

Circle of Care Caregiver Services, Inc.

Registry Application Packet

Dear Caregiver,

Thank you for your interest in Circle of Care. We hope to connect you with fulfilling work that will provide you with clients and the wages you need to thrive.

Our mission is to connect clients with caregivers that are above the norm, who believe that caregiving is a calling, not just a job. In addition, we believe that quality, dedicated caregivers should be able to earn a good wage. We'd love to have you be a part of our vision.

Here's how it works: When we receive your fully completed application and support materials and verify that you are the experienced and compassionate caregiver we think you are. We will require you to perform a criminal background check (See Instructions Below). Once we receive the results, then we will contact you to set up a face to face interview and screening. We are very selective about the caregivers we chose to invite onto our registry. *Please Note: We will not accept applications, including support materials that are incomplete. Please see checklist for application requirements.*

After application and support materials are received, you have passed the criminal background check, personal and employment references have been verified, and you will be invited to attend a face to face interview and screening, which will be followed by a skills and competency evaluation. Once this application and admission process is complete, then we will determine whether we feel you are an appropriate candidate to be invited to join and be placed on the Circle of Care Caregiver Registry.

Once invited and admitted into our "Circle of Care", you will let us know your preferences, and scheduling availability, and we will contact you as jobs come in that fit you, based on your availability, level of experience and skill sets. Then you will be interviewed and hired directly by the client.

See our Frequently Asked Questions (attached) for more details.

**Please Note: Caregivers that show personal initiative and proceed with the application process in an organized and timely fashion will always be considered first for an initial invitation to the registry. Once processed, oriented, and accepted, caregivers that have exhibited such initiative and follow through, will also be considered first for client referrals.*

We look forward to working with you!

Yours in service and compassion,

Cynthia R. Chimienti
President, Circle of Care Caregiver Services

Requirements for placement on Circle of Care Caregiver Registry:

Many of our elder clients have complex medical conditions or are transitioning into the End of Life stage of care and/or have been referred to Hospice.

We do accept experienced caregivers that are not CNA certified. However, we do give preferences to those that are CNA certified, or have a medical or nursing background. Other equivalent training and healthcare backgrounds will also be considered.

To be considered for the “Circle of Care” Caregiver Registry please provide these qualifications:

- ★ Completion of nursing assistant training or other verifiable medical background with an emphasis on bedside care Completion of nursing assistant training or other verifiable medical background with an emphasis on bedside care
- OR
- ★ 2 years of private-duty professional "medical" care giving of seniors in home or assisted living environments (may not include informal care of family members)

~If you feel that Caregiving is your Calling~

Please pursue the proper professional trainings and equivalents to pursue and attain this goal. For many it is a very professional and rewarding career.

To be placed on the Circle of Care Caregiver Registry,

You must:

- Be at least 18 years of age and have sufficient communication and language skills to perform caregiver duties and interact effectively with clients and registry staff.
- Perform and pass a criminal background check.
- Perform and pass a TB screening
- Verify your caregiver licensure status, if applicable, with the appropriate licensing agency.
- Submit at least two satisfactory references from a previous care client/employer you have worked for within the past five years.
- Complete a face-to-face interview with Circle of Care registry staff member.
- Pass a competency evaluation and skills test, to ensure that you the caregiver have the satisfactory experience, education, skills and necessary training to provide the level of care that is proposed and offered to clients.
- Have current Oregon drivers License and automobile insurance.
- Have a reliable car, cell phone, and email.

Once admitted to the Circle of Care Caregiver Registry,

You must:

- Attend a caregiver orientation, which will include the registries policies and procedures.
- Complete three hours of continuing education annually, on topics related to the caregiver services that you the caregiver offers to clients.
- Keep current with Drivers License and Automobile Insurance.
- Report, within 10 days, any:
 - Criminal conviction
 - 1. Arrest, indictment, or charge for a sexual offense or property crime
 - 2. Disciplinary action taken by a licensing board or agency
 - 3. Citation for driving while under the influence of intoxicants; and
 - 4. Revocation of driving privileges.

Application and Pre-Admission Requirements Checklist

Here is what we need from you to get started:

- Completed Caregiver Application (attached)
- Two or more references from former or current caregiving employers that you have worked for in the last 5 years
- Copies of Current Driver's License and Auto Insurance
- Pass a Criminal Background Check
- Proof of Current TB Test (See below for instructions)
- If applicable, Copy of CNA Card and License Number, Other related medical certifications (MA, NA, LMT, LAc, and Naturopathic)
- Copies of Training and/or other Certifications, and Continuing Education related to the field of caregiving
- Client Letters of Reference

When we have received these materials, we will contact you and invite for an in-person interview and screening. This may be followed with an additional skills test and competency evaluation. We will schedule you for a Circle of Care orientation and review of policies and procedures. If all goes well, we will sign an official agreement and disclosure form with you, and start channeling referrals to you.

Frequently Asked Questions

Whom will I be working for exactly?

We gather client information and match you to clients needing care, based on your availability, level of experience and skill sets. Once this initial process is completed, we refer you to client(s) who need an exceptional and experienced caregiver. You are interviewed and hired by the client(s) directly, and they pay you directly. You are encouraged to enter into a written agreement with your client, specifying your schedule, duties, etc.

How much money do I make, and who pays me?

Hourly wages usually run from \$14 to \$20 per hour. *Note:* with shorter (ie. 2-4 Hrs) and more demanding shifts generally paying more. 24-hour shifts usually pay between \$250 and \$400, depending on the difficulty of the shift, and whether sleep is possible on an overnight shift.

As a caregiver, you are an independent care provider and according to labor and tax law you are considered to be a domestic employee. Please be aware that many clients still hire caregivers as if they were independent contractors, in which case, you would be responsible for your own taxes and withholding. Some clients use a payroll service for tax withholding. We recommend that clients use a payroll service and/or contact a tax professional regarding this issue.

As professionals and leaders in the care community, you must act as your own agent and advocate. Many caregivers will only accept jobs that use a payroll service, and will not accept care assignments that intend to use a 1099 form for reporting income. This practice presents the caregiver with large tax liability.

What is bonding, and why do I need it?

Bonding is a form of insurance that guarantees that any loss or theft that results from your employment is made up to the client. Clients are rightfully concerned about someone whom they do not know entering their homes, and bonding provides an extra level of reassurance for them. We are able to provide bonding and liability insurance for you at no cost to you.

Does Circle of Care have any specific requirements for how I work on jobs?

For the most part, your duties are specified by the client. There are a few specific actions required by Circle of Care:

- You must keep a log on all jobs. You must log your arrival and departure as well as important details relevant to your duties, such as medication reminders or meals prepared and consumed, and any other information specified by your employer. Any unusual events or departure from routine must be logged as well.

- You must report your work hours to Circle of Care on the 1st and the 16th of every month. You can call them in to (503) 236-7886 or e-mail them to caregiverhours@circleofcaregivers.com.
- You must adhere to Circle of Care guidelines, policies, and procedures at all times with regard to clients' rights and safety.

How do I get a Background Check and TB test?

Background Check

Option 1: Oregon State Police background check is obtained via a two-step process.

- Go to a professional service (one option listed below) to get your fingerprints taken. They will give you an original certificate with your fingerprints. This service costs \$20.
- Send the original fingerprint card to the Oregon State Police (address listed below) along with a check or money order, made out to OSP, for \$33.

Include the Circle of Care name and address for it to be returned to:

Circle of Care Caregiver Services, Inc.
1534 SE 38th Ave.
Portland, OR 97214

Within 7-10 business days, they will return a report with a copy of your fingerprints and any information that they find in your records. Circle of Care will receive the original documents and put it in your caregiver file. We will make a copy and return the copy to you for your records. Note: There is an option to pay for an additional copy of fingerprints for you to retain for your files and any other future private employers that request a background check, or when it is time for us to renew and conduct a current background check, which we are required to do every 3 years.

Our recommendation for fingerprinting:

Fingerprinting Services and Investigations

319 SW SW Washington St., Suite 606 (Spalding Building)
Portland, OR 97204

Hours: 10am-2pm for walk-ins
(Please call to verify hours, as they are subject to change)
Tel: (503) 504-5631
Cell: (503) 228-4311 (try this number first)
Cost: \$20

Where to send your completed fingerprint card:

Oregon State Police Unit 11
P.O. Box 4395
Portland, OR 97208-4395
Cost: \$33

Option 2: A Private Vendor

PI and Information Services, LLC
PO Box 157 * Beaverton, OR 97075
Office: 503-643-4274 * Fax: 503-643-5474
info@pi-info.com Cost: \$20

- Call for Instructions or Go to website:
<http://portlandprivateinvestigator.com/default.aspx>
- Under the heading: Information Specialist, you will see background checks
- Click and Go to the background checks page you will see Oregon
- Click and Go to Criminal Felony & Misdemeanor Search
- On the right hand side of the page you will see Circle of Care listed
- Click and Download the Criminal History Form
- Proceed by filling out the form, and choosing a payment option.

We will contact you once the Criminal Background Report is received, and inform you that you passed, and will then set up a face to face interview and screening.

Tuberculosis Test

A TB test requires two visits to a clinic. (Some choices are listed below.) On your first visit, your forearm is injected with a tiny bit of TB test solution. You must return to the clinic between 48 and 72 hours later to have the test read, or the test is not valid.

Clinics that perform TB tests:

Multnomah County Immunization Clinic

426 SW Stark St., 3rd floor,
Portland, OR 97204

503-988-3828

Hours: *By Appointment Only*

Monday, Thursday, Friday 8:00 am - 11:30 am

And 1:00 pm to 5:00 pm; Wednesday 1:00 pm - 5:00 pm

Cost: \$25

Website: www.mchealth.org/immunizations

Portland Industrial Clinic

2220 NW Pettigrove

Portland, OR 97210

503-224-0103

Hours: *Walk-ins must call ahead for available days and hours.*

Or By appointment. Only

Cost: \$15

Note: If you have a current background check, or a TB test that was performed within the past year, you can provide us with that documentation instead of having them done again.

Circle of Care Caregiver Services, Inc.

REGISTRY APPLICATION

We consider applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

PERSONAL INFORMATION

Today's Date: _____

(PLEASE PRINT CLEARLY)

NAME _____
Last First Middle Initial

ADDRESS _____
Number & Street City State Zip Code

PREVIOUS ADDRESS (If at current less than 3 years _____)

TELEPHONE _____
Residence Business

Mobile Other

SOCIAL SECURITY NUMBER _____

EMAIL ADDRESS _____

DRIVER'S LICENSE NUMBER _____ STATE _____

LICENSE EXPIRATION DATE _____

WORK ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA? YES ___ NO ___

ARE YOU 18 YEARS OLD AND OF LEGAL AGE TO WORK? YES ___ NO ___

HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY TO A CRIME, OTHER THAN A MINOR TRAFFIC OFFENSE? YES ___ NO ___

(Conviction will not necessarily disqualify applicant from registry participation.)

IF YES, PLEASE EXPLAIN:

EDUCATION**HIGH SCHOOL**NAME AND ADDRESS

_____COURSE OF STUDY

CIRCLE LAST YEAR COMPLETED 9 10 11 12 DID YOU GRADUATE? YES

LIST DIPLOMA OR DEGREE
_____**COLLEGE / UNIVERSITY**NAME AND ADDRESS

_____COURSE OF STUDY

CIRCLE LAST YEAR COMPLETED 1 2 3 4 DID YOU GRADUATE? YES

LIST DIPLOMA OR DEGREE
_____**OTHER**NAME AND ADDRESS

_____COURSE OF STUDY

CIRCLE LAST YEAR COMPLETED 1 2 3 4 DID YOU GRADUATE? YES

LIST DIPLOMA OR DEGREE

ARE YOU CNA CERTIFIED? YES ___ NO

DO YOU HAVE ANY OTHER MEDICAL CERTIFICATIONS? OR CAREGIVER-SPECIFIC TRAINING? YES ___ NO ___

IF SO, PLEASE DESCRIBE.

_____ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS THAT WILL BE OF SPECIAL BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING (INCLUDE COURSES, TRAINING, PROFESSIONAL LICENSES, ETC.).

EMPLOYMENT HISTORY (PLEASE PROVIDE A MINIMUM OF 3 REFERENCES)

BEGIN WITH YOUR CURRENT OR MOST RECENT EMPLOYER AND JOB

(1) EMPLOYER _____

Address _____

Job Title _____

Telephone Number _____

Supervisor Name _____

Supervisor Telephone _____

Duties Performed _____

Dates Employed From _____ To _____

Salary Start _____ End _____

Reason for Leaving _____

(2) EMPLOYER _____

Address _____

Job Title _____

Telephone Number _____

Supervisor Name _____

Supervisor Telephone _____

Duties Performed _____

Dates Employed From _____ To _____

Salary Start _____ End _____

Reason for Leaving _____

(3) EMPLOYER _____

Address _____

Job Title _____

Telephone Number _____

Supervisor Name _____

Supervisor Telephone _____

Duties Performed _____

Dates Employed From _____ To _____

Salary Start _____ End _____

Reason for Leaving _____

(4) EMPLOYER _____

Address _____

Job Title _____

Telephone Number _____

Supervisor Name _____

Supervisor Telephone _____

Duties Performed _____

Dates Employed From _____ To _____

Salary Start _____ End _____

Reason for Leaving _____

MAY WE CONTACT YOUR CURRENT OR MOST RECENT EMPLOYER AT THIS TIME?

YES _____ NO _____

PROFESSIONAL REFERENCES

LIST THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, EXCLUDING PREVIOUS EMPLOYERS, WHO ARE FAMILIAR WITH YOUR WORK PERFORMANCE.

REFERENCE #1

NAME _____

ADDRESS _____

TELEPHONE _____

YEARS KNOWN _____

REFERENCE #2

NAME _____

ADDRESS _____

TELEPHONE _____

YEARS KNOWN _____

REFERENCE #3

NAME _____

ADDRESS _____

TELEPHONE _____

YEARS KNOWN _____

OTHER SKILLS / ACTIVITIES

LIST COMPUTER SOFTWARE / HARDWARE EXPERIENCE _____

FOREIGN LANGUAGE PROFICIENCY _____

IF YOU HAVE CAREGIVING EXPERIENCE NOT LISTED ABOVE (FAMILY, ETC.) PLEASE DESCRIBE.

Please state and describe clearly and concisely, and in separate paragraphs: Why caregiving is a calling to you and not *just* a job? When caring for seniors, what areas do you feel are your strengths and strong points? What are your challenges with the work? What activities do you do to care for yourself and keep healthy and balanced?

Please check all of the caregiving skills and related issues with which you have experience.

* Be aware that you are **not** required to have all these skills.

GENERAL RELATED SKILLS

- Bed Baths
- Excellent Meal Preparation
- Basic Meal Preparation
- Feeding Tube
- Personal Care
- Companion Care
- Transportation
- Grocery Shopping
- Homemaking
- Money Management
- Case or care management
- Other:

TRANSFERS & MOBILITY (Please Check all that apply)

- No Lifting (check if you cannot lift clients)
- Light Transfers
- Repositioning immobile patients
- Pivot Transfer
- Gait Belt
- Hoyer Lift
- Other: _____

ADVANCED SKILLED CARE – for each skill you check, please indicate whether you are somewhat familiar with it or expert at it.

- Blood sugar monitoring (familiar / expert)
- Insulin Injections (familiar / expert)
- Medication monitoring (familiar / expert)
- Bowel/Bladder program (familiar / expert)
- Incontinence & Peri Care, Incontinence Products (familiar / expert)
- Foot Care (familiar / expert)
- Oxygen (familiar / expert)
- Ostomy care (familiar / expert)
- Catheter care (familiar / expert)
- Emptying Catheter Bag (familiar / expert)
- Physical Therapy Regimen Assistance (familiar / expert)

- Occupational Therapy (familiar / expert)
- Range of Motion (familiar / expert)
- Respiratory Treatment (familiar / expert)
- Speech Therapy Assistance (familiar / expert)
- Suctioning (familiar / expert)
- Tube Feeding (familiar / expert)
- Ventilator Assistance (familiar / expert)
- Wound care/Dressing (familiar / expert)
- Quad/Para Care (familiar / expert)
- Communication Skills & Training (familiar / expert)
- Classes or training in: Psychology, Psychopathology, Psycho-pharmacology (familiar / expert)
- Classes or training in: Psychology, Family Systems & Psycho-social & Psycho-spiritual issues (familiar / expert)
- Classes or Training in Nutrition (familiar / expert)
- Hospice/ Palliative care (familiar / expert)
- Other:

Psycho/Social Issues:

- Psychological illness
- Depression
- Anxiety/Nervousness
- Paranoia/Excessive Agitation
- Crying
- Insomnia
- Nightmares
- Loss of Appetite
- Alcohol/Substance Abuse

Willing to work in environment where:

- Non-smoking only
- Client smokes some
- Cats
- Dogs
- Other (Please explain):

Are you willing to Transport clients:

- In their car
- In your vehicle
- Prefer not to

Patient care experience (How long have you been a caregiver?)

- 6 months
- 1 year
- 2 Years
- 3 years
- 4 Years
- 5 + Years

- In private homes

- In Assisted Living Facilities (one-on-one care)

- As facility employee (type: independent, assisted living, foster, nursing home, etc.)

Experience with:

- Diabetes
- Cancer
- Hospice
- CHF/ Heart Related Diseases
- Stroke or other brain injury
- Dementia/Alzheimers
- Parkinson's, MS, etc.
- ALS
- Quadriplegic & Paraplegic Care
- Depression
- Anxiety
- Obsessive-Compulsive
- other physical or psychiatric disorders (Please List):

How did you hear about Circle of Care? Or Who referred you?

- Company/Person Name _____ Position: _____
- CraigsList,
- Website
- Internet
- Phone Book
- Other _____

DATE AVAILABLE FOR WORK _____

WHAT TYPES OF CAREGIVING SHIFTS ARE YOU INTERESTED IN?

8-10 Hour Shifts Yes No Please Circle (AM / PM)

12 Hour Shifts: Yes No Please Circle (AM / PM)

24 Hour Shifts: Yes No Please Circle (AM / PM)

Short Shifts (2-5 Hours): Yes No Please Circle (AM / PM)

Please check types of shifts that you would **prefer** to work.

- Short shifts Days (8-10 hrs) 24 hr Weekdays
 Weekends Nights (some sleep- ie. up 1-3 x's) Awake Nights

AT THIS TIME, WHAT DAYS/HOURS ARE YOU AVAILABLE? PLEASE INDICATE IN THE FOLLOWING GRID:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------------------|--------|---------|-----------|----------|--------|----------|--------|
| Daytime | | | | | | | |
| Evening/ Night | | | | | | | |

Any Additional Comments:

PLEASE READ CAREFULLY AND SIGN

I certify that the information contained in the application and/or any supplement thereto, is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for discharge. I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the applicable policies, contract and rules of Circle of Care Caregiver Services, Inc.

Signature _____

Date _____

Please read the following and indicate your agreement by checking the "I Accept" box below:

I certify that the information contained in this application and all other documents provided (e.g., resume, etc.) is true and correct to the best of my knowledge. I fully understand that any misrepresentation, falsification or omission of material information may result in a denial of registry participation and/or employment and may be considered as justification for termination if discovered at a later date.

I authorize Circle of Care Caregiver Services, Inc. to reserve the right to perform a thorough investigation of my background to verify any and all information provided, including but not limited to, obtaining employment references, educational records, and personal history. Other Federal, State or local governmental agencies, former employers and former schools may also be contacted. I also understand that as part of the normal procedure to be included on the Circle of Care Caregiver Services, Inc. caregiver's registry, a consumer report may be prepared. Such reports may include a criminal history background check as well as information relating to my credit standing, character and general reputation. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. If a situation arises where drug use is suspected or reported by employer or co-worker, Circle of Care may require an immediate drug screening.

I also authorize Circle of Care Caregiver Services, Inc. to disclose any pertinent information concerning me to others. Further, I release all parties and persons from any liability that may result from furnishing such information to Circle of Care Caregiver Services, Inc., as well as, from the use or disclosure of such information by Circle of Care Caregiver Services, Inc.

I understand that if I am added to the Circle of Care Caregiver Services, Inc. registry, it is at will and not for any definite period of time. I further understand and agree that my registry status can be terminated with or without cause and with or without advance notice by Circle of Care Caregiver Services, Inc.. or at my own election at any time. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Circle of Care Caregiver Services, Inc.. unless made in writing and signed by the President or a designated representative.

In the event that I am accepted as a caregiver registry member, as a requirement of any work referred by Circle of Care Caregiver Services, Inc., I agree to act in accordance with the guidelines, policies and procedures and standards of conduct of Circle of Care Caregiver Services, Inc., I also understand and agree that the terms and conditions of my registry status (other than my at-will status) with Circle of Care Caregiver Services, Inc. may be changed or discontinued at any time with or without notice.

This application will not be processed until all requested information on this form has been completed, including your signature.

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |

I Accept

I Decline

Signature

Date