



NYS Department of Labor
Apprenticeship Training

JUN 13 2024

Central Office

NYS DOL Use Only: Sponsor No. _____ <input checked="" type="checkbox"/> New Program <input type="checkbox"/> Reactivation <input type="checkbox"/> Revision <input type="checkbox"/> Recertification

New York State
Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

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.

Section I

- A. Sponsor name: Lifetime Assistance, Inc
- B. Trade(s): Direct Support Professional, Direct Support Professional Supervisor
- 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: Lifetime Assistance 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: 425 Paul Rd
 City/Town: Rochester State: NY Zip Code: 14624
- G. Email: [REDACTED] H. Phone: 784-3110 I. Fax: _____
- J. Federal Employer Identification Number (FEIN): [REDACTED]
- K. NYS Unemployment Insurance Employer Registration (ER) Number: [REDACTED]
- L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance?..... Yes No
- 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? 45
- O. Within the past five (5) years, have you done business under a different name?..... Yes No
 If 'Yes', provide attachments as noted in the instructions.
- 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? Yes No
 If 'Yes', provide attachments as noted in the instructions.

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?..... Yes No
- 2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?... Yes No
- 3. Any grant of immunity for conduct constituting a crime under state or federal law?..... Yes No

** 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.

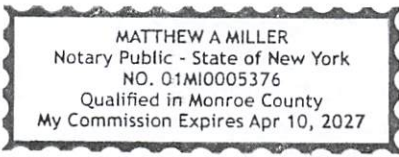
Signature of CEO, Chair, or representative granted legal authority to bind the Entity _____ Date 5/24/24

Print name and title: Cheryl Leader VP HR

Sworn to me this: 24th day of May 2024 _____
Signature of Notary Public or Commissioner of Deeds



NYS Department of Labor
Apprentice Training
JUN 13 2024
Central Office



JUN 13 2024

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Central Office

Apprentice Training Program Registration Agreement

Revision

Nature of Change: New Program

State Use Only	
AT Sponsor No.	
ATP Code	89-592
Effective Date of AT Program	

- Name of Sponsor: Lifetime Assistance, Inc.
- Mailing Address: 465 Paul Rd. Rochester NY 14624 Monroe
(number & street) (city) (state) (zip code) (county)
- Actual Address: same
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (585) 784-3110 Ext. _____ Fax No.: _____
- E-mail Address: [REDACTED]
- Trade/Occupation: Direct Support Professional Supervisor
- No. Employees: 1600 No. Apprentices: 0 No. Journeyworkers: 225 8. Ratio: 1:1;1:1
- DOT Code: O*NET 39-1022.00 10. Length of Program: 12 months
- Apprentice Probationary Period: 3 months 12. Work process: Standard or Revised
- Minimum Journeyworker Rate: \$20.83 per hour 14. Effective Date of Wages: 01/01/2024

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

	1	2	3	4	5	6	7	8	9	10
Months (check):	M <input checked="" type="checkbox"/>	M <input checked="" 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"/>
Hours (check):	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
No. of Months/Hours:	0-12	13-24	Bonus							
Wage rate: or, percentage of the journeyworker rate:	19.65	20.83	1,500							

16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.

17. Marcia Lynch 5/28/24 18. Charlana Simmons 05/28/24
Signature of Official Sponsor Representative Date Signature of Union Representative Date
Marcia Lynch, Director Learning and Development Charlana Simmons, Career Pathways Manager
Print Name and Title Print Name, Title, and Union Name

19. _____
Signature New York State Department of Labor

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Sponsor Code _____

Trade Code 89-592

Central Office

Related Instruction Availability

Trade: Direct Support Professional Supervisor

Sponsor Name: Lifetime Assistance

Sponsor Representative: Karen Collins

Sponsor Address:

No. & Street: 465 Paul Rd. City: Rochester

County: Monroe State: NY Zip Code: 14624

Sponsor Telephone No.: 585-784-3110

Proposed Number of Apprentices: 70

AT Office

Name: Western-Rochester

No. & Street: 276 Waring Rd.

City: Rochester State: NY Zip Code: 14609

Apprentice Training Representative: Karen Collins Date Prepared: 6/6/24

Related instruction is not available.

Related instruction is available at:

School

Name: Lifetime Assistance, Inc.

No. & Street: 465 Paul Rd.

City: Rochester State: NY Zip Code: 14624

School Representative Contact Information:

Name: Marcia Lynch - Director of Learning & Development

Telephone No.: 585-784-3110 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Shawna Gareau-Kurtz / Jill Slavny

No. & Street: Monroe 2 BOCES CWD 3589 Big Ridge Rd.

City: Spencerport State: NY Zip Code: 14559

Signature of DLEA [REDACTED] Date Prepared: _____

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Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Lifetime Assistance, Inc

Located at: (Address) 465 Paul Rd. Rochester, NY 14624

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 100

In the occupation of: (List Trade) Direct Support Professional Supervisor

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

Minimum Qualifications High School Diploma or Equivalent (such as TASC or GED)

Minimum Age: 18 Minimum Education: _____

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

Must be physically capable to do the work of a Direct Support Professional Supervisor per applicant's verbal statement.

(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: Tuberculosis test conducted at University of Rochester Medical Center, paid for by the sponsor, after acceptance in the program and before enrollment. Candidates may also provide TB test result documentation if test conducted within one year of enrollment date.

Other: Must be a current employee of Lifetime Assistance, Inc.

Other:

Application forms may be obtained: From: _____ To: _____

Name: Lifetime Assistance, Inc. Learning and Development

Address: 465 Paul Rd Rochester, NY 14624

Days: ongoing Times: 8:30-4:30

Phone: (585) 784-3110 Email: [REDACTED]

Special Instructions:

All Applications Must be (please check) Received Postmarked No Later Than: _____

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Selection Standards and Evaluations

Name of Candidate: _____ Trade: Direct Support Professional; DSP Supervisor
 Address: 465 Paul Road City: Rochester State: NY Zip: 14624

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

Total Allowable Points →

50	Total Score →	
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Rank _____

Evaluated by: _____ (Name) Date: _____

Sponsor Name: Lifetime Assistance, INC.

Sponsor Address: 465 Paul Road; Rochester, NY 14624

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Sponsor Code _____

Trade Code(s) 89-547C

89-542

Central Office

New York State Department of Labor

Apprentice Training Program Affirmative Action Plan

New Program Amended Renewal

To be Administered by (Sponsor's Name): Lifetime Assistance, Inc.

Address: 425 Paul Rd., Rochester State: NY Zip: 14624

Plan is effective: From: 2/1/24 To: 2/1/29

**On behalf of the above-named sponsor,
I certify that it is our intent to fulfill this Affirmative Action Plan.**

Signature of Sponsor:  Date: 5/24/24

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

Print Name: Cheryl Leader

Title: UP HR

Do not write below this line.



Approved by: _____ Date: _____

NYS Department of Labor

Title: _____



**Part III Addendum
Current and Projected Staffing and Annual Goals**

Title of Trade **Direct Support Professional Supervisor**

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A. Current Staffing in the Above Trade

	Total	African American		Hispanic		Other Minority		Central Office Women	
		No.	%	No.	%	No.	%	No.	%
Active Journeyworkers	[REDACTED]								
Registered Apprentices									

B. Projected Number of Apprentice Indentures*

Year	20	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	Totals
New Positions	[REDACTED]						
Vacancies from Turnover**							
Total Indentures							

C. Annual Goals

Based on the data and projections above, the sponsor's annual goals are to indenture minorities and women in apprentice programs as follows:*

Year	20	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	Totals
African American	[REDACTED]						
Hispanic							
Other Minority							
Women							
Total Indentures							

The sponsor's good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

* Where no apprentice indentures are planned for a particular group or year, enter "0".

** Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).

Part IV – Action Plans and Requirements (continued)

B. Recruitment

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

- 1. Requesting the NYS Department of Labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprenticeship Training (Part 600).
An area-wide public recruitment will publicize the following information:
 - a. Estimated number of apprentice job openings to be filled.
 - b. Eligibility requirements.
 - c. Where and when applications may be obtained.
 - d. When applications are to be submitted.
 - e. Affirmative Action policy of the sponsor.
- 2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before any selections are made.
- 3. Limiting recruitment to present employees of the sponsor and/or present members of the union sponsoring the apprenticeship program. Employees must have been hired and/or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank (<https://newyork.usnlx.com/>).
- 4. Recruiting apprentices by methods other than those in B 1, 2, or 3 above. A detailed statement of the recruitment method to be used **must be attached to be submitted to the Commissioner of Labor** for review and approval prior to being used.*

C. Methods for Selection of Apprentices

Selection of apprentices will be made under one of the following four methods. (Check One):

- 1. Selection on basis of rank from a candidate list (only available for area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and/or seniority of union membership may be one of the selection standards.
 - b. The list of candidates will remain valid for a minimum period of two years, or until the list is exhausted.
 - c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his/her qualifications, each eligible applicant will be notified in writing of the qualifications on which he/she will be evaluated, the time and place for submitting evidence of qualifications, and the time and place for testing and/or interview.

* A sponsor using this method of recruitment should contact their Apprentice Training Representative for technical assistance.

Part IV – Action Plans and Requirements (continued)

C. Methods for Selection of Apprentices (continued)

- 2. Selection on basis of rank from a candidate list (available for non area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used, the applicants will be evaluated and ranked on the basis of predetermined minimum qualifications and selection standards. These qualifications and standards are to be included in all notices regarding apprentice openings.
 - b. The list of candidates will remain valid for a minimum period of two months or until the list is exhausted, unless otherwise specified by the collective bargaining agreement.*

- 3. Selection on a random basis. From a candidate list composed of applicants who meet the minimum qualifications and complete the selection process.
 - a. The method of random selection shall be subject to approval by the Commissioner of Labor.
 - b. Supervision of the random selection process shall be by an impartial person or persons, selected by the sponsor, not associated with the administration of the apprenticeship program.
 - c. The expected time and place of the selection shall be indicated in the recruitment notice.
 - d. The place of the selection shall be open for all applicants and the public.
 - e. The names of candidates drawn by this method shall be placed on a list of candidates for apprenticeship in the order drawn.
 - f. The list of candidates will remain valid for a minimum period of two (2) years, or until it is exhausted.

- 4. Alternative selection methods.**

If apprentices are to be selected by other methods than in C 1, 2 or 3 above, a detailed statement of the selection method to be used **must be attached and submitted to the Commissioner of Labor** for review and approval prior to being used.

D. Minimum Selection Standards and Evaluation.

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/or on Form AT 508, Selection Standards and Evaluations, attached.

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* Sponsors are advised to keep all applications for a **minimum of one year**.

** A sponsor using this method of selection should contact their Apprentice Training Representative for technical assistance.