



ESS Staff Packet

Welcome & Mission Statement

Welcome to Empowerment Support Solutions (ESS). Our mission is to empower individuals in the Self-Determination Program (SDP) to live more independent, meaningful lives by providing high-quality, person-centered support. As a member of the ESS team, you play a vital role in helping participants achieve their goals, build independence, and succeed in their communities.

1. Role of Direct Support Staff

Direct Support Staff at ESS provide individualized services under the Self-Determination Program. Responsibilities include:

- Supporting participants in daily living skills and independence.
- Assisting with community integration, transportation, and safety awareness.
- Encouraging healthy habits including nutrition, exercise, and wellness.
- Supporting interpersonal communication and relationship-building.
- Documenting services provided using required forms.
- Maintaining professional boundaries and participant confidentiality.

2. Policies & Expectations

ESS maintains high standards for staff conduct and professionalism. Staff are expected to:

- Arrive on time and prepared for each session.
- Maintain participant confidentiality at all times.
- Uphold participant rights and dignity.
- Report suspected abuse, neglect, or exploitation immediately (mandated reporting).
- Maintain clear professional boundaries (no gifts, no personal relationships, no conflicts of interest).
- Provide accurate documentation and timesheets.
- Communicate promptly with ESS leadership about schedule changes, incidents, or participant concerns.

3. Code of Conduct & Ethics Agreement

I agree to provide services with professionalism, respect, and honesty. I understand my role as a Direct Support Staff is to support participants under their Individual Program Plan (IPP) and budget within the Self-Determination Program. I will respect confidentiality, uphold participant rights, and follow ESS policies at all times.

Signature: _____ Date: _____

Printed Name: _____

4. Timesheet Template

Date	Start Time	End Time	Total Hours	Staff Initials

Staff Print Name: _____

Staff Signature: _____

Date: _____

5. Acknowledgement of Policies

I have read and understand the policies, expectations, and procedures outlined in the ESS Staff Packet. I agree to follow these guidelines while providing services.

Staff Print Name: _____

Staff Signature: _____

Date: _____

6. Staff Documentation Files

7. Daily Schedule & Notes Form

Regional Center: _____

Service Coordinator: _____

Location (Home/Community): _____

Domain(s): _____

Other Domain(s): _____

Visible marks/injuries observed? ☐ No ☐ Yes (If yes, complete Head-to-Toe form)

Activity(ies):

Progress:

Action Plan:

Staff Printed Name: _____

Staff Signature: _____

Participant Printed Name: _____

Participant Signature: _____

Date: _____