

Private Care Registry

How do private duty home care workers and those seeking to hire them come together? They meet through the Private Care Registry at Pro Action Yates Office for the Aging: a resource for all ages.

The Private Care Registry acts as a clearinghouse of names to provide a connection between people who are looking for employment doing in-home tasks and those who are looking to privately hire workers who can help them at home. The registry consists of nurses, nurses' aides, housekeepers, and companions. All expect to work in others' homes; many can work nights and weekends. They are willing and able to help with bathing, personal care, housework, laundry, shopping, errands, transport, meal preparation, medications and more. Wages are arranged between the worker and the person who hires them. Pro Action does not match workers with those who need them, or screen and supervise the workers; but it makes the Private Care Registry list available for workers' and potential employers' mutual benefit.

Are you looking for a work opportunity in home care? If so, contact Pro Action Yates Office for the Aging at 315-536-5515 and sign up for a listing in the Private Care Registry. At the same time if you choose, you can complete preliminary paperwork to be listed as a possible in-home worker with a consumer directed service.

Are you looking for an in-home worker to provide care or housekeeping services? Then you too can contact Pro Action Yates Office for the Aging at 315-536-5515 to learn about accessing the Private Care Registry listing of available workers.

PRIVATE CARE REGISTRY

ProAction of Steuben and Yates, Inc., Yates Office for the Aging
417 Liberty Street, Suite 1116, Penn Yan, NY 14527 Phone: 315-536-5515
NURSES, HOME HEALTH AIDES, HOUSEKEEPERS, SITTERS & OTHERS

NOTE: Only fully completed forms will be used for referrals.

So we may give out current information, please keep our office informed as to your availability and in the future, notify our office in writing of any changes that would render this form incomplete or inaccurate.

NAME: _____ DATE: _____
STREET: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ BEST TIME TO CONTACT: _____
POSITION DESIRED: _____

PLEASE DESCRIBE SERVICES YOU WILL PROVIDE AND GIVE ANY LIMITATIONS YOU MAY HAVE: _____

TRAINING: WHERE: _____
WHEN: _____
BY WHOM: _____
HOW LONG: _____

1. Are you: () certified () licensed Describe: _____
2. How long have you worked as a nurse, aide, housekeeper or sitter? _____ years _____ months
3. Do you have reliable transportation? () yes () no
4. Are you currently employed? () yes () no
5. Have you ever pleaded guilty, been convicted () yes () no If yes, list dates and information:
or pleaded no-contest to any criminal felony, _____
misdemeanor or offense? _____
6. Age (optional): _____
7. On the Center for Disability Rights in-home services worker list? () yes () no

REFERENCES REQUIRED (list names, addresses and phone numbers):

By signing below you certify that the above information is truthful, complete and accurate. You agree to a criminal background check, credit check or drug screening if requested by the person who will hire you. You also acknowledge that you are working for the individual to whom you provide service, not ProAction of Steuben and Yates, Inc., Yates Office for the Aging, or any of their affiliates or related agencies. You agree that ProAction provides this as an information service only and is not responsible for the content of this form, the performance of the parties, or any other matter not expressly assumed in writing, in advance.

Signature: _____ Date: _____