

### Real Care, Inc. - Contractor Application

Ai i	LICANT INFORMATION
Full Legal Name:	Date:
Address:	City:
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 apply	ing today?  Yes  No If so, when?
Have you ever been convicted of a felony?   Yes	No
If YES, please provide detailed explanation:	<del>_</del>
	EDUCATION
High School:	From To:
Address:	Did you graduate?
College:	From To:
Address:	Did you graduate? Yes No Degree:
	REFERENCES
` <i>' '</i> '	, <u>not</u> personal references. Please see reference pages attached.
	have them return it to Real Care, Inc. as soon as possible.
Have you ever been the subject of an investigation for	ITIONAL INFORMATION suspected Mistreatment, Abuse, Neglect and / or Exploitation related to
an individual with a disability or other at-risk person (in	_ · _ · _ · _ ·
If YES, please provide detailed explanation:	_ · · _ ·
·	_ · · _ ·
If YES, please provide detailed explanation:	Yes No
If YES, please provide detailed explanation: Which CCB Completed the investigation?	Yes No  Yes No
If YES, please provide detailed explanation:  Which CCB Completed the investigation?  Was the allegation substantiated / founded?	Yes No
If YES, please provide detailed explanation:  Which CCB Completed the investigation?  Was the allegation substantiated / founded?  Do you have any other family members who are also here	Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Ost home providers?  Yes No  Ing name and agency working with:
If YES, please provide detailed explanation:  Which CCB Completed the investigation?  Was the allegation substantiated / founded?  Do you have any other family members who are also he  If YES, please provide detailed explanation includi	Yes No  Yes No  Yes No  Yes No  Ost home providers?  Ing name and agency working with:  residing in home(s), or would you like to?  Yes No
If YES, please provide detailed explanation:  Which CCB Completed the investigation?  Was the allegation substantiated / founded?  Do you have any other family members who are also he  If YES, please provide detailed explanation includi  Do you provide respite / supervision to the individuals	Yes No  Yes No  Yes No  Yes No  Ost home providers?  Ing name and agency working with:  residing in home(s), or would you like to?  Ing where you provide respite and frequency:  Yes No  Yes No
If YES, please provide detailed explanation:  Which CCB Completed the investigation?  Was the allegation substantiated / founded?  Do you have any other family members who are also he  If YES, please provide detailed explanation including  Do you provide respite / supervision to the individuals  If YES, please provide detailed explanation including  Do you operate any host home(s), other than at the additional contents of the individuals of the i	Yes No  Yes No  No  Note thome providers?  Yes No  Ing name and agency working with:  residing in home(s), or would you like to?  Ing where you provide respite and frequency:  Idress listed above on this application?  Yes No
If YES, please provide detailed explanation:  Which CCB Completed the investigation?  Was the allegation substantiated / founded?  Do you have any other family members who are also he  If YES, please provide detailed explanation including  Do you provide respite / supervision to the individuals  If YES, please provide detailed explanation including  Do you operate any host home(s), other than at the add  If YES, please provide detailed explanation including supervision requirements of all individuals receiving	Yes No  Yes No  No  Note thome providers?  Yes No  Ing name and agency working with:  residing in home(s), or would you like to?  Ing where you provide respite and frequency:  Idress listed above on this application?  Yes No
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If YES, please provide detailed explanation:  Which CCB Completed the investigation?  Was the allegation substantiated / founded?  Do you have any other family members who are also he  If YES, please provide detailed explanation including  Do you provide respite / supervision to the individuals  If YES, please provide detailed explanation including  Do you operate any host home(s), other than at the add  If YES, please provide detailed explanation including supervision requirements of all individuals receiving set these services:  Which CCB's have you worked with previously?	Yes No  No set home providers?  In g name and agency working with:  I residing in home(s), or would you like to?  In g where you provide respite and frequency:  I residing in home (s) is application?  I yes No  I yes

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

	PROVIDER EXPERIENC	CE	
Years as a Host Home Provider: or	☐ New Do you hav	/e a: ☐ CNA	RN
Please give detailed description of	of your personal experience supporting in	dividuals with intellectual	/ developmental disabilities:
If you become a host home provider, do yo	ou plan to maintain outside employment?	☐ Yes ☐ No	
Other languages:			
Please check the areas of individual support	ort that you feel you are able to provide su emale Single Individual		ole
Religious Preference:	Attend Church: (day of week, t	ime, etc.)	
<ul><li>☐ Behavioral Support</li><li>☐ Physical Aggression</li><li>☐ Sexualized Behavion</li></ul>		erty Destruction	ntal Health Support er:
<ul><li>☐ Medical</li><li>☐ Personal Care</li><li>☐ Toileting / Changing</li></ul>		_	G-Tube dical appointments
Please provide any information that you th	. , , .	ce:	
	TYPE OF HOME		
Please Describe Your Home: House	Apartment Townhouse	Other:	
# of Bedrooms Available:	# of Bathrooms:		_
Does your home have stairs?  Yes	No Is your home wheeld	chair accessible?  Ye	es No
	TRANSPORTATION		
Description of Vehicle:	☐ WC accessible		
	PETS AND OTHERS IN THE		
Do you own pets?  Yes No List of individuals in the home:	Dog(s) Description:	☐ Cat(s) Desc	ription:
Name	Relationship to HHP	Age	Male / Female
Are any of the above people enrolled into	HCBS DD Waiver? Yes No If	yes, please name:	
Is the individual with another CMA? If yes	, please select one: RMHS DP [	TRE ☐ Jefferson [	Other:
Please give a brief description of you, you	r family, your household, neighborhood, e	etc. that we can use to re	spond to referrals on your behalf.
	DISCLAIMER AND SIGNA	TURE	
I certify that my above answers are true understand that falsifying or misleading if further notice.	-	•	•
	Signature:	Date:	

Please submit all application packets and supporting documentation to Real Care, Inc. at either:

Email: admin@realcarecolorado.com Fax: 720.242.6282 In Person: 10200 W 44<sup>th</sup> Ave, Suite #200, Wheat Ridge, CO 80033



## 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 c responsibilities	apacity. Please include information about their primary duties &
2. In your opinion, what are the Applicants strongest at	tributes 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 alre	eady addressed?
Thank you for completing this refere	nce. Please return it to Real Care, Inc. as soon as possible.
	32 Email: rene@realcarecolorado.com
	be completed by Real Care, Inc. staff.
Notes / Comments	be completed by Real Care, Ilic. Stall.
Reviewed by	Review Date



## Real Care Inc, Reference Check Form

Applicant Name	Position Applied:
Reference Name	Title
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1. Describe how you know the Applicant and in what c responsibilities	apacity. Please include information about their primary duties &
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Thank you for completing this refere	nce. Please return it to Real Care, Inc. as soon as possible.
Fax: 720.242.628	32 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

Applicant Name	Position Applied:
Reference Name	Title
Organization/Agency	
1. Describe how you know the Applicant and in what caresponsibilities	apacity. Please include information about their primary duties &
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Fax: 720.242.628	2 Email: rene@realcarecolorado.com
The following to	be completed by Real Care, Inc. staff.
Notes / Comments	
Reviewed by	Review Date



### Written Authorization to Request a CAPS Check

1 .		
	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: <u>programsupport@realcarecolorado.com</u>	
APP	LICANT / 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:	
	Work Email:	
All Applicants/Employees are required to have 5 year	ENTIAL HISTORY – LAST FIVE (5) YEARS  ars of residential history provided. If the individual listed above has less than 5 year  ious addresses for the past 5 years. Use another sheet of paper, if necessary.	ars at
	Current State: Current Zip/Postal Code:	
Current Address Start Date:		
Previous Address (street number, street, unit, city	y, state, zip):	
Address Start Date:	End Date:	
Previous Address (street number, street, unit, city	y, state, zip):	
Address Start Date:	End Date:	
Previous Address (street number, street, unit, city	y, 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. authorizes the employer referenced above to request a CAPS Check to determine if I have been substantiated in an perpetrator of physical abuse, sexual abuse, caretaker neglect, and/or exploitation of an at-risk adult. I acknowled information resulting from such a check will be shared directly with the employer who may use the results to info decision. By my signature I acknowledge that this request will flag my name to allow notification to this employer substantiated findings as long as I am employed by this agency.	n APS case as a edge that the rm their hiring
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 ha	ve provided above.
Signature	Date