



## FAMILY CAREGIVER REGISTRATION

Adult Care Home Program  
Aging, Disability & Veterans Services Division

**The purpose of this registration is to assist unpaid family caregivers who live and work in the Adult Care Home to document relevant work experience in order to qualify for Resident Manager or Operator roles.**

**Unpaid family caregivers who want to register must meet all of the following qualifications:**

- ☐ The adult care home is your primary residence
- ☐ You have a familial relationship with the Operator: child, spouse or sibling of the Operator
- ☐ The Operator has agreed to track and document your work hours
- ☐ You have an approved ACHP caregiver role and a current approved Background Check
- ☐ You do not receive hourly wages, but may receive in-kind compensation such as room, board, education expense, vehicle and insurance from the Adult Care Home Operator
- ☐ Your goal is to gain relevant, verifiable experience so that you may qualify for Resident Manager or Operator in the next two years

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

1. Last Name	2. First Name	3. Middle Name
4. Other Names Used ( <i>last, first, middle</i> )		5. Date of Birth

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

6. Applicant's Personal Email Address	7. Home Phone	8. Cell Phone	
9. All correspondence will be sent to this email address. Check here <input type="checkbox"/> if you prefer mailed correspondence.			
10. Physical Street Address & Apt. Unit	City	State	Zip Code
11. Mailing Address ( <i>if different from physical address</i> )	City	State	Zip Code

**ADDITIONAL INFORMATION:**

12. Which Operator will you volunteer for? Operator's Name: _____ Class: _____ License #: _____
13. What is your relationship to this operator?
14. How many hours do you expect to work each week? _____ <b>Attach a current staffing plan.</b>
15. Do you currently work outside the Adult Care Home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your work schedule (days and hours):
16. Are you currently enrolled in school or another training program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your school schedule (days and hours):
17. Will you be providing transportation services to residents in the adult care home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of your valid driver's license and proof of insurance.
18. Do you intend to apply to be a Resident Manager or Operator in the next two years? <input type="checkbox"/> Yes <input type="checkbox"/> No

## ACKNOWLEDGEMENTS

### Unpaid Caregiver's Acknowledgements

**Initials**

I understand that I must maintain an ACHP approved caregiver role while working as an unpaid family caregiver.	
I understand that I must live in the home where I am working as an unpaid family caregiver and agree to notify ACHP if I move out of this home.	
I have been oriented to the home and understand what my job duties are. <b>A job description is attached.</b>	
I agree to complete Recordkeeping B, Fire and Life Safety, Emergency Preparedness and Honoring Diversity within 12 months of registering as an unpaid family caregiver.	
I acknowledge that I am required to 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. I understand that I must 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.	
I understand that ACHP will track my history of compliance with rules and my involvement in any complaints. This compliance history will be used to assess future applications.	

Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Operator's Acknowledgements

**Initials**

I agree to ensure that this unpaid family caregiver meets all qualifications for caregivers, including a current ACHP role approval and any required testing and training.	
I agree to orient this unpaid family caregiver to the home and ensure that they are familiar with their job duties. <b>A job description is attached.</b>	
I agree to accurately document all hours that my family caregiver has provided direct, hands-on caregiving. Night hours will only be counted towards experience for the actual hours of caregiving tasks performed. General supervision and availability hours will not count towards needed experience.	
I understand that I must ensure that all providers who work in the adult care home have the necessary skills and experience to meet the needs of residents. I understand that I am responsible for paid and unpaid staff actions or inaction while working in the adult care home.	
I understand that per MCAR 023-160-115, providing false, misleading or fraudulent information may result in sanction or denial of my application.	

Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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