



26B Commons Drive • P.O. Box 1168 • Litchfield, CT 06759
(860) 567-4576 • (203) 757-4858 • (800) 453-5337

Dear Prospective Caregiver:

Following is our registration application. Northwest Home Care, Inc. is a Caregiver Registry that can assist you in finding work in home care. Once you are registered with our agency, your name will be entered onto our Caregiver Registry and we will refer you to clients who call for care.

WE DO NOT EMPLOY CAREGIVERS REGISTERED WITH OUR AGENCY. You will be responsible for paying your own taxes on the income you earn from your clients. **YOU WILL NOT BE EMPLOYED BY NORTHWEST HOME CARE, INC.** and therefore, not be entitled to worker's compensation insurance or unemployment compensation. If you have any questions about this, please call the agency before completing this registration form.

Registration Form:

Fill in the information completely. List any work history you have as an **EMPLOYEE** separately from any work history you have as a **SELF EMPLOYED/ INDEPENDENT CONTRACTOR.** (There are two separate sections provided for this information)

PROFESSIONAL REFERENCES: We require three (3) work related references that must include Name, Address and Phone Numbers. Your references must be from individuals who have supervised your work or have been in a position to verify your work habits, reliability and skills. Your references do not need to be from the healthcare field. It is your responsibility to obtain permission from each of your references before providing us with their name, address, and phone number. Please contact each reference to let them know that we will be calling them for a reference on you.

INDEPENDENT CONTRACTOR REQUIREMENT: The State of CT now requires that Independent Contractors supply us with at least two (2) of the following credentials to support their independent business: professional liability insurance, workers compensation, tax ID#, business card, copy of advertisement for services provided by you, letterhead stationary or a copy of bill or invoice with your name or business name on it. **REQUIRED CREDENTIALS NEED TO BE SUBMITTED WITH APPLICATION.**

We DO NOT ACCEPT references from family, friends, and co-workers

******* You must sign the Background Check Authorization on Page 2 *******

NOTE: INCOMPLETE FORMS WILL DELAY YOUR REGISTRATION. WE WILL NOT CALL YOU TO DISCUSS ANY ERRORS. IT IS YOUR RESPONSIBILITY TO COMPLETE THE FORM ACCURATELY. If you have any questions, please call us before submitting your application.

Mail the **COMPLETED** form to: **Northwest Home Care, Inc.
P.O. Box 1168
Litchfield, CT 06759**

Please note: When your completed registration is returned to Northwest Home Care, we will process your application and perform your criminal background check. This process can take up to two (2) weeks depending upon how quickly we can contact your references. We'll call you for a personal interview when all your information and references are complete and acceptable.

We look forward to meeting you soon.

NORTHWEST HOME CARE, INC.

Date: _____

P.O. Box 1168- Litchfield, CT 06759

Independent Contractor Professional Profile

Processed by: _____

RN____ LPN____ PCT____ MA____ CNA____ HHA____ PCA____ LIVE IN____

NAME:	Last Name	First Name	Maiden/Middle Initial
Mailing Address:			
City, State, Zip			
Residence Address: <small>(if different from mailing)</small>			
Home Phone #	Cell Phone #	Work Phone #	Beeper #/ Other #
Email Address	Social Security #	Federal Tax ID #	

EDUCATION- List training and/or education that you have

	Name of School, City & State	Course of Study	Dates	Degree, Diploma, Certificate or License
High School				
CNA or HHA				
PCT, EMT, MA or other				
Professional and Nursing				

Have you ever been: Arrested? _____ Convicted of a Felony? _____

Have you ever been convicted of a crime involving violence or dishonesty in a state court or federal court in any state or have you ever been subject to any decision imposing disciplinary action by a licensing agency in the United States, a US possession or territory or a foreign jurisdiction? _____

If yes, please explain:

Authorization for Background Check

I hereby authorize Northwest Home Care, Inc. to perform a criminal background check and inquire of any and all previous work places, public and governmental officials or agencies, law enforcement agencies or any other persons regarding my experience, reputation, character, ability and qualifications. I agree to hold all such persons and /or Northwest Home Care, Inc. harmless with respect to any information they may give, hereby releasing them from any and all liability.

X _____
Registrant's signature

Date

Are you currently working? _____ May we contact your present workplace? _____

EMPLOYMENT HISTORY-

List below your work history, starting with the most recent **Employer:**

Company	From Date	To Date	Work Performed
Address			
Phone	Rate		
Contact Name			Reason for Leaving
Company	From Date	To Date	Work Performed
Address			
Phone	Rate		
Contact Name			Reason for Leaving
Company	From Date	To Date	Work Performed
Address			
Phone	Rate		
Contact Name			Reason for Leaving

CONTRACTING HISTORY

List below work done as an Independent Contractor or other temporary agency work:

Dates	Agency or Individual	Location of Work	Rate Charged	Position
From				
To				
From				
To				
From				
To				

PROFESSIONAL REFERENCES (minimum of 3)

Clients commonly inquire about previous work experience. To help us develop your profile, please supply references from places you've worked.

Personal References such as family, friends, and co-workers ARE NOT ACCEPTED.

Please call our office if you have any questions.

Reference Name	Mailing Address	Daytime Phone #	Relationship/Business Name

SKILLS & EXPERIENCE:

Please indicate your experience with each area.

Do not check any area where you have no experience.

Skills and Equipment Experience			
Check or Circle			
Bed Bath		Nebulizer Tx	
Bed Pan		O2	
Bowel Program		Ostomy Care	
BP		Peri Care	
Catheter Care		Phlebotomy	
Commode		Range of Motion	
CPR		Shower Client	
EMT		Sliding Board	
Gait Belt		Sponge Bath	
Hospital Bed		Tube Feed & Care	
Hoyer Lift		Turn & Position	
Lift Chair		Urinal	
Med Certified		Wheelchair	
Please list any other special skills or hobbies (ex. cooking, knitting, ect.)-			

Experience:			
Check or Circle			
Adolescent		Hospice	
Adult		Infants	
Alzheimer's/ Dementia		Mentally Handicapped	
Autistic Children/Adult		Oncology	
Diabetes		Parkinson's	
Drug/Alcohol Addicted		Pediatric	
Elderly		Physically Handicapped	
HIV/Aids		Psychiatric	

Facility Type/Work Setting	
Assisted Living Centers	
Camps/Fairs	
Day Program	
Detox/Methadone Clinic	
Foster Care Home	
Group Homes	
Hospice	
Hospitals	
Life Care Facilities	
Nursing Homes	
Private Homes	
Rehabilitation Facilities	
Schools	
Other:	

Preferences			
Check off items that pertain to you. Add any additional preferences in the space below			
Light Lift only		No Housekeeping	
No Alzheimer's Patient		No Lift	
No Cats		No Overnights	
No Dogs		No Pediatrics	
No Days		No Smoking	
No Hospice		No Staff Relief	
No personal care (bathing, dressing) with:			
MEN		WOMEN	
Will you drive a client?			
Your Car?		Their Car?	
Make and Year of your car?			
Drivers License # _____ State _____			
Other Preferences:			

Languages Spoken	
Spanish	
French	
German	
Italian	
Sign Language	
Other:	

Briefly describe your experience in the geriatric field:

Please specify the days and times you are typically available

Days and Hours available?

How many miles are you willing to travel for work?

FOR LIVE IN'S ONLY:

How often would you need relief? (be specific)_____

The State of CT now requires that Independent Contractors supply us with at least two (2) of the following credentials to support your independent business. Submit required credentials with application.

Professional Liability Insurance _____ Workers Compensation _____ Tax ID _____
Business Card _____ Advertisement for services provided by you _____ Letterhead Stationary _____
Copy of Bill or Invoice with your name or business name on it _____

Emergency Contact (name, relationship, & phone #):

How did you hear about Northwest Home Care, Inc.?

Friend _____ Yellow pages _____ Other _____

What other agencies are you registered with as an Independent Care Provider? (name only)

Have any professional liability claims been made against you in the past five years? Yes _____ No _____

If yes, explain: _____

Registrant's Statement

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or employment agency policy and procedure.

Signature of Registrant X _____

For Office Use Only:

Interview Comments: _____
