

APPLICATION FOR  
CONNECTED LIVING  
IN-HOME CARE REGISTRIES

CAREGIVER ( ) OR HANDYMAN ( )
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200 Mercy Oaks Drive, Redding, 96003 - (530) 223-6034 - FAX (530) 243-8793

<input type="checkbox"/> DMV Print Out attached <input type="checkbox"/> Fee paid & copy attached <input type="checkbox"/> Copy of California Driver's License or ID Card attached <input type="checkbox"/> DOJ ( ) FBI Checked & Live Scan form attached <input type="checkbox"/> NSOPW Checked & printout attached <input type="checkbox"/> References checked: 1____ 2____ 3____	<table border="1"><tr><td>Suitable</td></tr><tr><td>(Initials)</td></tr></table>	Suitable	(Initials)
Suitable			
(Initials)			
** THIS BOX FOR OFFICE USE ONLY **			

Date: \_\_\_\_\_

**Send registry renewal requests by:**

USPS Regular Mail    **OR**  
 Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ California DL# or ID#: \_\_\_\_\_

**List your last three local employers:**

**1.** Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**2.** Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**3.** Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**List three: LOCAL non-related and non-employer references:**

**1.** Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Length of acquaintance: \_\_\_\_\_ years

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**2.** Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Length of acquaintance: \_\_\_\_\_ years

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**3.** Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Length of acquaintance: \_\_\_\_\_ years

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**Are you signed up to work with the Shasta County In-Home Supportive Services (IHSS) Program?** NO ( ) YES ( )

(For clients that are eligible for IHSS, the caregiver must be signed up with the program.)

**Will you work for clients who are in the IHSS program?** NO ( ) YES ( )

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**Have you been on the Connected Living Registry before?** NO ( ) YES ( )

**What languages do you speak?** \_\_\_\_\_

**Do you know sign-language?** NO ( ) YES ( )

Check ALL areas of service that you are willing to provide as a caregiver or handyman:

- |                                       |  |                                      |                                   |
|---------------------------------------|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Personal Assistance | <input type="checkbox"/> Yard Work   | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Cooking      | <input type="checkbox"/> Companion           | <input type="checkbox"/> Maintenance | <input type="checkbox"/> interior |
| <input type="checkbox"/> Shopping     | <input type="checkbox"/> Respite Care        | <input type="checkbox"/> Handyman    | <input type="checkbox"/> exterior |
| <input type="checkbox"/> Driving      | <input type="checkbox"/> Hospice Care        | <input type="checkbox"/> Electrical  |                                   |
| <input type="checkbox"/> Child Care   | <input type="checkbox"/> Live In / Overnight | <input type="checkbox"/> Plumbing    |                                   |
| <input type="checkbox"/> Pet Sitting  | <input type="checkbox"/> House Sitting       | <input type="checkbox"/> Carpentry   |                                   |

List any "Special Qualifications": \_\_\_\_\_

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List the cities where you are willing to work: \_\_\_\_\_

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PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

I certify that the information contained in this application is true and correct. I authorize all previous employers and references to give any information needed to Connected Living, in order to evaluate my work experience and personal character.

I am aware that as a condition of my name being placed on the Connected Living Registry, I will be required to successfully complete a screening process and to submit all records and/or information requested.

My signature below signifies that I recognize that my placement on the Connected Living Registry is subject to the discretion of Connected Living and that, should I be placed on the Registry, my name can be withdrawn by the Connected Living at their sole discretion.

I further understand that I am NOT an employee of the Connected Living, but self-employed, and work for private pay. If I am signed up with Shasta County's In-Home Supportive Services, then I will be paid through Shasta County.

I, the undersigned hereby release and agree to indemnify and hold harmless Connected Living, Mercy Medical Center, or Dignity Health from and against any and all injuries to, or deaths of persons and claims, demands, cost, loss, damage and liability, howsoever same may be caused whether directly or indirectly made or suffered by the undersigned, the undersigned's agent, subcontractor and/or employee of such subcontractor while engaged in the Registry Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_