

DRIVING

21. Will your duties require driving? <i>If yes, attach a copy of a valid driver's license and proof of insurance.</i>	<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"/> DD (Developmental 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
<u>Professional License(i.e. CNA, RN,)</u> <u>State:</u> <u>License Number</u>	
25. Education & Training Requirements: All APD providers must complete prior to role approval: <input type="checkbox"/> An approved pre-service dementia training. <input type="checkbox"/> A Home and Community-Based Services (HCBS) training. All DD care providers must complete: <input type="checkbox"/> The ACHP basic training and pass the DD qualifying test. All renewing DD and MHA 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? If yes, please include a copy of the fitness determination letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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. <input type="checkbox"/> Check here to opt out.
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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: _____

Print Name: _____ Date: _____

Multnomah County Adult Care Home Program, 600 NE 8th St., Suite 100, Gresham, OR 97030 Phone: 503-988-3000

Fax: 503-988-5722 Email: advsd.adult.carehomeprogram@multco.us



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.