

10-29-2023	11-03-2023	\$544.00	\$481.39	Data not provided
10-15-2023	10-20-2023	\$462.40	\$410.02	Data not provided
10-01-2023	10-06-2023	\$427.04	\$379.10	Data not provided
09-17-2023	09-22-2023	\$124.48	\$114.51	Data not provided
09-03-2023	09-08-2023	\$65.69	\$60.66	Data not provided
08-20-2023	08-25-2023	\$284.64	\$254.58	Data not provided
08-06-2023	08-11-2023	\$270.08	\$241.84	Data not provided
07-23-2023	07-28-2023	\$183.68	\$166.28	Data not provided
06-25-2023	06-30-2023	\$185.28	\$167.69	Data not provided
05-28-2023	06-02-2023	\$74.72	\$69.00	Data not provided
05-14-2023	05-19-2023	\$405.44	\$360.21	Data not provided
04-30-2023	05-05-2023	\$323.31	\$288.38	Data not provided
04-16-2023	04-21-2023	\$553.08	\$489.32	Data not provided
04-02-2023	04-07-2023	\$445.31	\$395.09	Data not provided
03-19-2023	03-24-2023	\$394.22	\$350.40	Data not provided

Medical Insurance Data not provided

## Employee Information

**Courtney Smith**

SSN: xxx-xx-1295

Information Current As Of: 11-08-2024

### Employment and Compensation Information

<b>Address:</b>	1333 Southlea Dr South Bend, IN 46628
<b>Date of Birth:</b>	09-10-1989
<b>Employer:</b>	Traditions Health ( 29685 )
<b>Job Title:</b>	Certified Nurse Aide
<b>Employment Status:</b>	Inactive
<b>Most Recent Start Date:</b>	10-14-2024
<b>Original Hire Date:</b>	10-14-2024
<b>Termination Date:</b>	10-24-2024
<b>Reason for Termination:</b>	
<b>Total Time With Employer:</b>	0 months

### Compensation

<b>Rate of Pay:</b>	20.0	<b>Pay Frequency:</b>	Hourly
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Avg. Hrs. Worked/Pay Period:	40.0	Pay Cycle:	Biweekly
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Income Summary						
Year	Base	Overtime	Commission	Bonus	Other	Total
2024	\$937.03	\$0.00	\$0.00	\$0.00	\$32.30	\$969.33

Historical Pay Period Summary					
Period Ending	Pay Date	Hours	Gross Earnings	Net Earnings	YTD Gross Earnings
11-01-2024	11-08-2024	28.6	\$572.03	\$545.13	Data not provided
10-18-2024	10-25-2024	18.25	\$365.00	\$328.62	Data not provided

Medical Insurance Data not provided

## Employee Information

Courtney Smith

SSN: xxx-xx-1295

Information Current As Of: 09-25-2024

## Employment and Compensation Information

Address:	1333 Southlea Drive South Bend, IN 46628
Date of Birth:	09-10-1989
Employer:	HEART TO HEART HOLDINGS LLC ( 531958 )
Job Title:	Hospice Aide
Employment Status:	Inactive
Most Recent Start Date:	01-08-2024
Original Hire Date:	01-08-2024
Termination Date:	09-16-2024
Reason for Termination:	
Total Time With Employer:	8 months

## Compensation

Rate of Pay:	20.0	Pay Frequency:	Hourly
Avg. Hrs. Worked/Pay Period:	84.0	Pay Cycle:	Semi Monthly

Income Summary						
Year	Base	Overtime	Commission	Bonus	Other	Total
2024	\$19,519.60	\$0.00	Data not provided	\$80.00	\$3,910.20	\$23,509.80

### Historical Pay Period Summary

Period Ending	Pay Date	Hours	Gross Earnings	Net Earnings	YTD Gross Earnings
09-15-2024	09-25-2024	83.77	\$1,675.40	\$1,416.65	Data not provided
08-31-2024	09-10-2024	49.23	\$984.60	\$864.21	Data not provided
08-15-2024	08-26-2024	70.38	\$1,407.60	\$1,229.46	Data not provided
07-31-2024	08-09-2024	76.51	\$1,530.20	\$1,329.25	Data not provided
07-15-2024	07-25-2024	68.33	\$1,366.60	\$1,187.60	Data not provided
06-30-2024	07-10-2024	59.18	\$1,183.60	\$1,037.84	Data not provided
06-15-2024	06-25-2024	92.63	\$1,852.60	\$1,583.01	Data not provided
05-31-2024	06-10-2024	82.84	\$1,736.80	\$1,459.59	Data not provided
05-15-2024	05-24-2024	69.18	\$1,383.60	\$1,203.82	Data not provided
04-30-2024	05-10-2024	67.49	\$1,349.80	\$1,179.84	Data not provided
04-15-2024	04-25-2024	72.74	\$1,454.80	\$1,268.71	Data not provided
03-31-2024	04-10-2024	60.75	\$1,215.00	\$1,076.42	Data not provided
03-15-2024	03-25-2024	73.42	\$1,468.40	\$1,284.34	Data not provided
02-29-2024	03-11-2024	70.34	\$1,406.80	\$1,225.91	Data not provided
02-15-2024	02-26-2024	69.88	\$1,397.60	\$1,214.21	Data not provided
01-31-2024	02-09-2024	69.99	\$1,399.80	\$1,183.39	Data not provided
01-15-2024	01-25-2024	34.83	\$696.60	\$609.87	Data not provided

Medical Insurance Data not provided

### Employee Information

Courtney Smith

SSN: xxx-xx-1295

Information Current As Of: 06-30-2024

### Employment and Compensation Information

<b>Address:</b>	1333 Southlea Dr South Bend, IN 46628
<b>Date of Birth:</b>	01-01-1900
<b>Employer:</b>	Firefly Home Care LLC ( 29678244 )
<b>Job Title:</b>	Staff
<b>Employment Status:</b>	Inactive
<b>Most Recent Start Date:</b>	03-02-2023
<b>Original Hire Date:</b>	03-02-2023
<b>Termination Date:</b>	Data not provided
<b>Reason for Termination:</b>	

<b>Total Time With Employer:</b>	Data not provided
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### Compensation

<b>Rate of Pay:</b>	Data not provided	<b>Pay Frequency:</b>	Hourly
<b>Avg. Hrs. Worked/Pay Period:</b>	Data not provided	<b>Pay Cycle:</b>	Biweekly

### Income Summary

Year	Base	Overtime	Commission	Bonus	Other	Total
2024	\$64.00	\$0.00	\$0.00	\$0.00	\$0.00	\$64.00

### Historical Pay Period Summary

Period Ending	Pay Date	Hours	Gross Earnings	Net Earnings	YTD Gross Earnings
06-30-2024	06-30-2024		\$64.00	\$59.10	Data not provided
06-09-2024	06-30-2024		(\$64.00)	(-\$59.10)	Data not provided
06-09-2024	06-14-2024		\$64.00	\$59.10	Data not provided

Medical Insurance Data not provided

The statement above is an official verification generated from The Work Number. Because this verification is system-generated with data that originated directly from the employer's payroll system, it is tamper-resistant and represents a higher level of authenticity than employee-furnished copies of paystubs or W2s. If any information is missing, it is because the employer did not provide this information for inclusion in The Work Number verification. Information not provided by the employer is shown as "Data not Provided". Note: If this person left this employer and was rehired later, the "Total Time with Employer" amount will likely be understated and will only reflect the most recent consecutive months of service.

Questions? Call 1-800-996-7566 (Hearing impaired clients may call 1-800-424-0253/TTY).



DOMINIUM

## Termination of Employment Verification

To:  
Firefly Home Care

RE: Courtney Smith  
Name  
1295  
Social Security Number

From:  
The Safford Apartments  
8740 N Silverbell Road  
Marana, Az 85743

Thank you for your prompt response. All information is confidential.

Please Contact 520-614-6850

At Safford Apartments if you have any questions

**PERMISSION FOR RELEASE OF INFORMATION - You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.** Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

\*Attached release & consent document\*

05/29/2025

Signature

Date

### THIS SECTION TO BE COMPLETED BY CURRENT OR FORMER EMPLOYER

Employee Name Courtney Smith Job Title Caregiver

Date(s) of Employment 3/2/23 Date of Termination 8/19/24 Last Day Worked 6/1/24

Reason for Termination:  Employee quit  other

Will employee receive additional pay for unused vacation, sick leave, and/or severance Pay?

No  Yes If yes, please list amount employee will receive: \$ \_\_\_\_\_

Do you anticipate re-hiring this employee?

No  Yes If yes, when: \_\_\_\_\_

Will the employee receive additional paychecks for Workman's Compensation?

No  Yes If yes, please provide the name, address, and phone of the company through which this can be verified:

Name and Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Signature Claudia Gonzalez Print your name Claudia Gonzalez Date 5/29/25

Title HR Coordinator Tel. # 574-830-6121 Ext: 101 Fax # \_\_\_\_\_

Email cgonzalez@fireflyhomecare.com Address 100 South Main St, Middlebury, IN

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*"

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We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

PBS8 8/7/09



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**[EXTERNAL] Courtney Smith**

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**From** Claudia Gonzalez <cgonzalez@fireflyhomecare.com>

**Date** Wed 6/4/2025 1:05 PM

**To** Tovar, Mari <Marifel.Tovar@Dominiuminc.com>

1 attachment (363 KB)

C.Smith Termination.pdf;

You don't often get email from cgonzalez@fireflyhomecare.com. [Learn why this is important](#)

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Claudia Gonzalez  
HR Coordinator  
Firefly Home Care LLC  
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P.O. Box 4  
Middlebury, IN 46540  
574.830.6121 Phone  
574.825.0767 Fax  
[www.fireflyhomecare.com](http://www.fireflyhomecare.com)

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