

A Glimmer of Hope, LLC.

Application to Become a Host Home Provider/Family Care Giver

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH _____ SOCIAL SECURITY #: _____

TELEPHONE: _____ CELL PHONE: _____

E-MAIL: _____

Are you a Citizen of the United States? YES: _____ NO: _____

If no, are you authorized to work in the U.S.? YES: _____ NO: _____

Previously employed as a Provider? Yes: _____ NO: _____

If yes, what Agency and what dates were you employed as a Provider?

Have you or anyone in your household been convicted of a Felony in the last seven (7) years? Yes: _____ NO: _____ (Convictions do not automatically preclude you from becoming a PROVIDER).

If yes, please explain: _____

How were you referred to A Glimmer of Hope? _____

Why are you interested in being a Provider with A Glimmer of Hope? _____

EMPLOYMENT HISTORY:

Please provide all employment information for your past three employers starting with current or most recent employer.

Employer: _____

Position Held: _____

Address: _____

Telephone # _____

Supervisor Name: _____

Dates employed: From _____ To _____ Wage _____

Job Description: _____

Reason for leaving: _____

Employer: _____

Position Held: _____

Address: _____

Telephone # _____

Supervisor Name: _____

Dates employed: From _____ To _____ Wage _____

Job Description: _____

Reason for leaving:_____

Employer:_____

Position Held:_____

Address:_____

Telephone #_____

Supervisor Name:_____

Dates employed: From_____ To_____ Wage_____

Job Description:_____

Reason for leaving:_____

SKILLS AND QUALIFICATIONS YOU'D LIKE TO SHARE WITH US:_____

EDUCATIONAL HISTORY:

List school name and location, years completed, course of study, and any degrees earned.

High School: _____

College/University: _____

College/University: _____

College/University: _____

Technical Training: _____

Other: _____

REFERENCES:

List three (3) references with names and telephone numbers (do not include relatives or previous employers).

1. _____

2. _____

3. _____

DISCLAIMER

I certify that my answers are true and complete to the best of my knowledge. I hereby authorize A Glimmer of Hope, LLC., to contact, obtain a background check, and verify the accuracy of information contained in this request from all previous employers, educational institutions, and references. I also hereby release from liability A Glimmer of Hope, LLC., and its representatives for seeking, gathering, and using such information to make decisions concerning my status as an independent contractor for A Glimmer of Hope, LLC., and all other persons or organizations for providing such information.

Signature: _____ Date: _____

THIS IS NOT AN APPLICATION FOR EMPLOYMENT:

If you are retained by A Glimmer of Hope, LLC., as an Independent Contractor you will:

- Not be entitled to workers compensation benefits
- Not be entitled to unemployment insurance benefits unless unemployment coverage is provided by you or some other entity
- Be obligated to pay federal and state income tax on any moneys paid pursuant to the contract relationship
- Be required to provide professional and liability insurance coverage
- Be required to take specific educational courses in order to provide Family Care Giver Services
- Be required to have QMAP training (if necessary) and become CPR/First Aid Certified
- You will not be provided health coverage as an independent contractor
- Subject to home inspectors quarterly
- Expected to stay in compliance with documentation
- Required to do charting for members you provide services for
- Be responsible for providing care in members care plan
- Be responsible for taking members to all medical appointments
- Be responsible for keeping track of all medical appointments
- Be responsible for providing meals to members that live in your home
- Sign and contractor agreement yearly with A Glimmer of Hope LLC.

Are there other endeavors you plan to pursue outside of being a Provider? How will that affect your time for individuals in services?

Have you ever been investigated for a M.A.N.E. (Mistreatment, Abuse, Neglect or Exploitation) allegation? _____

What kind of pets do you have? Are immunizations current? _____

Do you have CPR/First Aid Certification? YES: _____ NO: _____

Do you have medication administration training (QMAP)? YES: _____ NO: _____

How many people live in your home? Please list the ages and relationship.

(please note that anyone over the age of 18 will be required to have a back-ground check.

DESCRIPTION OF HOME/NEIGHBORHOOD

RENT:_____ OWN:_____

Renters or Homeowners Insurance is a requirement of becoming a Host Home Provider. Please provide a copy during the intake process.

Style of Home: Ranch_____ Two Story_____ Multi-level_____

Apartment_____ Other_____

Is your home wheel chair accessible?_____

Are there stairs to get into your home?_____

If yes, how many?_____ Could a ramp be installed?_____

How many extra bedrooms does the home have?_____

How many bathrooms does the home have?_____

Does the home have smoke detectors_____ Fire Extinguisher_____ CO2 detectors_____

Describe the yard_____

Does the home have access to public transportation?_____

Describe the community resources within 5 miles of the home (store, movie theaters, churches, etc.):_____

VEHICLE INFORMATION

Do you own a car? YES: _____ NO: _____

Do you have auto insurance? YES: _____ NO: _____

Please list any vehicle that will be used for transporting individuals in services.

Car 1: _____

Car 2: _____

Car 3: _____

Car 4: _____

How would you prefer to be contacted.

Email _____ Phone _____ Text _____

How do you prefer to hand in paperwork?

In Office _____ Scan and email _____