



Orange County Department on Aging

Robert & Pearl Seymour Center | 2551 Homestead Rd. | Chapel Hill, NC 27516
Jerry M. Passmore Center | 103 Meadowlands Dr., PO Box 8181 | Hillsborough, NC 27278

Dear In-Home Directory Applicant,

Thank you for applying for inclusion in our In-Home Directory listing. The directory is a list of individuals who are experienced in assisting older adults with a variety of services in their homes.

In order to safely serve our clients, the Orange County Department on Aging will conduct a criminal background check on all applicants. **Even if you may have had a previous one completed by another agency, we still need to obtain a check completed through our department.**

To meet our requirements, please do the following:

(1) Complete the application, including three references for us to contact. The references should be people for whom you have been employed performing in-home aide tasks.

If you are working for a nursing home or assisted living facility and have not worked for clients outside the facility, please include your supervisor as a reference. Please give us the name of the facility.

(2) Complete and sign the enclosed **release form** for the North Carolina criminal background check. Your social security number is required on the release form.

(3) Please include photocopies of any current certification or licensing which you hold.

(4) Return the completed and signed application and release forms with a check in the amount of **\$15.00, made payable to Orange County Department on Aging**. If you have any questions, you may call the Aging Transitions Information Line at (919) 968-2087.

(5) You will be contacted to schedule a telephone interview.

After completing the criminal background check, references check and an interview with you, there will be a decision made to see if you qualify. We will inform you of the decision via a letter/ email. If you qualify, your name will be included in the In-Home Directory listing for a period of **1 year**.

Thank you for your interest and service to the older adults of Orange County. We look forward to hearing from you.

Sincerely,

Kim Lamon-Loperfido, Administrator, Aging Transitions
919.245.4253 | kloperfido@orangecountync.gov

ORANGE COUNTY DEPARTMENT on AGING
ROBERT and PEARL SEYMOUR CENTER
2551 Homestead Road, Chapel Hill, NC 27516
919 968-2087

The **In-Home Assistance Directory** is on the Orange County Department on Aging website and is available for distribution to residents who need in-home services. If you are approved to be listed on the Directory, you will be contacted directly by the individual who is in need of your services. You will negotiate your salary, hours, etc., with that individual. **The Orange County Department on Aging does not find employment for or hire In-Home Assistant applicants. Please complete this application in full.** Your three references should be people for whom you have provided tasks similar to in-home care. **If your current or past work is/was for a nursing home or assisted living facility and you have not worked for clients outside the facility, please include your supervisor as a reference.**

You will be contacted with a decision on whether you have been approved to have your name added to the In-Home Assistance Directory **after** we have interviewed **you and your references** and have obtained the information from your criminal background check. This process can take up to 4 weeks to complete. Thank you for your interest in being included on the Directory.

IN-HOME ASSISTANCE DIRECTORY APPLICATION

(Please type or print answers for all information.)

Full Name: _____ Date: _____

Address: _____

Phone Number(s) Including Area Codes: (Cell): _____ Other _____

Email address: _____

Educational Background:

Diplomas, Degrees, Licenses, Certifications (if license/certification, attach a copy)	School/Agency Issued By	Expiration Date (if applicable)

Please indicate the services which you will provide to older adults (check all that apply):

<input type="checkbox"/>	Companionship
<input type="checkbox"/>	Errands
<input type="checkbox"/>	Light Housekeeping
<input type="checkbox"/>	Mail/phone calls/correspondence
<input type="checkbox"/>	Meal Preparation
<input type="checkbox"/>	Nursing Tasks (e.g., medication oversight). **Must have current certification/license
<input type="checkbox"/>	Personal Care (e.g., bathing, dressing, feeding, toileting and hands on care) **Must have current certification/license
<input type="checkbox"/>	Transferring/positioning client
<input type="checkbox"/>	Are you willing to use your car to transport clients?
<input type="checkbox"/>	Other skills or assistance you can provide:

What physical limitations do you have? _____

Check Days of the week available: **Mon.** **Tue.** **Wed.** **Thur.** **Fri.** **Sat.** **Sun.**

Are you willing to work holidays? **Yes** **No**

Indicate Hours Available: _____

Hourly wage desired: \$ _____ Negotiable? _____

Will you do overnight care? **Yes** **No** Overnight wage desired: \$ _____

Please list any work restrictions (e.g., smokers, drinkers, pets, allergies, etc.....) you have? _____

EMPLOYMENT HISTORY

EMPLOYER NAME	DATES EMPLOYED	JOB TITLE	JOB DUTIES	REASON for LEAVING

REFERENCES

Please list the names of 3 references, **who are people for whom you have provided tasks similar to in-home care.** If your current or past employment is/was for a nursing home or assisted living facility and you have not worked for clients outside the facility, **please include your supervisor(s) as a reference.** **Please advise them that you have listed them as a reference and provide the best contact information available for them. If we are unsuccessful in reaching them, we will be unable to process your application.**

REFERENCE NAME	RELATIONSHIP (i.e., employer, supervisor, etc.)	Phone #'s	Email Address

BACKGROUND HISTORY

In keeping with our agency's core values, our goal is to ensure that persons listed on this Directory have the skills and work ethics that will make them great employees for residents, who access this resource. If you have infractions of the law that we deem unacceptable to qualify you to be on this Directory, we will advise you of the same.

Date you moved to North Carolina: _____

Please list all **arrests** you have had, the dates and dispositions:

ARRESTED FOR:	DATE ARRESTED	DISPOSITION

Please list all **convictions** for misdemeanors and felonies and the date(s) convicted:

CONVICTED OF:	DATE CONVICTED

I, (print your name) _____, agree to report to the Orange County Department on Aging Office any arrests for misdemeanors or felonies committed while my name appears on the In-Home Assistance Directory. If the Aging Transitions Office determines that I have failed to report such an arrest, I understand that my name will be removed from the Directory.

*Signature: _____ Date: _____

NOTIFICATION AND RELEASE

Account Manager: Josh Sherrill

Orange County Department on Aging

Company ID: 5536

The information contained in my application for placement with Orange County Department on Aging (hereafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not approving me for the IN-HOME CAREGIVERS list.. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations, from any and all liability for any claim or damage resulting therefrom I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain an investigative report that will include personal information regarding me, including but not limited to educational history, work references, driving record, drug testing and criminal convictions or arrests records if allowed, in order to assist The Company in making certain placement decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either an investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform me if a placement decision has been influenced by information contained in a background report, made at request by Castle Branch

List all names that you have used during the last seven (7) years (including married, maiden, and aliases): Please Print

Name(First, Middle, Last) _____ Date of Birth(Mo/Day/Yr) _____

Maiden Name or "AKA" (First, Middle, Last) _____ Dates Used (Mo/Day/Yr) from ___/___/___ to ___/___/___

Social Security No. _____ Driver's License No. _____ State _____

Current and previous addresses. PROVIDE ALL ADDRESSES FROM PREVIOUS 7 YEARS. (Use other side of paper if necessary.)

Street Address _____ From: _____

City, State, Zip, County _____ To: _____

Street Address _____ From: _____

City, State, Zip, County _____ To: _____

Street Address _____ From: _____

City, State, Zip, County _____ To: _____

*Applicant signature _____ (Required) Date: _____

DO NOT WRITE BELOW THIS LINE

Name of staff person completing references _____ Date _____

Date received information from Criminal Background Check _____

Is applicant appropriate for the list? Yes _____ No _____

Date applicant notified _____ . S:RSVP/Forms/Forms-County/Notif.& Release.docx