

Official Use Only:

Add to Potential Provider list?

Y / N

Provider Application

Name

Last

First

Middle Initial

Address

Street

Apt. or Space #

City

State

Zip

Daytime Telephone _____

Cell Phone _____

Evening and/or Message Phone _____

Email _____

Education (High School, College, Other)

Dates Attended

Name of School

City/State

What Studied

Employment (Last Three Jobs)

Dates Employed

Name of Employer

City/State

Position

Briefly state previous experiences with individuals who have special care needs:

Please list your special skills or interests:

Have you had experience with any of the following?

<i>People who use/experience</i>	<i>Yes/No</i>	<i>If yes, please describe</i>	<i>Do you want to work in this area?</i>
Wheelchairs	Y / N		Y / N
Protective Undergarments	Y / N		Y / N
Catheters	Y / N		Y / N
Assistance with Toileting	Y / N		Y / N
Communication Devices	Y / N		Y / N
Sign language	Y / N		Y / N
Non-Verbal Communication	Y / N		Y / N
Atypical Speech	Y / N		Y / N
Visual Impairment	Y / N		Y / N
Hearing Impairment	Y / N		Y / N
Self-Injurious Behaviors	Y / N		Y / N
Non-compliant Behavior	Y / N		Y / N
Extremely Active Behavior	Y / N		Y / N
Physically Aggressive Behavior	Y / N		Y / N
Physical Limitation	Y / N		Y / N
Transferring/lifting/positioning	Y / N		Y / N
Autism	Y / N		Y / N
Seizures	Y / N		Y / N
Mental Retardation	Y / N		Y / N
Alzheimer's/Dementia	Y / N		Y / N
Feeding	Y / N		Y / N
In-Home Support	Y / N		Y / N
Supported Employment	Y / N		Y / N
Transportation	Y / N		Y / N
Respite	Y / N		Y / N
Community Outings	Y / N		Y / N

Please fill out if you are interested in providing transportation: (Circle your response)

- Do you have access to a car? Y / N
- Would a collapsible wheelchair fit in your car? Y / N
- Does your car have seat belts? Y / N
- Do you have a valid driver's license? Y / N
- Do you have current auto insurance? Y / N

Are you interested in providing care in your home? Y / N
In the home of the employer? Y / N

Please fill out if you are interested in providing care in your home:

House or apartment? _____ Do you own or rent? Y / N
Do you have current homeowners/renters liability insurance? Y / N

Are there sleeping accommodations for another person? If so, please describe:

Is there a fenced yard? Y / N
A nearby park? Y / N

How many individuals do you wish to work with? _____

Are there situations in which you would not be comfortable providing care?
Examples: teen parents, poor living conditions, animals, cigarette sr Please be specific:

Do you have a current CPR Card? Y / N Expiration Date: _____
Do you have a current First Aid Card? Y / N Expiration Date: _____
How much can you lift? _____ (lbs.)

Do you speak a language other than English? If so, which language or languages:

Do you have any allergies that would limit your ability to work in certain environments?
If so, please list: _____

Please Mark Days/Times You Are Available to Work:

Monday	_____	to	_____	Whole Weekends?	Y / N
Tuesday	_____	to	_____	Overnights?	Y / N
Wednesday	_____	to	_____	Live-In?	Y / N
Thursday	_____	to	_____	Counties:	Circle All That You Are Able To Work In
Friday	_____	to	_____	Marion	Linn Yamhill
Saturday	_____	to	_____		
Sunday	_____	to	_____		

Times you are **NOT** available? _____

As part of your qualification process, background checks must be run. This will include, at a minimum, a criminal history check and a review of any protective service investigations involving you.

Have you ever been found guilty of abuse that was substantiated in a Protective Services Investigation? Y / N

Have you ever been sanctioned by an Oregon Brokerage or had a client of a brokerage terminate your employment? Y / N

RCO maintains a list of potential providers for customers and/or family members to review. This list is occasionally requested by other agencies.

May RCO staff share your application with potential employers and other Y / N

Would you like to be listed as a 'Provider Wanting Work', who may be contacted by other individuals who are looking to hire? Y / N

References: Please list both professional and personal references:

Name	Address	Daytime Phone	Relationship
1.			
2.			
3.			

ADDITIONAL INFORMATION

By signing this application, I certify that it is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information. Further, falsification could be cause for dismissal. To ensure that I am a qualified provider, Potential Employers (RCO customers) and/or RCO staff may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. Also, I understand that I am required to undergo a back ground check that includes, but is not limited to, a review of any protective service investigations involving me and a criminal history check. If the criminal history check returns with a notice of disqualification, I am not eligible for payment through Resource Connections of Oregon for work performed for customers.

Signature _____ Date _____