

**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:
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**New Hire:**

Hire Date:			
CPR Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	First Aid Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver Workbook	<input type="checkbox"/> Yes <input type="checkbox"/> No	OIS Certificate, if needed	<input type="checkbox"/> Yes <input type="checkbox"/> 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*