



CAREGIVER APPLICATION AND BACKGROUND CHECK

Adult Care Home Program

Aging, Disability & Veterans Services Division

Caregiver Application (\$10 Fee) New (must be seen in person) Renewal
 Background Check Request (\$15 Fee) or Current BCU Approval Letter (no fee, attach copy)

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

1. Last Name	6. Type of ID:	<input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> Passport <input type="checkbox"/> 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/ITIN Number (optional)			
5. Date of Birth	10. Gender (please select one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Transgender <input type="checkbox"/> Two Spirit <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Unspecified			
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.				
<input type="checkbox"/> African & African Immigrant	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> White		
<input type="checkbox"/> Asian	<input type="checkbox"/> Native American or Alaska Native	<input type="checkbox"/> Slavic		
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Latino/Hispanic		
<input type="checkbox"/> Decline to answer				
12. In the last 5 years, have you lived out of Oregon for more than 60 days in a row? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, enter all previous addresses where you lived for more than 60 days in the last 5 years:				
Year From	Year To	Street Address	City	State/Country

CONTACT INFORMATION:

ACHP will send all correspondence to your email address, including the link to complete this Background Check Request which needs to be completed within 7 days.

13. Your Personal Email Address	14. Primary Phone	15. Other Phone	
16. Your Physical Street Address & Apt. Unit	City	State	Zip Code
17. Your Mailing Address (if different)	City	State	Zip Code

APPLICANT HISTORY: Failure to disclose may result in denial

18. Have you ever been named as a perpetrator of abuse or had a founded or substantiated report of abuse or neglect of a child or an adult? If yes, attach a written explanation & provide information below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
By which agency?	Date:
19. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by which agency?	Date:
20. If yes, have you had a license, caregiver or resident manager role, Home Care Worker, Personal Support Worker or similar role denied, suspended or revoked? If yes, attach a written explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVING

21. Will your duties require driving? If yes, attach a copy of a valid driver's license and proof of insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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EMPLOYMENT INFORMATION:

22. Check the box for the population you intend to provide care for:	<input type="checkbox"/> APD (Aging & People with Disabilities) <input type="checkbox"/> MH (Mental/Behavioral Health)
23. 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: _____

TRAINING AND QUALIFICATIONS:

24. Have you ever had a CNA license or other health professional license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional License(i.e. CNA, RN,) _____	State: _____	License Number _____

25. Education & Training Requirements:

All providers must complete prior to role approval: Providing Inclusive Care: Training for Oregon Long-Term Care Facility StaffIn addition, *APD providers* must complete prior to role approval:

An approved pre-service dementia training
 Home and Community-Based Services (HCBS) training

All renewing BH caregivers must complete 12 hours of approved CEU's annually.

BACKGROUND CHECK OR LONG-TERM CARE REGISTRY

26. Do you have an approved, portable Oregon background check for this role?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please include a copy of the fitness determination letter.	

ACHP APPROVED CAREGIVER REGISTRY

27. The Adult Care Home Program maintains a registry of qualified caregivers that is shared with Adult Care Home Operators who have employment opportunities. Your contact information will be placed on the registry and may be contacted by Operators with potential employment opportunities.

 Check here to opt out.**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. Failure to meet the above standard may lead revocation and/or denial of your application.	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: _____



CAREGIVER BACKGROUND CHECK REQUEST INFORMATION

Adult Care Home Program
Aging, Disability & Veterans Services Division

DISCLOSURES & AUTHORIZATION TO BE COMPLETED ONLINE BY APPLICANT

You, the applicant, will receive an email from "bcu.orchards@orchards.odhsoha.oregon.gov" with a link to complete the "Disclosures and Authorization" portion of this Background Check Request. The link will work from any computer, tablet or smartphone that has internet access.

When you sign on to this link, be prepared to provide information about the following questions. If you do not provide all relevant information, your Background Check Request may be denied.

- Have you been outside of Oregon for more than 60 days in a row during the past 5 years? If yes, you will need to provide dates, locations and names used at that location.
- Have you EVER been charged, arrested, adjudicated or convicted of a crime? If yes you will need to list all charges, arrests, adjudications or convictions and the outcome, regardless of how long ago.
- Have you ever been named as a perpetrator of abuse or had a founded or substantiated report of abuse or neglect of a child or an adult?

If you have any of these potentially disqualifying conditions, you will have the opportunity to provide additional information when you complete your portion of this Background Check Request online. Be prepared to provide information such as:

- What happened leading up to the criminal or abuse history?
- Explain the outcome of the criminal or abuse history.
- Describe any treatment, education and training specifically related to your history.
- How is your history relevant to your position?
- How has your life changed since your history?
- How do you no longer pose a risk to the physical, emotional or financial well-being of vulnerable people?
- List other information you believe would be helpful in making a decision in your case.