



New York State Registered Apprenticeship Training Program

NYS Department of Labor Apprenticeship Training

Sponsor Information Sheet and Instructions

AUG 24 2023

Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form. Central Office

Section I

- A. Sponsor name: Helio Health Inc
B. Trade(s): Certified Recovery Peer Advocate
C. Type of Apprenticeship Training Program (check one):
1. Individual Non-Joint
2. Individual Joint
3. Group Non-Joint\*
4. Group Joint (JAC/JATC)\*
\*For sponsors of group programs only (3 and 4) - See instructions for signatory list submission information.
D. Name of entity completing this form: Helio Health, Inc.
E. Entity completing this form (check one):
Individual Employer/Sponsor Union JAC/JATC Association
Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
F. Mailing address: Street: 555 East Genesee Street
City/Town: Syracuse State: NY Zip Code: 13202
G. Email: H. Phone: 315-471-1564 x3393 I. Fax:
J. Federal Employer Identification Number (FEIN):
K. NYS Unemployment Insurance Employer Registration (ER) Number:
L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance?
M. Type of Entity (check one and provide attachments as noted in the instructions):
Corporation Partnership Sole-Proprietor LLC LLP Other
N. How many years has your organization been in business? 103
O. Within the past five (5) years, have you done business under a different name?
P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program?

Section II

Complete all questions, (1 - 10), in this section and provide attachments as noted in the instructions.

Within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been the subject of:

- 1. Any conviction for a crime under state or federal law?
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?
3. Any grant of immunity for conduct constituting a crime under state or federal law?

\*\* For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

4. Any suspension, bid rejection, or disapproval by any governmental entity of any proposed contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?.....  Yes  No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?.....  Yes  No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?.....  Yes  No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?.....  Yes  No  
 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat?.....  Yes  No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?.....  Yes  No  
 b. If 'Yes', was the violation determined to be willful?.....  Yes  No
9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions?.....  Yes  No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) **other than those covered above**?.....  Yes  No

**After completing Sections I and II, you must sign Section III, and have it notarized.**

**Section III**

**Certification** – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

Kathleen Gaffney Babb 7/20/2023  
 Signature of CEO, Chair, or Representative granted legal authority to bind the Entity Date

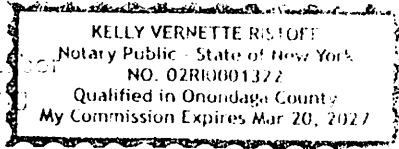
Print name and title: Kathleen Gaffney-Babb, President & C.E.O.

Sworn to me this: 20 day of July Kelly Ristoff  
Signature of Notary Public or Commissioner of Deeds

NYSDOL Official Use Only

Field - Receipt Date Stamp

  
 AUG 24 2023  
 Central Office

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**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program Application

State Use Only	
AT Sponsor No.	
ATP Code	<b>80-613C</b>
Effective Date of AT Program	

- Name of Sponsor: Helio Health
- Mailing Address: 555 E. Genesee Street Syracuse NY 13202 Onondaga  
(number & street) (city) (state) (zip code) (county)
- Actual Address: \_\_\_\_\_  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: 315-474-5506 Ext. 1225 Fax No.: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_
- Trade/Occupation: Certified Recovery Peer Advocate
- No. Employees: 980 No. Apprentices: 0 No. Journeyworkers: 0 11 8. Ratio: 1:1,1:1
- DOT Code: \_\_\_\_\_ 10. Length of Program: 12 months
- Apprentice Probationary Period: 3 months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$ 16.50 per hour 14. Effective Date of Wages: At Hire

15. Apprentice wage progression for each period – in months (M) or hours (H)

1	2	3	4	5	6	7	8	9	10
M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
500	500	500	500						
\$13.20	\$14.20	\$15.20	\$16.20						

\$14.20

- The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.
- Signature of Official Sponsor Representative: Jeremy Klemanski Date: 12/21/22  
Print Name and Title: President & CEO
- Signature of Union Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name, Title, and Union Name: \_\_\_\_\_

19. \_\_\_\_\_  
Signature New York State Department of Labor Date

NYS Department of Labor  
Apprentice Training  
AUG 24 2023  
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Department of Labor

Apprenticeship Training Program

Sponsor Code \_\_\_\_\_

Trade Code 80-613C

**Related Instruction Availability**

Trade: Certified Recovery Peer Advocate

Sponsor Name: Helio Health Inc.

Sponsor Representative: Nathan Rauscher

Sponsor Address:

No. & Street: 555 East Genesee Street City: Syracuse

County: Onondaga State: NY Zip Code: 13202

Sponsor Telephone No.: 315-474-5506 Ext. 1225

Proposed Number of Apprentices: 0

**AT Office**

Name: Central Region

No. & Street: 450 S. Salina Street, Room 203

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: [REDACTED] Date Prepared: 5/10/23

Related instruction is not available.  Related instruction is available at:

**School**

Name: Helio Health Inc

No. & Street: 555 East Genesee Street

City: Syracuse State: NY Zip Code: 13202

School Representative Contact Information:

Name: Lena May

Telephone No.: 315-471-1564 Email: [REDACTED]

**School**

Name: \_\_\_\_\_

No. & Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: AUG 24 2023

School Representative Contact Information:

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**DLEA**

Name: \_\_\_\_\_

No. & Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of DLEA \_\_\_\_\_ Date Prepared: \_\_\_\_\_

*NYS Department of Labor  
Apprenticeship Training*

*Central Office*

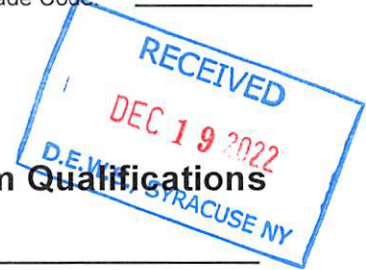
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www.labor.ny.gov

Sponsor Code: \_\_\_\_\_

Trade Code: 80-613C



**Apprentice Training Recruitment Notification and Minimum Qualifications**

Sponsor: Helio Health

Located at: (Address) 555 East Genesee Street, Syracuse, NY 13202

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 5

In the occupation of: (List Trade) Certified Recovery Peer Advocate

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.

**Minimum Qualifications**

Minimum Age: 18 Minimum Education: High School Diploma or Equivalent (TASC/GED)

Physical Condition: Be physically able to perform the work required as determined by:

Applicant self report, no medical exams required. Applicants, when offered a position, must pass a urine drug screening prior to start date.

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

Other:

Other:

Other:

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Application forms may be obtained: From: 01/01/2023 To: 12/31/2023

Name: Helio Health

Address: 555 East Genesee Street, Syracuse, NY

Days: Monday-Friday Times: 8:00am-4:00pm

Phone: (315) 474-5506 Email: [REDACTED]

**Special Instructions:**

All job applications and descriptions will be found on the Helio Health website (www.Helio.Health). This includes all applications for the future apprenticeship positions. There will be no From/To for recruitment.

All Applications Must be (please check)  Received  Postmarked **No Later Than:** 12/31/2023

**Selection Standards and Evaluations**

Name of Candidate: \_\_\_\_\_ Trade: Certified Recovery Peer Advocate

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
<b>Educational Achievement</b>					
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	43			<b>Total</b>
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	10			
<input type="checkbox"/>	Points for Each Trade Related Adult or Continuing Education Course Completed	8			
<input checked="" type="checkbox"/>	<u>25</u> Other: <u>Enrolled in Helio Health HRSA Supercare Program</u>	25			
<b>Work Experience</b>					
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Trade Related Work Experience	20			<b>Total</b>
<input type="checkbox"/>	Points for Each Year of Active Military Experience	15			
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of General Work Experience	5			
<input type="checkbox"/>	Other: _____				
<b>Seniority</b>					
<input type="checkbox"/>	Points for Each Year of Employment with The Sponsoring Firm	25			<b>Total</b>
<input checked="" type="checkbox"/>	<u>25</u> Other: <u>Current CRPA or CRPA-P</u>				
<b>Job Aptitude</b>					
<input type="checkbox"/>	Name of Aptitude Test: _____	25			<b>Total</b>
<input type="checkbox"/>	Administered by _____				
<input type="checkbox"/>	Other: _____				
<b>Oral Interview: Not to Exceed 40% of Total Score</b>					
<input checked="" type="checkbox"/>	<u>5</u> Ability to Communicate	12			<b>Total</b>
<input checked="" type="checkbox"/>	<u>1</u> Willingness to Accept Obligation of Apprenticeship	5			
<input checked="" type="checkbox"/>	<u>5</u> Ability to Reason and Comprehend	1			
<input checked="" type="checkbox"/>	<u>1</u> Interest and Motivation	5			
<input type="checkbox"/>	Other: _____	1			
<input type="checkbox"/>	Other: _____				

Total Allowable Points →

100	Total Score →	
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Rank \_\_\_\_\_

Evaluated by: \_\_\_\_\_ (Name) Date: \_\_\_\_\_

Sponsor Name: Helio Health Inc.

Sponsor Address: 555 East Genesee Street Syracuse, NY 13202

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Non-Discrimination Plan (Short Form)

A. Equal Opportunity Pledge: Our company recognizes that all persons shall have equal opportunity in employment and apprenticeship training, and agrees to adhere to the following:

The recruitment, selection, employment, and training of apprentices during the apprenticeship shall be without discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status, or arrest record.

B. Sexual Harassment Prevention Policy: Our policy is that sexual harassment is prohibited. This policy applies to internal activity towards employees, interaction between employees and actions and treatment directed towards employees, from any person or persons at the worksite whether or not they are employees of this organization.

Equal Employment Opportunity Commission (EEOC) guidelines provide that verbal or physical conduct of a sexual nature may constitute sexual harassment when:

- Submission to such contact is made either explicitly or implicitly a term or condition of an individual's employment;
• Submission to, or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; and/or
• Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

When an employee has a complaint of sexual harassment, the complaint should be brought promptly to the attention of his/her immediate supervisor, or to the next level of supervision. These persons have the authority and responsibility to resolve the complaint.

If an employee is an apprentice, the program's apprenticeship administrator and the NYS Apprenticeship Director must be notified of the complaint.

C. Minimum Qualifications and Selection Standards: It is agreed that the minimum qualifications and selection standards utilized will be those listed on form AT 505, Apprentice Training Recruitment Notification and Minimum Qualifications, and form AT 508, Selection Standards and Evaluations, on file with the Department.

D. Recruitment: It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- [ ] Listing all apprentice openings with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before selections are made.
[X] Limiting recruitment to present employees of the sponsor and/or union members of the union sponsoring the apprenticeship program. Resulting vacancies will be listed with the NYS Job Bank (www.newyork.us.jobs/).
[ ] Recruiting apprentices by methods other than those above. A detailed statement of the recruitment method must be attached and approved by the Commissioner of Labor prior to being used.

On behalf of the sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor:

The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative.

12/02/22
Date

Jeremy Klemanski

President & C.E.O.

Print Name and Title

Approved by:

New York State Department of Labor

Date

Sponsor Name Helio Health

Sponsor Code

No. of Apprentices 0

Trade(s) Certified Recovery Peer Advocate and Alcoholism

Trade Code(s) 80-613C and 80-498

and Substance Abuse Counselor Aide

AT 602 (11/20)

