

Caregiver Registry

Date Placed on Active Registry _____
(Office Use Only)

Personal Information (Please Print Information)

Professional Certification (circle one): **RN** **LPN** **CNA** **HHA** **PCA** **Companion/Sitter**

Registrant's Name: _____ / _____ / _____
(Last Name) (First Name) (Middle Initial)

Business Name (if applicable): _____

Date of Birth: ____ / ____ / ____ Sex: ____ Tax ID Number/Social Security Number: _____
(Month) (Day) (Year)

Business/Home Phone: (____) _____ Cell Phone: (____) _____ Other: (____) _____

Business/Home Address: _____
(Street) City (State) (Zip)

Mailing Address (if different from Above Address): _____ / _____ / _____
(PO Box) (City) (State) (Zip)

Emergency Contact _____ Phone #: _____

US citizen? ____ Yes ____ No If "NO" do you have a current Work Authorization Card? ____ Yes ____ No

Education

High School Name: _____ City/State: _____

Diploma ____ GED ____ Highest Grade Completed _____

College, University or Professional School:

<u>Name of College/Professional School</u>	<u>City/State</u>	<u>Date Attended</u>	<u>Degree Obtained</u>
_____	_____	_____	_____

Professional History (Please list professional history for the **past 5 years** – include the **month** and **year**)

1. Name _____ Dates _____ to _____
Address: _____ Hourly Pay Rate \$ _____
(Street) (City) (State) (Zip)
Phone # (____) _____ Fax # (____) _____ Duties _____
If no longer here, please state the reason why: _____

2. Name: _____ Dates _____ to _____
Address: _____ Hourly Pay Rate \$ _____
(Street) (City) (State) (Zip)
Phone # (____) _____ Fax # (____) _____ Duties _____
If no longer here, please state the reason why: _____

3. Name: _____ Dates _____ to _____
Address: _____ Hourly Pay Rate \$ _____
(Street) (City) (State) (Zip)
Phone # (____) _____ Fax # (____) _____ Duties _____
If no longer here, please state the reason why: _____

4. Name: _____ Dates _____ to _____
Address: _____ Hourly Pay Rate \$ _____
(Street) (City) (State) (Zip)
Phone # (____) _____ Fax # (____) _____ Duties _____
If no longer here, please state the reason why: _____

Personal References (please list three *personal* references who are not related to you)

1. Name _____ Phone # (____) _____
Address _____
(Street) (City) (State) (Zip Code)
Your relationship to this person (friend, co-worker, clergy, etc.) _____
2. Name _____ Phone # (____) _____
Address _____
(Street) (City) (State) (Zip Code)
Your relationship to this person (friend, co-worker, clergy, etc.) _____
3. Name _____ Phone # (____) _____
Address _____
(Street) (City) (State) (Zip Code)
Your relationship to this person (friend, co-worker, clergy, etc.) _____

Background Information

Have you ever been charged with a crime that was later dropped or dismissed? ____Yes ____No

If "Yes", what were the charges? _____

Where? _____ Date: _____

Have you ever pled guilty to or been convicted of a crime that is a felony or first-degree misdemeanor? ____Yes ____No

If "Yes", what were the charges? _____

Where? _____ Date: _____

Have you ever had adjudication of guilt withheld to a crime that is a felony or a first-degree misdemeanor?

____Yes ____No If "Yes", what charges? _____

Where? _____ Date: _____

Note: A "Yes" answer to these questions does not automatically bar you from an Independent Contractor opportunity. The nature, severity and date of the offense in relation to your registration will be considered.

It has never have been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) that I have abused, neglected, sexually assaulted, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of registration.

____ Registrant's Initials

Certification / Consent of Release

I am aware that any omissions, falsifications, misstatements, or misrepresentations may disqualify me from consideration and may be grounds for not being called for referrals. I understand that any information I give may be investigated as allowed by law. **I consent to the release of information contained in my registration file (which may include, but not limited to, licenses, certificates, medical information, Nation-wide criminal background check, references and documentation) when requested by a potential client or referral source. I consent to this release via telephone, facsimile, e-mails or mailing services.** I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Registrant Signature _____ Date _____

Caregiver Opportunities Registration

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I have experience with the following age groups (check all that apply):

- Infant – Preemies
- Infant – Newborn up to 12 months
- Toddlers – 1 to 4 years old
- Youth – 5 to 11 years old
- Teen – 12 to 17 years old
- Adult – 18 to 64 years old
- Senior – 65+

I have experience with the following diagnoses (check all that apply):

Social, Emotional, Behavioral:

- ADD
- ADHD
- Asperger's
- Autism Spectrum Disorder
- Sensory Integration Disorder

Physical:

- Amputation
- Blindness/Visual Impairment
- Central Auditory Processing Disorder
- Cerebral Palsy
- Developmental Delays
- Fetal Alcohol Syndrome
- Hearing Impairment
- Mobility Challenges
- Multiple Sclerosis
- Neuromuscular Scoliosis
- Orthopedics
- Spinal Cord Injury

Developmental:

- Developmental Delays
- Down's Syndrome
- Dyslexia
- Mental Illness
- Mentally Challenged
- Pervasive Developmental Disorder
- Speech Delay

Medical:

- Alcoholism
- Alzheimer's
- AIDS/HIV
- ALS
- Anemia
- Arthritis
- Asthma
- Cancer
- Celiac
- Circulatory Problems
- COPD
- Dementia
- Diabetes
- Drug Dependency
- Epilepsy
- Food Allergies
- GI Disturbance

- Heart Disease
- Hospice
- Hydrocephaly
- Hypertension
- Incontinence Bowel/Bladder
- Liver Disease
- Obesity
- Paralysis
- Parkinson's
- Renal Disease
- Seizure Disorder
- Stroke
- Terminal Illness
- Thyroid Condition
- Tuberculosis
- Other: _____

I have experience with the following (check all that apply):

- Ambulation
- Apical Pulse
- Bathing/Grooming/Hygiene
- Bed Baths
- Behavioral Support
- Blood Sugar Testing
- Body Lifting
- Congestive Heart Failure
- EPI Pen Injections
- Feeding
- Feeding Pumps
- Foley Catheter Care
- G-Tubes & J-Tubes
- Hoyer Lift
- Infection Control Protocol
- Insulation Injections
- I.V. Administration
- I.V. Flow Rate Calculations
- I.V. Starts
- Open Heart Surgery
- Oral Hygiene
- Ostomies
- Oxygen Concentrators
- Peri Care
- Pacemakers
- Portable O2
- Radical Pulse
- Repositioning
- Respiratory Care
- Seizure Attendance
- Sign Language
- Special Dietary Requirements
- Trach Care
- Transfers
- Ventilators
- Wound Care
- Other: _____

Caregiver Opportunities Registration

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Additional Services I am willing to perform (check all that apply):

- Appointment Transportation
- Animal Care
- Dishes
- Errands/Shopping in my car
- Errands/Shopping in the client's car
- Grocery Shopping
- Ironing
- Laundry
- Linens Changed
- Light Housekeeping
- Meal Preparation

I have a dependable car at my disposal at all times.

The make/model is _____; The year is _____

- It has 2 doors
- It has 4 doors

I am willing to travel up to:

- 10 miles
- 15 miles
- 20 miles
- 25 miles
- 30 miles
- Other: _____

The languages I speak are (check all that apply):

- Chinese
- Creole
- English
- French
- Italian
- Russian
- Spanish
- Other: _____

Following are my related hobbies and interests:

Are you able to work in the home if there are:

- Cats
- Dogs

Are you able to work with a client who smokes?

- Yes
- No

Other allergies or fears we need to be aware of? _____

Any limitations (lifting, transferring, meal preparation, vehicle accessibility, etc.)?

Is there anything else you would like to tell us about yourself?
