



Real Care, Inc. – Contractor Application

APPLICANT INFORMATION

Full Legal Name: _____ Date: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Email Address: _____
 Date Available: _____ Social Security Number: _____
 Position applying for: _____
 Are you a citizen of the U.S.? Yes No If not, are you authorized to work in the U.S.? Yes No
 Have you ever worked for Real Care, Inc. previous to applying today? Yes No If so, when?
 Have you ever been convicted of a felony? Yes No
 If YES, please provide detailed explanation: _____

EDUCATION

High School: _____ From _____ To: _____
 Address: _____ Did you graduate? Yes No
 College: _____ From _____ To: _____
 Address: _____ Did you graduate? Yes No Degree: _____

REFERENCES

*Please list three (3) professional references, not personal references. Please see reference pages attached.
 Give the page to your reference and have them return it to Real Care, Inc. as soon as possible.*

ADDITIONAL INFORMATION

Have you ever been the subject of an investigation for suspected Mistreatment, Abuse, Neglect and / or Exploitation related to an individual with a disability or other at-risk person (including youth). Yes No

If YES, please provide detailed explanation: _____

Which CCB Completed the investigation? _____

Was the allegation substantiated / founded? Yes No

Do you have any other family members who are also host home providers? Yes No

If YES, please provide detailed explanation including name and agency working with: _____

Do you provide respite / supervision to the individuals residing in home(s), or would you like to? Yes No

If YES, please provide detailed explanation including where you provide respite and frequency: _____

Do you operate any host home(s), other than at the address listed above on this application? Yes No

If YES, please provide detailed explanation including where the host home is and how you will meet the supervision requirements of all individuals receiving services in host homes you operate. _____

Please list the initials of the individuals' receiving services and the agency you are contracted with to provide these services: _____

Which CCB's have you worked with previously? _____

RESIDENCE: AREA OF TOWN

Denver Montebello Green Valley Ranch Aurora Lakewood Littleton Arvada
 Northglenn Westminster Parker Thornton Other

Major cross streets (i.e. Colfax and Havana or Iliff and I-225): _____



Real Care Inc, Reference Check Form

Applicant Name _____ **Position Applied:** _____

Reference Name _____ **Title** _____

Organization/Agency _____

1. Describe how you know the Applicant and in what capacity. Please include information about their primary duties & responsibilities

2. In your opinion, what are the Applicants strongest attributes and / or skills?

3. How well does the Applicant respond to stress and / or pressure (from deadlines, crisis situations, etc.)?

4. Is the Applicant eligible for rehire?

5. Would you like to add anything else that was not already addressed?

Thank you for completing this reference. Please return it to Real Care, Inc. as soon as possible.

Fax: 720.242.6282 Email: rene@realcarecolorado.com

The following to be completed by Real Care, Inc. staff.

Notes / Comments

Reviewed by _____

Review Date _____



Real Care Inc, Reference Check Form

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Written Authorization to Request a CAPS Check

EMPLOYER INFORMATION

Employer Name: _____

CAPS Check Employer ID # (XXX-#####): _____

REQUESTOR INFORMATION

Requestor Name: Real Care, Inc.

Requestor Title: Program Support Coordinator

Requestor Phone Number: 303-284-5818

Requestor Email: programsupport@realcarecolorado.com

APPLICANT / EMPLOYEE INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth: _____ SSN (Last 4 digits): _____

Maiden Name/Previous Name(s)/Alias(es): _____

DORA License # _____

Home Phone (Including Area Code): _____

Cell/Mobile Phone (Including Area Code): _____

Work Phone (Including Area Code): _____ Work Phone Extension: _____

Home Email: _____ Work Email: _____

RESIDENTIAL HISTORY – LAST FIVE (5) YEARS

All Applicants/Employees are required to have 5 years of residential history provided. If the individual listed above has less than 5 years at their current address, please list the previous addresses for the past 5 years. Use another sheet of paper, if necessary.

Current Address Street: _____

Current Address City: _____ Current State: _____ Current Zip/Postal Code: _____

Current Address Start Date: _____

Previous Address (street number, street, unit, city, state, zip): _____

Address Start Date: _____ End Date: _____

Previous Address (street number, street, unit, city, state, zip): _____

Address Start Date: _____ End Date: _____

Previous Address (street number, street, unit, city, state, zip): _____

Address Start Date: _____ End Date: _____

PREVIOUS EMPLOYMENT

Previous Employer(s) Agency Name(s): _____

DISCLOSURE AND SIGNATURE

By my signature, below, I attest that all information provided in this written authorization is true and complete. My signature authorizes the employer referenced above to request a CAPS Check to determine if I have been substantiated in an APS case as a perpetrator of physical abuse, sexual abuse, caretaker neglect, and/or exploitation of an at-risk adult. I acknowledge that the information resulting from such a check will be shared directly with the employer who may use the results to inform their hiring decision. By my signature I acknowledge that this request will flag my name to allow notification to this employer of any future substantiated findings as long as I am employed by this agency.

Signature: _____ Date: _____

Colorado Bureau of Investigation

Record Information Form

PLEASE PRINT CLEARLY



Last Name: _____

First Name: _____

Middle Name: _____

Alias/Maiden: _____

Date of Birth: _____ Social Security Number: _____

I, _____ authorize Real Care, Inc. to complete a background information check using the identifying information I have provided above.

Signature

Date