportation services to and from desired location to elderly adults:

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August 20, 2019

ABQ Ride
100 First St. SW
Albuquerque, NM 87102

Re: Section 5310 Program Vehicle Purchase Grant

Dear ABQ Ride:

Share Your Care, Inc. intends to apply for financial assistance under the Federal Transit Act Section 5310 Program administered by the Public Transportation Programs Bureau of the New Mexico State Highway Transportation Department. If awarded, this grant will allow Share Your Care, Inc. to provide transportation services in Bernalillo County, New Mexico. We will be offering the following transportation services to and from desired location to elderly adults:

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August 20, 2019

Adelante Development Center
3900 Osuna Rd. NE
Albuquerque, NM 87109

Re: Section 5310 Program Vehicle Purchase Grant

Dear Adelante Development Center:

Share Your Care, Inc. intends to apply for financial assistance under the Federal Transit Act Section 5310 Program administered by the Public Transportation Programs Bureau of the New Mexico State Highway Transportation Department. If awarded, this grant will allow Share Your Care, Inc. to provide transportation services in Bernalillo County, New Mexico. We will be offering the following transportation services to and from desired location to elderly adults:

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August 20, 2019

ARCA
11300 Lomas Blvd. NE
Albuquerque, NM 87112

Re: Section 5310 Program Vehicle Purchase Grant

Dear ARCA:

Share Your Care, Inc. intends to apply for financial assistance under the Federal Transit Act Section 5310 Program administered by the Public Transportation Programs Bureau of the New Mexico State Highway Transportation Department. If awarded, this grant will allow Share Your Care, Inc. to provide transportation services in Bernalillo County, New Mexico. We will be offering the following transportation services to and from desired location to elderly adults:

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August 20, 2019

Casa Angelica
5629 Isleta Blvd. SW
Albuquerque, NM 87105

Re: Section 5310 Program Vehicle Purchase Grant

Dear Casa Angelica:

Share Your Care, Inc. intends to apply for financial assistance under the Federal Transit Act Section 5310 Program administered by the Public Transportation Programs Bureau of the New Mexico State Highway Transportation Department. If awarded, this grant will allow Share Your Care, Inc. to provide transportation services in Bernalillo County, New Mexico. We will be offering the following transportation services to and from desired location to elderly adults:

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August 20, 2019

Cornucopia
2002 Bridge Blvd. SW
Albuquerque, NM 87105

Re: Section 5310 Program Vehicle Purchase Grant

Dear Cornucopia:

Share Your Care, Inc. intends to apply for financial assistance under the Federal Transit Act Section 5310 Program administered by the Public Transportation Programs Bureau of the New Mexico State Highway Transportation Department. If awarded, this grant will allow Share Your Care, Inc. to provide transportation services in Bernalillo County, New Mexico. We will be offering the following transportation services to and from desired location to elderly adults:

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August 20, 2019

LifeROOTS
1111 Menaul Blvd. NE
Albuquerque, NM 87119

Re: Section 5310 Program Vehicle Purchase Grant

Dear LifeROOTS:

Share Your Care, Inc. intends to apply for financial assistance under the Federal Transit Act Section 5310 Program administered by the Public Transportation Programs Bureau of the New Mexico State Highway Transportation Department. If awarded, this grant will allow Share Your Care, Inc. to provide transportation services in Bernalillo County, New Mexico. We will be offering the following transportation services to and from desired location to elderly adults:

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August 20, 2019

Mandy's Farm
3501 Campus Blvd. NE
Albuquerque, NM 87119

Re: Section 5310 Program Vehicle Purchase Grant

Dear Mandy's Farm:

Share Your Care, Inc. intends to apply for financial assistance under the Federal Transit Act Section 5310 Program administered by the Public Transportation Programs Bureau of the New Mexico State Highway Transportation Department. If awarded, this grant will allow Share Your Care, Inc. to provide transportation services in Bernalillo County, New Mexico. We will be offering the following transportation services to and from desired location to elderly adults:

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August 20, 2019

PB&J Family Services
1101 Lopez Rd. SW
Albuquerque, NM 87105

Re: Section 5310 Program Vehicle Purchase Grant

Dear PB&J Family Services:

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August 20, 2019

Therapeutic Living Services
5601 Domingo Rd. NE
Albuquerque, NM 87108

Re: Section 5310 Program Vehicle Purchase Grant

Dear Therapeutic Living Services:

Share Your Care, Inc. intends to apply for financial assistance under the Federal Transit Act Section 5310 Program administered by the Public Transportation Programs Bureau of the New Mexico State Highway Transportation Department. If awarded, this grant will allow Share Your Care, Inc. to provide transportation services in Bernalillo County, New Mexico. We will be offering the following transportation services to and from desired location to elderly adults:

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