



Caregiver Application

Application Information

Full
name:

Last

First

M.I.

Date:

Address:

Street address

Apt/Unit #

Phone

:

Email:

City

State

Zip Code

Available
Start Date:

SSN:

Desired
salary:(per hr)

\$

Position applied
for:

Are you a citizen of the United
States?

Yes ☐ No ☐

If no, are you authorized to work in
the U.S.?

Yes ☐ No ☐

Have you ever worked for this
company?

Yes ☐ No ☐

If yes,
when?

Have you ever been convicted of a
felony?

Yes ☐ No ☐

If yes,
explain?

Education

High school:			Address:		
From:	To:	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:	
College:			Address:		
From:	To:	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:	
Other:			Address:		
From:	To:	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:	

Certifications (Optional)

(CPR, First Aid, Med Certified, CRN, LPN,RN, etc.)

Type of Certification:			Date Obtained		
Expiration Date:	Please Attach Copy of Certification Here				
Type of Certification:			Date Obtained		
Expiration Date:	Please Attach Copy of Certification Here				
Type of Certification:			Date Obtained		
Expiration Date:	Please Attach Copy of Certification Here				

References

Please list three professional references.

Full name:	_____	Relationship:	_____
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Company:	_____	Phone:	_____
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Address:	_____	Email:	_____
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Full name:	_____	Relationship:	_____
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Company:	_____	Phone:	_____
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Address:	_____	Email:	_____
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Full name:	_____	Relationship:	_____
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Company:	_____	Phone:	_____
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Address:	_____	Email:	_____
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Previous Employment

Company:	_____	Phone:	_____
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Address:	_____	Supervisor:	_____
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Job title:	_____	From:	_____	To:	_____
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Responsibilities:	_____
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May we contact your previous supervisor for a reference?

Yes ☐

No ☐

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Military Service

Branch:	_____	From:	_____ To : _____
Rank at discharge:	_____	Type of discharge:	_____
If other than honorable, explain:	_____		

Disclosure Form

Do you work for another home health agency? Yes ☐ No ☐

If so, what is your weekly schedule: _____

Are you related to any Client of 1st Choice Home Health Services? Yes ☐ No ☐

If so, please list name of client: _____

Emergency Contact Name: _____ Relation: _____

Number: _____

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	_____	Date:	_____
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Background Acknowledgement

Thank you for your interest in joining our team as a home health caregiver. As part of our hiring process, we require all potential employees to undergo a background check, including Family Care Safety Registry, OIG, EDL, and E-verify. By signing below, you are giving us your approval to run a background check as part of our evaluation process.

Please review and sign the following statements:

_____ "I authorize 1st Choice Home Health Services to conduct a background check as part of my application for employment as a home health caregiver, pursuant to section 610.120 RSMO. I understand that the background check may include, but is not limited to, criminal history, employment history, and education verification. I release 1st Choice Home Health Services from any liability in connection with the background check process."

_____ "I understand that if I have to be registered with Missouri Department of Health and Senior Services Family Care Safety Registry (Worker) that a fifteen dollar and twenty-five cent deduction will have to be paid in advance of registering. Alternatively, I can have a fifteen dollar and twenty-five cent deduction from my first (1st) check."

_____ "I understand that if for any reason my background check is not clear prior to hire I will be unable to work. If my criminal history report does come back with unfavorable information I understand that if I qualify, I can apply for a Good Cause Waiver. Following an approval of a Good Cause Waiver I understand that I may be able to be hired, upon company policy."

Please sign and date this form and return it to us along with your completed application. If you have any questions or concerns about the background check process, please do not hesitate to reach out to us.

Thank you for your cooperation and understanding. We look forward to potentially welcoming you to our team.

Sincerely,

Tomaris Baker B.S., M.S.
1st Choice Home Health Services
Administrator

Print Name: _____ Date: _____

Signature: _____ Date: _____

Consumer Directed Services (CDS) Regulation Acknowledgements

Dear Consumer Directed Services(CDS) Caregivers,

As caregivers for the Missouri Department of Health and Senior Services Consumer Directed Services program, it is important that we adhere to certain policies, compliance standards, and procedures to ensure the safety and well-being of our clients. Please review the following guidelines:

1. **Privacy and Confidentiality:** Caregivers must respect the privacy and confidentiality of clients' personal information and medical records. Information should only be shared on a need-to-know basis.
2. **Professionalism:** Caregivers are expected to maintain a high level of professionalism at all times when interacting with clients, their families, and other healthcare professionals.
3. **Care Plan Compliance:** Caregivers must adhere to the care plan provided by the client's healthcare provider and follow all instructions for medication administration, meal preparation, personal care, and other tasks.
4. **Reporting:** Caregivers should promptly report any changes in the client's condition, any incidents or accidents, or any concerns about the client's well-being to the appropriate authorities.
5. **Safety:** Caregivers must maintain a safe environment for the client, including keeping walkways clear, ensuring proper use of medical equipment, and following infection control protocols.
6. **Documentation:** Caregivers are required to maintain accurate and timely documentation of all care provided to the client, including medications administered, meals served, and any changes in the client's condition.
7. **Training and Compliance:** Caregivers must complete all required training and maintain compliance with state regulations and program guidelines.

Failure to comply with these policies, compliance standards, and procedures may result in disciplinary action, up to and including termination from the program.

Thank you for your dedication to providing quality care to our clients. If you have any questions or concerns about these guidelines, please do not hesitate to reach out to your supervisor or the Department of Health and Senior Services.

Sincerely,

Tomaris Baker B.S., M.S.
1st Choice Home Health Services
Administrator

Agency Model (In-home) Regulation Acknowledgement

Dear Agency Model (In-Home) Caregivers,

The Missouri Department of Health and Senior Services (DHSS) has established regulations and guidelines for caregivers working in the agency model of care for seniors. These regulations are in place to ensure the safety, well-being, and quality of care provided to senior clients. Below are some key caregiver regulations set forth by the DHSS:

1. **Training Requirements:** Caregivers must complete a state-approved training program that covers topics such as infection control, medication management, emergency procedures, and client rights.
2. **Background Checks:** Caregivers must undergo a criminal background check and child abuse/neglect screening before being hired to work with senior clients.
3. **Care Planning:** Caregivers must follow the care plan developed by the client's healthcare provider, which includes medication schedules, dietary needs, personal care tasks, and any other specific instructions.
4. **Supervision:** Caregivers must work under the supervision of a registered nurse or licensed healthcare professional who oversees the client's care and provides guidance and support.
5. **Documentation:** Caregivers are required to maintain accurate and up-to-date documentation of all care provided to the client, including medication administration, vital signs, and any changes in the client's condition.
6. **Reporting:** Caregivers must promptly report any incidents, accidents, or changes in the client's condition to the appropriate authorities and healthcare providers.
7. **Client Rights:** Caregivers must respect the rights and dignity of the client, including the right to privacy, autonomy, and participation in care decisions.
8. **Compliance:** Caregivers must comply with all state regulations, agency policies, and guidelines set forth by the DHSS to ensure the safety and well-being of senior clients.

These regulations are in place to protect both caregivers and senior clients and to ensure that high-quality care is provided in the agency model of care. Caregivers are encouraged to familiarize themselves with these regulations and guidelines to ensure compliance and the highest standard of care.

For more detailed information on caregiver regulations in Missouri, caregivers can refer to the DHSS website or contact their supervisor for guidance.

Sincerely,

Tomaris Baker B.S., M.S.
1st Choice Home Health Services
Administrator