

# UHH WEE WE CARE INC.

4726 Elison Avenue  
Baltimore, Maryland 21206  
410-325-7256 Office Phone/Fax  
[www.uhhweewecare.com](http://www.uhhweewecare.com) web  
[ewweewecare@gmail.com](mailto:ewweewecare@gmail.com) Email

## REQUIRED DOCUMENT CHECK-OFF LIST

Document	Completed
Criminal Background Check	
Resume/Application	
Independent Contract Agreement	
Job Description- signed copy	
Letters of References	
Physician Letter of Good Health	
Negative PPD or Chest Ray	
Infection Control Certificate	
Food Handling Certificate	
First Aide Training	
CPR Certificate	
Knowledge of Disaster Emergency Plan	
Training in Providing Activities of Daily Living	
Orientation Training Records	
Dementia Training	
Understanding Health and Psychological Needs of Residents	
Understanding of Resident Assessment	
Understanding of Use of Service Plan	
Medication Training	
Knowledge of Residents Rights	
Fire Safety	
Photo ID & Social Security Card	

Please submit the following checked documents to me by \_\_\_\_\_. If you have any questions, please feel free to contact me at 443-762-6091.

Thank you for your attention to this matter.

Sincerely,

Edwina Murray  
Ceo/Founder