



Area 1 Agency on Aging Caregiver Services

Caregiver Registry

APPLICATION PACKET

This application packet includes:

1. The Application Agreement
2. Caregiver Profile Form
3. Caregiver Preferences Form

Please read the following handouts prior to application to be listed on the Caregiver

Registry for referral to potential employers:

- 1) Caregiver Training Handout; and
- 2) Caregiver Registry Application Process Handout.

Caregiver Registry Application Agreement

Signing this agreement is the beginning of the Caregiver Registry application process. Please read through the requirements carefully.

Required Paperwork:

1. Driver License* or State-issued Photo ID
(Acceptable forms of identification include: California Driver License, California State ID Card, current US Passport or INS "Green" Card)
2. DMV Driving Record (DMV Printout)
(Whether a caregiver drives or not, a DMV printout must be provided. If the driving record shows several moving violations or serious convictions such as a DUI, the application will be denied.)
3. Proof of auto insurance* in caregiver's name
4. Caregiver Registry Application Agreement (this document, part of the Caregiver Registry Application Packet)
5. Caregiver Profile (part of Caregiver Registry Application Packet)
6. Caregiver Preferences (part of Caregiver Registry Application Packet)
7. Caregiver Training Certificate or other relative license
(If you provide Caregiver Services with a copy of a valid nursing certificate or license, some or all of the required training may be waived. Acceptable licenses include: CNA, HHA, LVN, and RN.)

***IMPORTANT NOTE:** If proof of auto insurance AND a Driver License is not provided, the caregiver is forbidden to drive to, from or on a job.

Required Processing:

1. Intake Interview (See HINTS below for Interview information)
2. Reference Check (At least 2 work references and 1 personal reference must be provided in the Caregiver Profile. Caregivers should contact references ahead of time so they can anticipate a call from Caregiver Services. A negative reference may prevent a caregiver from being placed on the registry.)
3. Megan's List crosscheck (National Sex Offender Database)
4. Medi-Cal Fraud Database crosscheck
5. On the Record crosschecks
6. Caregiver Registry complaint history crosscheck

HINTS for a successful Intake Interview:

- Schedule an intake interview appointment AFTER all of the above paperwork is complete and in hand.
- Interview Scheduling: Call (707) 443-4363 Extension 209 to make an appointment.
- Fill out the Caregiver Profile form completely, and HAND-DELIVER it at the time of your interview. DO NOT mail your Caregiver Profile.
- Arrive for your interview on time. If you are unable to make the interview, call to reschedule or cancel your appointment.

I, _____ (print name) understand that the Caregiver Registry provides referral services and does not guarantee employment. I understand that if I provide false information in my profile or other documentation, I may lose Caregiver Registry referral privileges. I understand the application process and authorize Caregiver Services program staff to contact provided employers and references.

Signature: _____

Date: _____

Reviewed By: _____
(Program Staff)

Date: _____

Caregiver Profile

1. Name: _____
(First Name) (Middle Initial) (Last Name)

2. Other Names Used (Maiden Name, Alias, Etc.): _____

3. Address: _____
Street City State Zip Code

4. Phone Number: _____ Alternate Number: _____

5. Email Address: _____ 6. Gender: Female Male

7. Date of Birth (MM/DD/YY): _____
(MM / DD / YYYY)

8. Emergency Contact Information:
 Name: _____ Relationship: _____ Phone Number: _____

9. Training and Certifications

Please list any relevant courses completed and current certificates. Use the blank lines to list trainings and certificates that are not listed. Please bring the certificates to your interview. We may provide potential employers with information regarding your training and certifications.

Training and Certification

- | | | |
|--|---|--|
| <input type="checkbox"/> A1AA Caregiver Training | <input type="checkbox"/> Emergency Medical Technician (EMT) | <input type="checkbox"/> Hoyer Lift |
| <input type="checkbox"/> Certified Nursing Assistant (CNA) | <input type="checkbox"/> CPR | <input type="checkbox"/> Dementia/Alzheimer's Training |
| <input type="checkbox"/> Licensed Vocational Nurse (LVN) | <input type="checkbox"/> First Aid | <input type="checkbox"/> Mental Health Training |
| <input type="checkbox"/> Home Health Aide (HHA) | <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Registered Nurse (RN) | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Geriatrics |
| <input type="checkbox"/> Certified Medical Assistant (CMA) | <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Transfers |
| <input type="checkbox"/> Certified Massage Therapist (CMT) | <input type="checkbox"/> Injections | <input type="checkbox"/> Other: |

10. REFERENCES

Work References (at least TWO):

References must be current or within the last 3 years. If you do not have at least two work references, please provide other references. You may list a volunteer coordinator, a former teacher, etc.

Employer Name (Organization)	Supervisor	Employment Dates	Daytime Phone #

Personal References (at least ONE):

Please do not list family members.

Name	Relationship	Daytime Phone #

Caregiver Preferences

This form may be used as a record of your information with the Caregiver Registry. When you use the Active Caregiver Line (ACL) to update your contact information or preferences, please refer to the options listed below.

About Me:

Allergies: _____

Hobbies, Skills and Interests: _____

Geographical Preferences:

Please check the locations you are willing to travel to:

- | | | | | | |
|--------------------------------------|---|--------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Alderpoint | <input type="checkbox"/> Cutten | <input type="checkbox"/> Garberville | <input type="checkbox"/> Manila | <input type="checkbox"/> Phillipsville | <input type="checkbox"/> Trinidad |
| <input type="checkbox"/> Arcata | <input type="checkbox"/> Dinsmore | <input type="checkbox"/> Harris | <input type="checkbox"/> Maple Creek | <input type="checkbox"/> Redcrest | <input type="checkbox"/> Weitchpec |
| <input type="checkbox"/> Bayside | <input type="checkbox"/> Ettersburg | <input type="checkbox"/> Holmes | <input type="checkbox"/> McKinleyville | <input type="checkbox"/> Redway | <input type="checkbox"/> Weott |
| <input type="checkbox"/> Benbow | <input type="checkbox"/> Eureka | <input type="checkbox"/> Honeydew | <input type="checkbox"/> Miranda | <input type="checkbox"/> Rio Dell | <input type="checkbox"/> Westhaven |
| <input type="checkbox"/> Big Lagoon | <input type="checkbox"/> Fairhaven | <input type="checkbox"/> Hoopa | <input type="checkbox"/> Moonstone Beach | <input type="checkbox"/> Rohnerville | <input type="checkbox"/> Whitethorn |
| <input type="checkbox"/> Blocksburg | <input type="checkbox"/> Fernbridge | <input type="checkbox"/> Hydesville | <input type="checkbox"/> Myers Flat | <input type="checkbox"/> Ruth | <input type="checkbox"/> Willow Creek |
| <input type="checkbox"/> Blue Lake | <input type="checkbox"/> Ferndale | <input type="checkbox"/> Indianola | <input type="checkbox"/> Newburg | <input type="checkbox"/> Samoa | |
| <input type="checkbox"/> Briceland | <input type="checkbox"/> Fieldbrook | <input type="checkbox"/> Kneeland | <input type="checkbox"/> Orick | <input type="checkbox"/> Scotia | |
| <input type="checkbox"/> Bridgeville | <input type="checkbox"/> Fields Landing | <input type="checkbox"/> Korbel | <input type="checkbox"/> Orleans | <input type="checkbox"/> Shelter Cove | |
| <input type="checkbox"/> Capetown | <input type="checkbox"/> Fortuna | <input type="checkbox"/> Larabee | <input type="checkbox"/> Pepperwood | <input type="checkbox"/> Shively | |
| <input type="checkbox"/> Carlotta | <input type="checkbox"/> Freshwater | <input type="checkbox"/> Loleta | <input type="checkbox"/> Petrolia | <input type="checkbox"/> Somes Bar | |

Pet Preferences:

I will will not work in a home that has pets.

Smoking Preferences:

I smoke I will work for a smoker

Work Preferences:

I am willing to perform the following services:

- | | |
|---|---|
| <input type="checkbox"/> male personal care* | <input type="checkbox"/> housekeeping |
| <input type="checkbox"/> female personal care* | <input type="checkbox"/> heavy cleaning |
| <input type="checkbox"/> provide care to a disabled child | <input type="checkbox"/> transportation** |
| <input type="checkbox"/> social reassurance (spending meaningful time with a care recipient) | <input type="checkbox"/> work split shifts |
| <input type="checkbox"/> protective supervision (ensuring a care recipient does not wander) | <input type="checkbox"/> occasional overnights |
| <input type="checkbox"/> shopping and errands | <input type="checkbox"/> live-in (consider live-in assignments) |
| <input type="checkbox"/> meal planning and preparation | <input type="checkbox"/> “Relief List” (be on the list of caregivers willing to provide temporary help to care recipients) |
| | <input type="checkbox"/> be referred to an institutional assignment*** |

Work Limitations: _____

* Personal care refers to toileting, bathing, dressing, grooming, etc.

** If you are providing transportation to a care recipient, it is your responsibility to have auto insurance in your name. If you would like to add transportation as one of the services you are willing to provide, please provide Caregiver Services a copy of your auto insurance.

*** Institutions include “board and care” or another alternative placement.