

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
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3. MAIDEN NAME <i>(Applicant or spouse)</i>	4. SPOUSE'S NAME
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5. ADDRESS <i>(Street, city and state) (Include ZIP Code)</i>	6. TELEPHONE NO. HOME: OFFICE:
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7. BRIEFLY DESCRIBE BACKGROUND, INTEREST, AND/OR EXPERIENCE WORKING WITH CHILDREN OR ADULTS WITH DISABILITIES

8. AVAILABILITY FOR PROVIDING CARE

DAYS YES NO EVENINGS YES NO WEEKENDS YES NO

OVERNIGHT WEEKDAYS YES NO OVERNIGHT WEEKENDS YES NO

WILL PROVIDE CARE: IN HOME OF CLIENT IN MY OWN HOME NO PREFERENCE

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

NAME AND ADDRESS OF SCHOOL	DATES ATTENDED	MAJOR	DEGREE

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

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED	POSITION

13. 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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