



Adult Care Home Program

Aging, Disability and Veterans Services Division
600 NE 8th St., Suite 100
Gresham, OR 97030
Phone: 503-988-3000

PROFESSIONAL CHARACTER REFERENCE FOR: _____

Name of Applicant

Instructions to the Applicant:

- Please forward a copy of these instructions with the attached professional character reference form to three individuals who can speak to your professional skills and who have knowledge of your experience providing residential care.
- References cannot be relatives of the applicant or current residents where the applicant works.
- Please ask your references to mail or deliver the completed character reference directly to the Adult Care Home Program.

Instructions to the Respondent:

- The above-named individual is applying for certification to work as a resident manager or licensed operator in an adult care home in Multnomah County, Oregon.
- The applicant is asking you to comment regarding your personal knowledge of the prospective applicant. Please respond to every question on the form.
- When completed, please return this form to the address above. **Do not return the form to the applicant.**

To be completed by the *Character Reference* for the above-named applicant:

1. How long have you known the prospective applicant named above?

2. What is the nature of your relationship with the prospective applicant named above?

Check all that apply.

Current employer

Former co-worker

Former employer

Professional: _____

Other: _____

3. Have you personally observed the prospective applicant provide care to one or more older adults or adults with disabilities? Yes No

If yes, please describe the care needs of the older adult or adult with disabilities and the type and extent of care provided by the prospective applicant (attach extra pages if needed).

4. To your knowledge, does the prospective applicant have any physical conditions or impairments that may limit their ability to care for, lift or physically support the movement of heavy, frail or physically disabled adults? Yes No

If yes, please describe the condition or impairment and how it may affect the prospective applicant's ability to provide this type of care (attach extra pages if needed).

5. Have you ever observed the prospective applicant respond to a person who was emotionally upset, verbally aggressive or physically threatening? Yes No

If yes, please describe the incident(s) and how the prospective applicant responded (attach extra pages if needed).

6. Have you ever observed the prospective applicant in an emergency situation when someone's health or safety was in immediate danger? Yes No

If yes, please describe the incident(s) and how the prospective applicant responded (attach extra pages if needed).

7. An Adult Care Home licensee, resident manager or shift manager must maintain documentation including, but not limited to, contracts, resident financial information, medication administration records, narratives, incident reports, physician orders, policies and procedures, training records, and legal notices. Have you observed the prospective applicant create, maintain or manage this type of documentation? Yes No

If yes, please describe the nature of the documentation, its thoroughness and organization, and the means of retention (attach extra pages if needed).

8. An Adult Care Home licensee, resident manager or shift manager must be able to communicate effectively in English with residents, family members, medical professionals including, but not limited to, nurses, nurse practitioners, physician assistants, physicians, and emergency personnel. The prospective applicant must be able to understand and follow medical instructions and medication orders and seek clarification when appropriate. Have you ever observed the prospective applicant communicate with medical professionals or comply with their instructions? Yes No

If yes, please how the event(s) and how prospective applicant communicate (attach extra pages if needed).

9. After considering all of these issues, would you recommend that the prospective applicant be approved as an Adult Care Home licensee, resident manager or shift manager responsible for providing care to older adults or adults with disabilities?

Yes No

Please explain your answer (attach extra pages if necessary).

Signature

Date

Printed Name

Telephone Number

Title (if applicable)

Email Address

Please return this form to:

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Phone: 503-988-3000

Please do not return this form to the prospective applicant. Thank you in advance for your cooperation.