CAREGIVER APPLICATION

Adult Care Home Program
Aging, Disability & Veterans Services Division

☐ **Caregiver Application ($10 Fee)** ☐ **New** ☐ **Renewal**

☐ **Attach Current Background Check Approval or new ACHP Background Check Request ($15 Fee)**

APPLICANT INFORMATION: *Please attach a copy of your current government-issued photo ID.*

1. Last Name	6. Government ID: ☐ Driver's License/State ID ☐ Passport ☐ Other:
2. First Name	7. Government ID State or Country of Issue
3. Middle Name	8. Government ID Number
4. Other Names Used *(last, first, middle)*	9. Social Security Number *(optional)*
5. Date of Birth	10. Gender ☐Male ☐Female ☐X Other/Nonbinary

11. Please choose any/all of the following to describe your race/ethnicity. This information is voluntary and will not be used in any way to determine your eligibility.

☐ African & African Immigrant ☐ Middle Eastern ☐ White
☐ Asian ☐ Native American or Alaska Native ☐ Slavic
☐ Black/African American ☐ Native Hawaiian or Pacific Islander ☐ Latino/Hispanic
☐ Decline to answer

CONTACT INFORMATION: *Do not use the Operator's physical address unless you live in the Adult Care Home.*

12. Applicant's Personal Email Address	13. Home Phone	14. Cell Phone

15. All correspondence will be sent to this email address. Check here ☐ if you prefer mailed correspondence.

16. Physical Street Address & Apt. Unit			17. Mailing Address *(if different from physical address)*		
City	State	Zip Code	City	State	Zip Code

EMPLOYMENT INFORMATION:

18. Check the box for the population you intend to provide care for:
☐ APD (Aging & People with Disablities) ☐ DD (Developmental Disabilities) ☐ AMH (Addictions & Mental Health)

19. Which Operator do you plan to work for and how many hours do you plan to work each week?
Operator's Name: _____ License #: _____ Hours per week: _____
Operator's Name: _____ License #: _____ Hours per week: _____

20. Will you be providing transportation services to residents in the adult care home? ☐Yes ☐No
If yes, attach a copy of your valid driver's license and proof of insurance.

APPLICANT HISTORY:

21. Have you ever had a founded report of child abuse or a substantiated abuse or neglect allegation? **If yes, attach a written explanation** and provide information below: ☐Yes ☐No
By which agency? Date:

22. Have you ever had a license, certification or approval for an adult care home, child foster home, personal support worker, home care worker, or other long-term care facility? ☐Yes ☐No
If yes, by which agency? Date:

23. If yes, has this license or certification ever been denied, suspended or revoked? ☐Yes ☐No
If yes, attach a written explanation.

TRAINING AND QUALIFICATIONS:

24. Have you ever had a CNA license or other health professional license?			☐Yes ☐No
Professional License	State:	License Number	
☐ Certified Nursing Assistant	_____	_____	
☐ Certified Medical Assistant	_____	_____	
☐ Licensed Practical Nurse	_____	_____	
☐ Registered Nurse	_____	_____	
☐ Other:	_____	_____	

25. Education & Training Requirements:

- ☐ APD providers must provide verification that the caregiver workbook has been completed.
- ☐ All providers must provide verification of having taken and passed a mandatory reporter training.
- ☐ All providers who work alone must provide verification of approved First Aid & CPR certification.
- ☐ DD care providers must complete basic training and pass the qualifying test.
- ☐ All DD care providers working in 2B adult care homes must have a current OIS certificate.
- ☐ All renewing DD and MHA caregivers must complete 12 hours of approved CEU's annually.

BACKGROUND CHECK OR LONG-TERM CARE REGISTRY

26. If you have an approved background check or Long-Term Care Registry approval for this role and population, please attach a copy. If not, you must also submit a background check request.
If your background check or Long-Term Care Registry approval expires in 120 days or less, please submit a new Background Check Request.

ACHP APPROVED CAREGIVER REGISTRY

27. The Adult Care Home Program maintains a registry of approved caregivers that is shared with Adult Care Home Operators who have employment opportunities. If you check this box, you will be placed on the registry and may be contacted by Operators with potential employment opportunities.
☐ **Check here if you agree to place your name, phone number and email on this registry.**

APPLICANT ACKNOWLEDGEMENTS:

28. I understand that I must immediately notify the Operator and the Adult Care Home Program if my state background check (final fitness determination) is revoked for any reason.	***Initials:*** _____
29. I understand that providers with reasonable cause to believe that abuse, neglect or exploitation has taken place in an adult care home shall immediately make a report to Adult Protective Services or a local law enforcement agency.	***Initials:*** _____
30. Providers shall have good physical and mental health, good judgment, good personal character (including honesty) and the demonstrated ability to follow both verbal and written instructions in English. They shall also possess the ability as determined necessary by the ACHP to provide 24 hour supervision for the population they intend to serve. Failure to meet the above standard may lead to sanctions by ACHP, including, but not limited to, fines, revocation, denial of a license, and placement of conditions on an existing license.	***Initials:*** _____
31. I certify the information I have provided is correct and complete. I understand that if I provide false or incomplete information, my application may be closed or denied.	***Initials:*** _____
32. I understand that my application will be denied if I fail to complete the application within 60 days. All qualifications must be met before the application can be approved.	***Initials:*** _____
Multnomah County does not discriminate because of race, color, national origin, disability, religion, age, sex/gender, sexual orientation, gender identity and expression, marital status, veteran status, source of income, or any other basis prohibited by federal, state, or local law.	

Signature:_____ Date: _____

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