

APPLICATION FOR RESPITE CAREGIVERS

For use of this form, see AR 608-75; the proponent agency is OACSIM

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 5, United States Code, Section 301.
PRINCIPAL PURPOSE: To recruit and select respite caregivers.
ROUTINE USES: To determine the prospective respite caregiver's ability to care for individuals with disabilities.
DISCLOSURE: Providing information is voluntary. Failure to provide information will result in disapproval of prospective respite caregiver's application.

1. NAME		2. BIRTHDATE	
3. MAIDEN NAME <i>(Applicant or spouse)</i>		4. SPOUSE'S NAME	
5. ADDRESS <i>(Street, city and state) (Include ZIP Code)</i>		6. TELEPHONE NO. HOME: OFFICE:	7. SOCIAL SECURITY NUMBER
8. BRIEFLY DESCRIBE BACKGROUND, INTEREST, AND/OR EXPERIENCE WORKING WITH CHILDREN OR ADULTS WITH DISABILITIES			
9. AVAILABILITY FOR PROVIDING CARE			
DAYS <input type="checkbox"/> YES <input type="checkbox"/> NO			
EVENINGS <input type="checkbox"/> YES <input type="checkbox"/> NO			
WEEKENDS <input type="checkbox"/> YES <input type="checkbox"/> NO			
OVERNIGHT WEEKDAYS <input type="checkbox"/> YES <input type="checkbox"/> NO			
OVERNIGHT WEEKENDS <input type="checkbox"/> YES <input type="checkbox"/> NO			
WILL PROVIDE CARE: <input type="checkbox"/> IN HOME OF CLIENT <input type="checkbox"/> IN MY OWN HOME <input type="checkbox"/> NO PREFERENCE			

10. DO YOU HAVE OWN TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	11. AGE GROUP PREFERENCE
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12. EDUCATION *(High school, college, graduate studies, other)*

NAME AND ADDRESS OF SCHOOL	DATES ATTENDED	MAJOR	DEGREE

13. EMPLOYMENT *(Present, and last three years)*

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED	POSITION

14. REFERENCES *(List three, other than relative. Example: Pastor, supervisor, co-worker)*

NAME AND ADDRESS <i>(Give complete mailing address) (Include ZIP Code)</i>	OCCUPATION

I hereby certify that all statements in this application are true to the best of my knowledge and belief.

SIGNATURE	DATE (YYYYMMDD)
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