

200 PASSAIC ST,

HACKENSACK, NJ

07601

[WWW.ELEONHEALTHCARE.COM](http://www.eleonhealthcare.com/)

1-201-467-5999

**DOCUMENTS REQUIRED FOR CERTIFIED HOME HEALTH AIDES**

* **CHHA LICENSE (ORIGINAL)**
* **2 IDENTIFICATIONS (DRIVERS LICENSE, PASSPORT, PERMANENT RESIDENT CARD OR WORK AUTHORIZATION CARD)**
* **SOCIAL SECURITY CARD (ORIGINAL)**
* **UNEXPIRED PHYSICAL EXAM REPORT (IT’S GOOD FOR 11 MONTH)**
* **2 STEP PPD (CHEST X RAY REPORT IF PPD IS POSITIVE)**
* **RUBELLA AND RUBEOLA TITER (LAB REPORT IS REQUIRED). IF RESULTS ARE LOW, PROOF OF MMR IS REQUIRED. (FOR RUBEOLA LOW RESULT TWO MMRS ARE REQUIRED)**
* **COVID-19 VACCINATION CARD**
* **INFORMATION TO SET UP DIRECT DEPOSIT: A FORM FROM YOUR BANK OR VOID CHECK**