



CAREGIVER APPLICATION

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 (<i>last, first, middle</i>)	9. Social Security/ITIN Number (<i>optional, for statewide background check portability</i>)
5. Date of Birth	10. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Nonbinary
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	

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 21 days.

12. Your Personal Email Address	13. Primary Phone	14. Other Phone	
15. All correspondence will be sent to this email address. Check here <input type="checkbox"/> if you prefer mailed correspondence.			
16. Your Physical Street Address & Apt. Unit	City	State	Zip Code
17. Your Mailing Address (<i>if different</i>)	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 you be providing transportation services to residents in the adult care home? <i>If yes, please attach a copy of your 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? <u>Professional License</u> <u>State:</u> <u>License Number</u> <input type="checkbox"/> Certified Nursing Assistant _____ _____ <input type="checkbox"/> Other: _____ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Education & Training Requirements: <input type="checkbox"/> All APD providers must complete an approved pre-service dementia training prior to role approval. <input type="checkbox"/> DD care providers must complete basic training and pass the qualifying test. <input type="checkbox"/> All providers must provide verification of having taken and passed a mandatory reporter training. <input type="checkbox"/> 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 Oregon background check for this role? If yes, please include a copy of the fitness determination letter and provide your Social Security/ITIN number	<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 name, phone number and email will be placed on the registry and may be contacted by Operators with potential employment opportunities. <input type="checkbox"/> 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. They shall also possess the ability as determined necessary by the ACHP to provide 24 hour supervision for the population they intend to serve. 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, 209 SW 4th Avenue, Suite 650, Portland OR 97204

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 “noreply@innovativearchitects.com” 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.