



Orange County Department on Aging

Robert & Pearl Seymour Center | 2551 Homestead Rd. | Chapel Hill, NC 27516
Jerry M. Passmore Center | 103 Meadowlands Dr., PO Box 8181 | Hillsborough, NC 27278

Dear In-Home Directory Applicant,

Thank you for applying to be included in our In-Home Directory. The directory is a list of individuals who are experienced in assisting older adults with a variety of services in their homes.

In order to safely serve our clients, the Orange County Department on Aging will conduct a criminal background check on all applicants. **Even if you may have had a previous one completed by another agency, we still obtain a check completed through our department.**

To meet our requirements, please do the following:

- (1) Complete the application, including three references for us to contact. The references should be people for whom you have been employed performing in-home aide tasks.
If you are working for a nursing home or assisted living facility and have not worked for clients outside the facility, please include your supervisor as a reference. Please give us the name of the facility.
- (2) Complete and sign the enclosed **release form** for the North Carolina criminal background check. Your social security number is required on the release form.
- (3) Please include photocopies of any current certification or licensing which you hold.
- (4) Return the completed and signed application and release forms with a check in the amount of **\$15.00 made payable to Orange County Department on Aging**. If you have any questions, you may call the Aging Transitions Information Line at (919) 968-2087.
- (5) You will be contacted to schedule an interview. After we have obtained satisfactory references and the criminal background check, and completed a satisfactory interview with you, we will include your name in the In-Home Directory. You will be notified when this process has been completed.

Thank you for your interest and service to the older adults of Orange County. We look forward to hearing from you.

Sincerely,

Anshu Gupta, Data Manager, Aging Transitions and OC CARES
919.245.4244 | agupta@orangecountync.gov

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Robert and Pearl Seymour Center
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(919) 968-2087**

IN-HOME ASSISTANTS DIRECTORY APPLICATION

Please complete this application in full. Your three references should be people for whom you've provided tasks similar to in-home care. **If you are working for a nursing home or assisted living facility and have not worked for clients outside the facility, please include your supervisor as a reference. Please give us the name of the facility that you are currently working for.** The Orange County Department on Aging **“DOES NOT FIND EMPLOYMENT for or hire people on this list.** This directory is distributed to people in the community who will **contact and hire individual caregiver's themselves.**

You will be added to the list and notified once we have obtained the information from your criminal background check and references, and it meets our criteria. Thank you for your interest in being included on our list.

Please **PRINT**: _____ Date: _____

Name: _____

Address: _____

Phone Numbers & Area Codes: _____

Email address (not required): _____

Related degrees, certifications, and licenses (e.g. NA 1 or 2, LPN, RN): _____

_____ Expiration date: _____ State (s): _____

Please attach copies of your licenses and certifications.

Services you will provide to older adults (check all that apply):

- _____ Companionship
- _____ Errands
- _____ Light Housekeeping
- _____ Mail/phone calls/correspondence
- _____ Meal Preparation
- _____ Nursing Tasks (e.g. medication oversight) -***Must have current certification or license.**
- _____ Personal Care (bathing, dressing, feeding, toileting, and hands on care) *** same as above.**
- _____ Transferring/positioning client
- _____ Do you have transportation to work?
- _____ Are you willing to use your car to transport clients?
- _____ Other skills or assistance: _____

What physical limitations do you have? _____

Geographic areas you are willing to work: _____ Northern Orange Co. _____ Southern Orange

Days of the week, shifts and hours available: _____

Hourly Wage desired: _____ Negotiable? _____

Will you do overnight care? ____ Yes ____ No. Overnight Wage desired: _____

Do you have any work restrictions (e.g. smokers, drinkers, pets, allergies, etc...)? _____

REFERENCES

Please PRINT three names and phone numbers of references (**no relatives, friends or agencies**):

1. Name: _____

Telephone #: _____

2. Name: _____

Telephone #: _____

3. Name: _____

Telephone #: _____

BACKGROUND HISTORY

Date you moved to NC: _____.

Please list all arrests, the dates and dispositions: _____

Please list all convictions for misdemeanors and felonies, and dates convicted: _____

I, (print) _____, agree to report to the Orange County Dept. on

Aging Office any arrests for misdemeanors or felonies committed while my name appears on the In-Home Assistants Directory. If the Aging Transitions Office determines that I have failed to report such an arrest, I understand that my name will be removed from the Directory.

Signature: _____ Date: _____