
Caregiver Application

Applicant Name: _____

Address: _____

Telephone: _____

Date of Birth: _____ ☐ Male ☐ Female

Email Address: _____

Occupation: Name of Company: _____

Address: _____

Telephone: _____

Current Job Title: _____

Hours Per Week: _____

What hours are you available to provide supports? _____

Would you be available during the day if someone placed in your home was unable to attend his/her day program/school/job? ☐ Yes ☐ No

Please respond to the following questions:

Place of Birth: _____

Country of Citizenship: _____

If not US Citizen, US Immigration Status: _____

Valid Driver's License? ☐ Yes ☐ No

Are you willing to provide transportation? ☐ Yes ☐ No

Which level(s) of formal education have you completed?

- ☐ GED Certificate
- ☐ High School Diploma
- ☐ College

Which current certifications do you hold (if applicable)?

- ☐ First Aid
- ☐ CPR
- ☐ Other: _____

Do you have any special skills? _____

The following optional information is important for matching purposes:

Religion: _____ Ethnicity: _____

Current Marital Status: _____ Languages Spoken: _____

Please respond to the following questions:

- Have you ever had any criminal charges or convictions?
☐ Yes → Please explain:
☐ No

- Have you ever been the subject of a 51A complaint or a DPPC (Disabled Persons' Protection Commission)/ DDS complaint for abuse or neglect?
☐ Yes → Please explain:
☐ No

- Do you have any chronic illnesses/medical condition?
☐ Yes → Please explain:
☐ No

- Do you have any chronic mental/emotional conditions?
☐ Yes → Please explain:
☐ No

- Do you smoke? ☐ Yes ☐ No
- Do you use illegal drugs? ☐ Yes ☐ No
- Do you abuse alcohol? ☐ Yes ☐ No

- Do you possess a firearm(s)
☐ Yes → Please submit copy of firearms Identification card and/or gun permit.
☐ No Where is (are) the firearm(s) and ammunition stored?

- Why are you interested in becoming a Caregiver?

- Do you provide care for others in your home?
☐ Yes → Please indicate which type of care: ☐ Family Day Care ☐ Adult Day Care
☐ No ☐ Other: _____

- Have you ever previously been a Caregiver for Kennedy Donovan Center? ☐ Yes ☐ No

Have you ever previously been a Caregiver for any other agency? ☐ Yes ☐ No

- What do you think you could offer a person with developmental disabilities?

- What kind of activities/hobbies do you enjoy and would be willing to share?

Please complete the following section if you will provide care in your home:

Other Household Members Presently Residing in Applicant's Home:

Full Name	Relationship	Sex	Date of Birth	Occupation

Any household pets? ☐ Yes ☐ No If yes, please list:

# Household Pet(s)	Type/Breed

Do you...

- ☐ Own your home? How long have you lived at your current address? _____
☐ Rent your home? How long did you live at your previous address? _____

- Has your house/apartment been screened for lead paint?
☐ Yes → Date of screening: _____ Results: _____
☐ No Reason for screening: _____

- Do any members of your household, possess firearms?
 - ☐ Yes → Please submit a copy of the firearms identification card and/or pistol permit.
 - ☐ No
 If yes, where is (are) the firearm(s) and ammunition stored?

- Has any member of your family or household had any criminal charges or convictions?
 - ☐ Yes Please explain:
 - ☐ No

- Has any member of your family or household been the subject of a 51A complaint or a DPPC (Disabled Persons' Protection Commission)/ DMR complaint for abuse or neglect?
 - ☐ Yes → Please explain:
 - ☐ No

- Does any member of your family or household have a chronic illness/medical condition?
 - ☐ Yes → Please explain:
 - ☐ No

- Does any member of your family or household have a chronic mental/emotional condition?
 - ☐ Yes → Please explain:
 - ☐ No

- Does any member of your family or household
 - Smoke? ☐ Yes ☐ No
 - Use illegal drugs? ☐ Yes ☐ No
 - Abuse alcohol? ☐ Yes ☐ No

- How would an Individual with developmental disabilities fit into your household?

- What effect do you think providing care for an Individual with developmental disabilities would have on your family and your lifestyle?

Required Documentation

References

A minimum of three (3) references is required, at least one (1) of which is from a past or present employer. Please list references below:

Name	Address	Telephone	Relationship to Applicant

I hereby apply to be a Caregiver for Kennedy-Donovan Center. In so doing, I agree to participate in the training necessary to obtain certification as a Caregiver. I further agree to release any information necessary for this application. If I will be providing supports in my home, I will allow an inspection of my home. I understand that Kennedy-Donovan Center will make inquiries regarding any abuse/neglect complaints and/or criminal record, and that any falsification or withholding of information on this application may be grounds for denial or for later dismissal.

I understand that by signing this application I am stating that neither myself nor any members of my household have any physical or emotional problems which would interfere with the normal daily functioning and provision of appropriate care to an Individual placed in my home.

I understand that, upon my approval as a Caregiver, I automatically become a mandated reporter under the laws of the Commonwealth of Massachusetts, which will require me to report suspected abuse and neglect.

I understand that I am an independent contractor and not an employee of Kennedy Donovan Center; and therefore, I am not eligible for any employment-related benefits.

Applicant Signature

Date

Do you know of anyone else who would be interested in providing supports for KDC?

Name: _____

Phone: _____