Homecare Worker Application

DHS Oregon Department of Human Services

Seniors and People with Disabilities
Oregon Home Care Commission

Office Use Only	
Provider #:	
☐ Career ☐ Restricted	

Please print (use blue or black ink), sign and date application.

Personal Information 1

Name: (last/first/middle initial) (*as shown on your Social Security card.*)	Date of birth:
Other names used, including maiden and nicknames:	E-mail address:

Street address: Street	**Mailing address:** *(If different than street address)* Street or PO Box
City, State, Zip	City, State, Zip

Your phone number(s) Home:	Cell:	Message:

Specific Client – Employer – New Homecare Workers Only 2

Have you already agreed to work for a particular client-employer? ☐ Yes ☐ No

If yes, please include the name of the individual: _____

Orientation and Certified Training 3

Have you attended a homecare worker orientation? ☐ Yes ☐ No

If yes, where did you take it? _____ Date, if known: _____

Have you attended a live-in orientation? ☐ Yes ☐ No

If yes, where did you take it? _____ Date, if known: _____

Are you CPR certified?

☐ Yes ☐ No If yes, when does it expire? _____

Are you first aid certified?

☐ Yes ☐ No If yes, when does it expire? _____

You must present your card(s)

Transportation 4

What kind of transportation do you use to get to work? (Check all that apply)

☐ Motor vehicle ☐ Public transportation ☐ Bike/walk

Are you willing to: (Check all that apply)

Transport an employer in your car?	☐ Yes	☐ No
Drive an employer's car?	☐ Yes	☐ No
Escort an employer on public transportation?	☐ Yes	☐ No
Escort an employer in their car?	☐ Yes	☐ No

Language - In Order of Ability 5

What languages, including Sign Language, do you speak and/or read?

1. _____ ☐ Speak ☐ Read 2. _____ ☐ Speak ☐ Read
3. _____ ☐ Speak ☐ Read 4. _____ ☐ Speak ☐ Read

Availability to Work 6

Are you currently looking for work? ☐ Yes ☐ No

Check all work types you are willing to consider:

- ☐ Full-time (over 20 hours per week)
- ☐ Part-time (20 hours per week or less)
- ☐ Being a 7 day live-in (24 hour service)
- ☐ Being a 6 day live-in (24 hour service)
- ☐ Being a 2 day live-in (24 hour service)
- ☐ Providing live-in relief
- ☐ Providing substitute services paid by the hour
- ☐ Working with short notice
- ☐ Being a 5 day live-in (24 hour service)
- ☐ Being a 1 day live-in (24 hour service)

Would you be willing to assist with evacuation and in-home services in the event of a natural disaster? ☐ Yes ☐ No

Work Schedule 7

Check the days/times you are available for work. If you are available at all times check here ☐

Weekday	Mornings	Afternoons	Evenings	Nights
Monday	☐	☐	☐	☐
Tuesday	☐	☐	☐	☐
Wednesday	☐	☐	☐	☐
Thursday	☐	☐	☐	☐
Friday	☐	☐	☐	☐
Saturday	☐	☐	☐	☐
Sunday	☐	☐	☐	☐
Holidays	☐	☐	☐	☐

Services and Work Experience 8

Check all of the services below that you are **"willing"** to provide. In addition, if you have **"experience"** in any of these tasks, please check the **"experience"** column. You must be physically able to perform all the services you check in this section. ***DO NOT check any tasks where you have physical limitations (such as lifting, bending or stooping) that would prevent you from performing any of these services.***

Activities of Daily Living	Willing	Experience	
Ambulation	☐	☐	
Bathing	☐	☐	
Bladder Care	☐	☐	
Bowel Care	☐	☐	
Cognition	☐	☐	
Dressing	☐	☐	
Feeding	☐	☐	
Grooming	☐	☐	
Personal Hygiene	☐	☐	
Positioning	☐	☐	
Toileting	☐	☐	
Transferring	☐	☐	

Services and Work Experience *(continued)* 8

Check all of the services below that you are **"Willing"** to provide. In addition, if you have **"Experience"** in any of these tasks, please check the **"Experience"** column. You must be physically able to perform all the services you check in this section. ***DO NOT check any tasks where you have physical limitations (such as lifting, bending or stooping) that would prevent you from performing any of these services.***

Self – Management Tasks	Willing	Experience	
Giving or setting up medications	☐	☐	
Housekeeping	☐	☐	
Laundry	☐	☐	
Meal preparation	☐	☐	
Shopping	☐	☐	
Transportation	☐	☐	

Health – Related Procedures	Willing	Experience	
Bowel program	☐	☐	
Feeding Tube	☐	☐	
Home dialysis	☐	☐	
Injections	☐	☐	
Ostomy care (e.g., colostomy, ileostomy)	☐	☐	
Oxygen management	☐	☐	
Suctioning	☐	☐	
Tracheotomy care	☐	☐	
Urinary catheter care	☐	☐	
Ventilator care	☐	☐	
Wound care	☐	☐	

Additional Information 9

Your gender: ☐ Female ☐ Male Do you smoke? ☐ Yes ☐ No

Do you want to receive quit smoking information and/or materials via E-mail? ☐ Yes ☐ No

Are there employers you are **NOT** willing to work with or services you are **NOT** willing to provide?

(Check all that apply)		
	☐ Activities of daily living (see page 2)	☐ Self-management tasks (see above)
	☐ Alzheimer's or other dementias	☐ 65 years of age or older
	☐ Behavioral disorders	☐ Smokers
	☐ Females	☐ Terminally ill
	☐ Males	☐ Under 65 years of age
	☐ People with pets	☐ Individuals that use medical marijuana

Geographical Location 10

Where are you willing to work? (*Select a maximum of three counties.*)

Counties:

Cities:/areas within the counties:

Abuse Investigation 11

Have you ever been investigated for abuse, neglect or domestic violence? ☐ Yes ☐ No

If yes, please explain:

Minimum Qualifications for Homecare Workers (HCW's) 12

An individual who would like to be a HCW must meet the following minimum qualifications:
Submit a completed application packet.

(1) Pass a DHS criminal history clearance and cooperate with a criminal history re-check when requested.
(2) Complete a HCW orientation within 90 days. Complete a live-in orientation if applicable.
(3) Be capable of providing or learning to provide necessary services.
(4) Be 18 years of age or older (age exceptions may be made on a case-by-case basis for family members only, but exceptions will not be granted for anyone under the age of 16).

An individual who would like to be a career HCW and be referred to the general public to provide homecare services through the Registry and Referral System (RRS) must meet the requirements listed above, plus the following:

(1) Be 18 years of age or older (no exceptions).
(2) Disclose qualifications, skills (including language skills), and experience that can be verified and evaluated by a potential client-employer, as well as submit references upon request.
(3) Disclose any job related limitations.
(4) Review and update homecare worker information in the RRS at least every 60 days, if looking for work.
(5) Immediately notify the local SPD/AAA office or the Oregon Home Care Commission of address and phone number changes.

Applicant Certification 13

I certify that all information I supplied in this application is accurate to the best of my knowledge. I understand that should I knowingly misrepresent information may result in rejection of my application and/or denial of placement on the Oregon Home Care Commission (OHCC) Registry and Referral System (RRS). I understand and agree to the minimum qualifications for homecare workers established by the OHCC.

The OHCC has an internet-based registry to assist seniors and individuals with disabilities find qualified in-home providers. I understand that if I agree to be referred to prospective client-employers through the RRS, my contact information, (name, phone number, provider number and city of residence) will be released to anyone seeking in-home services.

Future changes to the following questions must be submitted in writing to the local office.

A. I agree to have my contact information released through the internet. ☐ Yes ☐ No
I understand that checking "No" will limit the number of referrals I will receive.

B. I agree to have my contact information referred to individuals who pay privately for in-home services. ☐ Yes ☐ No

I understand the hours worked for individuals who pay privately for services DO NOT count towards Service Employees International Union (SEIU) local 503, Oregon Public Employees Union (OPEU) negotiated benefits and may not have worker's compensation or unemployment insurance.

Furthermore, I understand it is my responsibility to keep my availability information updated, and I must review my information in the RRS at least one time every 60 days to continue to be referred for new jobs.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY		
Branch office where application was submitted:		
I-9 form completed?	☐ Yes	
Is provider 18 years of age or older?	☐ Yes	
W-4 form completed?	☐ Yes	
DHS 0301 form completed and submitted to local office?	☐ Yes	Date submitted / /
SDS 0356 signed and witnessed?	☐ Yes	
If CPR certified, expiration date verified?	☐ Yes	Expiration date / /
If first aid certified, expiration date verified?	☐ Yes	Expiration date / /
Fingerprints requested from HCW?	☐ Yes	Date requested / /
Fingerprints received from HCW?	☐ Yes	Date received / /
Fingerprints submitted to Salem?	☐ Yes	Date submitted / /
Fingerprints returned from Salem?	☐ Yes	Date returned: / /
Initial criminal history fitness determination clearance?	☐ Yes	
SDS 0736 form, Enrollment form completed?	☐ Yes	
Orientation verified?	☐ Yes	
Live in orientation taken?	☐ Yes	
Abuse investigation noted on application?	☐ Yes	
Application status: ☐ Approved ☐ Closed ☐ Denied ☐ Voluntary withdrawal		

Provider number: _____

If denied at initial application, indicate date: / /

Reason for denial:

Approved to work in ORACCESS? ☐ Yes