

## Private Care Registry – In-home Assistant Information

**NOTE:** Only fully completed forms will be used for referrals. Please keep our office informed of any changes that would render this form inaccurate so that we do not give out outdated information.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: NY ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

Please indicate the tasks you are willing to assist with by checking the box next to the items:

- Companionship    Errands/shopping    Housekeeping    Laundry    Lawn Care  
 Meal prep    Med reminder    Med dispensing    Personal Care    Transportation

Please indicate any limitations you may have: \_\_\_\_\_

List any formal training: \_\_\_\_\_

Where obtained: \_\_\_\_\_ When: \_\_\_\_\_

Type of license or certification received: \_\_\_\_\_

1. How long have you worked as a nurse, aide, housekeeper or sitter? \_\_\_\_\_ years \_\_\_\_\_ months

2. Do you have reliable transportation?  yes  no

3. Are you currently employed?  yes  no

4. Have you ever pleaded guilty, pleaded no-contest, or been convicted of a crime  yes  no

If yes, when: \_\_\_\_\_ Type of misdemeanor or offense? \_\_\_\_\_

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: \_\_\_\_\_