



AGENCY COVER LETTER

**Please send this form with all agency staff credentials**

CNA information only

AGENCY NAME: \_\_\_\_\_ (PLEASE PRINT)

EMPLOYEE NAME: \_\_\_\_\_ (PLEASE PRINT)

**\*\* Please fax a clear copy of their current background check, IDPH Nurse Aide Registry and CPR Card\*\***

LPN/RN information only

AGENCY NAME: \_\_\_\_\_ (PLEASE PRINT)

FULL NAME: \_\_\_\_\_ (PLEASE PRINT)

**\* Please fax a clear copy of their current Illinois State License, CPR Card, IPDR Registry and current background check \*\***

I have read and understand Sunny Hill Nursing Home of Will County Policies/Procedures regarding:

- Dignity and Privacy Guidelines
- Basic Care Helpful Hints
- Abuse and Neglect Policy
- Call Lights Policy
- Cell phone/Earphone Guidelines
- Appearance Standard Policy
- Point Click Care Tips
- EMR Policy
- HIPAA-Release of information Policy
- Medication Administration Policy
- Nail Policy
- CNA Assignment Policy
- Electric Lift policy and Tip sheet
- Wipes Guidelines

Agency Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE EMAIL THIS SHEET WITH CREDENTIALS TO: [Irees@willcountyillinois.com](mailto:Irees@willcountyillinois.com)**

**"THE LEADER IN RESIDENT CENTERED CARE AND ACTIVE LIVING"**  
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