

# Department of County Human Services



Aging, Disability & Veterans Services • Adult Care Home Program

## Caregiver Employment Notification

This form must be sent to the ACHP within **15 calendar days** of hiring or terminating a caregiver. It is the operator's responsibility to verify that all caregivers are 18+ years and able to communicate in oral and written English. If they have not been submitted, include requirements for new hires with this form.

Operator name:	License #:	Classification: <input type="checkbox"/> APD <input type="checkbox"/> BH
Operator email address:	Adult care home phone #:	
Caregiver's full name:	Caregiver date of birth:	
New hire date:	Termination date:	
Number of hours working alone in a week:	Typical hours worked in a week:	

### All New Caregiver Requirements:

<input type="checkbox"/> Current approval letter for this population from DHS/OHA Background Check Unit	
<input type="checkbox"/> ACHP role approval	<input type="checkbox"/> Care home job application
<input type="checkbox"/> Caregiver checklist	<input type="checkbox"/> Mandatory Abuse Reporting training
<input type="checkbox"/> Providing Inclusive Care training	<input type="checkbox"/> Home and Community-Based Services training
<input type="checkbox"/> Caregiver Workbook certificate	<input type="checkbox"/> Pre-Service Dementia training (APD only)
<input type="checkbox"/> Opioid antagonist video (BH only)	<input type="checkbox"/> Six Rights of Safe Medication Administration training (before administering medication)
<input type="checkbox"/> Proof of valid driver's license and car insurance (if driving residents)	

### More Requirements for Caregivers in Charge or Working Alone:

<input type="checkbox"/> Pre-Service Infection Prevention and Control for Community-Based Care training	
<input type="checkbox"/> Food handlers card	<input type="checkbox"/> CPR and first aid certification
<input type="checkbox"/> English test	<input type="checkbox"/> Fire Safety training
<input type="checkbox"/> Opioid antagonist training (BH only)	

### For a Termination, Explain Reason Employment Ended:

--------------

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

\_\_\_\_\_  
Date

Find more info about requirements at: [multco.us/info/adult-care-home-caregivers](http://multco.us/info/adult-care-home-caregivers).

Updated: 1-1-2026