



In-Home Care Provider Procedures

Updated: 02/15/2019

Thank you for your interest in becoming an In-Home Care Provider. In order to be placed on the listing, please refer to the following information:

Eligibility

- Background must be clear of any disqualifying crimes as established by WA State DSHS. Copies of this list are available upon request.
- We **do not** accept providers that have lived outside of Washington State at any time within the last 3 years. There are no exceptions to this policy.

To Apply

- **Sign** and **Complete** the enclosed In-Home Care Application (2 pages).
- Provide a **current** copy of your WA State ID or Driver's License.
- You may return the application in person or by mail to: Office Manager
Camano Center
606 Arrowhead Road
Camano Island, WA 98282

- **Include \$10 processing fee**
- Background checks will be run quarterly according to the schedule below.
- If you have no history of disqualifying crimes, you will be placed on the In-Home Care Provider List. The entire list is then made available to seniors seeking services.
- If you have a history of a disqualifying crime you will be notified by mail.

Please Note

- Inclusion on this list does not constitute an affiliation or employment with Camano Senior Services Association, the Camano Center or any of its affiliates.
- You must receive a background check annually to remain on the list. You will be notified by email when it is time to renew. If you fail to respond by the appropriate deadline, you will be removed.
- It is your responsibility to keep The Camano Center updated with your current contact information. If we cannot contact you, it will be assumed you are no longer interested in being on the list.
- Negative feedback received from your consumers may result in removal from the list at our discretion.
- The In-Home Care List will only be updated on a quarterly basis. Any applications / edits received after the deadlines below will be held until the next update. No exceptions. The In-Home Care List will be updated as follows:

Application Deadline

January 15
April 15
July 15
October 15

Updates Published

February 1
May 1
August 1
November 1

If you have any questions about the application process feel free to call us. Thank you for serving our seniors!

CAMANO CENTER DISCLOSURE FORM
ALL APPLICANTS MUST COMPLETE THIS FORM

1. **Have you ever been convicted of any crime against children or other persons?** RCW 43.43.830 (5) "Crimes against children or other persons" means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree assault of a child; first, second or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; Indecent liberties; Incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful Imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment, child abuse or neglect as defined RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor, custodial assault; violation of a child abuse restraining order; child buying or selling prostitution, felony indecent exposure; criminal abandonment; or any of this crimes as the may be renamed in the future. No Yes If Yes, Explain

2. **Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?** RCW43.43.830(6) "Crimes relating to financial exploitation" means a conviction for first, second, or third degree extortion; first, second, or third degree theft; first, second, or third degree robbery; forgery; or any of these crimes as they may be renamed in the future. RCW 43.43.830(9) "Vulnerable adult" mean "vulnerable adult" as defined in chapter 74.34 RCW, except that for the purposes of requesting and receiving background checks pursuant to RCW 43.43832, it shall also include adults of any age who lack the functional, mental, or physical ability to care for themselves. RCW 74.34.020(8) "Vulnerable adult" means a person sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself. RCW43.43.830(10) "Financial exploitation: means the illegal or improper use of a vulnerable adult of that adult's resources for another person's profit or advantage. No Yes If Yes, Explain:

3. **Have you ever been convicted of crimes relating to drugs under RCW43.43830(6)?** "Crimes relating to drugs" means a conviction of a crime to manufacture, delivery, or possession with intent to manufacture or deliver controlled substance. No Yes If Yes, Explain:

4. **Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?** No Yes If Yes, Explain:

5. **Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW, to have abused or financially exploited a vulnerable adult?** No Yes If Yes, Explain:

6. **Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?** No Yes If Yes, Explain:

7. **Have you ever been found by a court of law in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?** No Yes If Yes, Explain:

8. **Have you ever been convicted of crimes relating to the consumption of alcohol, including drunken driving, driving under the influence, or driving while intoxicated?** No Yes If Yes, Explain:

9. **Have you ever been convicted of any crime involving a motor vehicle?** No Yes If Yes, Explain:.

I Declare, under penalty of perjury under the laws of the State of Washington, that the statements above are true and correct.

Signature: _____

Date: _____

Camano Center In-Home Care Provider Application

Contact Information (Print Clearly)

First Name	Middle Name	Last Name

Address		

City	State	Zip Code
(____) _____ - _____	_____	_____
Phone	Email (Required)	Have you ever been on the In-Home Care List? _____

Required Information for Background Check

_____	_____	_____	Have you lived outside of Washington State any time in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Maiden Name / Alias	Gender	

In-Home Care Services

- _____ **Personal Care** Assist with dressing and feeding.
- _____ **Bath Assistance** Assist with bathing and hygiene.
- _____ **Meal Prep** Assist with meal preparation, grocery shopping, and cooking.
- _____ **Shopping** Assist with all aspects of personal shopping. Clothing, grocery, pharmacy, other as needed.
- _____ **Respite Care** Assistance for to the primary caregiver so that they may take a break. (ie: dementia supervision).
- _____ **Companion** Social contact such as accompaniment on walks or errands.
- _____ **Transportation** Transporting the individual for appointments, shopping, etc.
- _____ **Overnights** Willing to spend nights in the individual's home as-needed.
- _____ **Pets** Walk and feed pets. Transport to the vet and/or groomer.
- _____ **Housekeeping**
- _____ **Home Repairs**
- _____ **Yardwork**

Hourly Wage: _____ Is this Negotiable? _____ Mileage Rate: _____ Availability: _____

Credentials (COPES Certified, LPN, RN, CAN/CNA): _____
(Must provide proof of credentials. Attach copies.)

Ad Space (limit 30 words):

The undersigned, an application for work referrals, acknowledges that by reason of the **Camano Senior Services Association here know as The Camano Center** furnishing my name and phone number to potential employers, that no responsibility of any nature is assumed by the **Camano Center** or their agents, and by seeking out and obtaining employment in this manner, I, the undersigned, assume full and complete responsibility for any subsequent contracts &/for association with the person(s) to whom I am referred. This signature also serves as authorization for **The Camano Center** to request a **Criminal History Record from the Washington State Patrol** per the Child/Adult Abuse Information Act. Any person found guilty of a disqualifying crime, according to the Secretary of State, will not be allowed participation within the In-Home Care List. A Criminal History Record request must be conducted annually. At that time, The Camano Center will also ask that you complete an updated application to indicate your continued interest in being listed with the In-Home Care List. **We cannot allow people who have not lived in Washington for the previous 3 years to be on the list. No exceptions.** I also understand that **The Camano Center** reserves the right to remove any person, without notice, from the In-Home Care List for any reason, at any time. Any one complaint may be grounds for removal from the In-Home Care List.

Applicant Signature _____

Date _____

Office Use:

Copy Washington State Identification _____ (Staff/Volunteer Initial) Receipt #: _____ M.O.P: _____