Caregiver Employment Notification

Operator Name:	License #:	Classification:	
Adult Care Home Address:	City:	State:	Zip:
Adult Care Home Telephone Number:	Adult Care Home Fax Number:		
Operator Email Address:			

This form must be sent to the Adult Care Home Program within 15 calendar days of hiring or terminating a caregiver.

It is the Operator's responsibility to verify that all caregivers are 18 years or older, able to communicate in oral and written in English, and have been approved by the Adult Care Home Program. ACHP-approved caregivers must have an approved fitness determination from the Oregon DHS/OHA Background Check Unit, an approved caregiver application, verification of completion of mandatory abuse reporting, verification of basic training/testing or annual continuing education credits, if required, and current Oregon Intervention System certification, if required. In addition, caregivers who work will alone must have a current CPR and First Aid certificate.

Caregiver's Full Name:	Caregiver Date of Birth:

New Hire:

Hire Date:					
CPR Certificate	☐ Yes	☐ No	First Aid Certificate	☐ Yes	☐ No
Caregiver Workbook	☐ Yes	☐ No	OIS Certificate, if needed	☐ Yes	☐ No
Number of hours working alone in a week:			Typical hours worked in a week:		

No Longer Employed:

Date Employment Ended:
Reason Employment Ended:

Operator Signature: _____ Date: _____

Employment Notification Form updated 8.1.2017