



VNA Northwest Nursing Registry, Inc.

607 Bantam Road, Unit F Bantam, CT 06750

Phone: 860-567-2476 Fax: 860-567-5797

Thank you for taking time to complete this membership application and for your interest in accepting referrals as an independent caregiver registered through VNA Northwest Nursing Registry, Inc.

VNA Northwest Nursing Registry, Inc. is a private duty home care referral agency dedicated to matching your professional care-giving talents to residents throughout Litchfield County who need temporary or ongoing assistance. We do not employ independent caregivers registered with our agency. You are therefore not entitled to worker's compensation insurance or unemployment compensation. All caregivers and service providers referred through us are paid directly by the clients they work for and are either a self employed independent contractor (IRS form1099) or are employed by their clients (Form W-2). As a self employed independent caregiver, you are responsible for paying your own taxes on the income you earn from your clients who you will bill directly. Clients who have engaged the services of *FHS Senior Care Payment Solutions* will arrange for you to be paid directly on their behalf each week after you have completed and submitted the FHS Caregiver Packet.

As required by the State of Connecticut, independent caregivers must supply us with at least TWO (2) of the following credentials to support their independent business status: **Professional liability insurance is required.** Additional forms of credentialing include a Tax ID number, printed business card, published advertisements for services provided by you, letterhead stationary or a copy of bill or invoice with your name or business name. THESE CREDENTIALS WILL BE NEEDED BEFORE YOU ARE ACTIVELY REFERRED FOR CLIENT ASSIGNMENTS.

Authorization for Background Check

I hereby authorize VNA Northwest Nursing Registry, Inc. to perform a criminal background check and inquire of any and all previous work places, public and governmental officials or agencies, law enforcement agencies or any other persons regarding my experience, reputation, character, ability and qualifications. I agree to hold all such persons and /or VNA Northwest Nursing Registry, Inc. harmless with respect to any information they may give, hereby releasing them from any and all liability. X

Registrant's signature

Date of Birth*

Date

(*This is requested only for purposes of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes)

Please thoroughly complete all information requested in this application, including full mailing addresses.

Date of Membership Application: _____

Level of Experience/Training: RN LPN CNA PCA
(If applicable, a copy of current licenses/certificates will be requested)

Name _____
(Last) (First) (Middle Initial)

Street Address: _____

City, State, Zip _____

Telephone: Home: (_____) _____ Cell: (_____) _____

Email: _____ Social Security # _____ / _____ / _____

If you have lived at the above address less than 12 months, list previous address:

Street Address: _____

City, State, Zip _____

Are you legally authorized to accept employment in this country? YES NO

(Proof of eligibility required upon becoming an active independent care giver)

Do you have a valid driver's license? No Yes Driver's Lic. # _____ State _____

(VNANW Nursing Registry, Inc. will need a copy of your current auto insurance policy prior to referrals.)

Do you have reliable means of transportation? YES NO

Would you be willing to use your car for client errands? Yes No

Would you be willing to use your car for client transportation? Yes No

Have you served in the military? YES NO

If yes, were you discharged from the military under other than honorable conditions?

EDUCATION/TRAINING BACKGROUND

Please list your school information:

High School Name: _____

School City and State _____

Year of Graduation/Completion _____

College School Name: _____

School City and State _____

Year of Graduation/Completion _____

DEGREE/s RECEIVED: _____ AREA OF CONCENTRATION: _____

CURRENT CREDENTIALS, if applicable: RN LPN CNA Other: _____

If applicable, please list your professional license or certificate information:

License # _____ Exp. Date: _____

Have you ever had your professional license or certification suspended, revoked, or restricted?

Yes No If yes, please explain: _____

OTHER EDUCATION/TRAINING EXPERIENCE: List any additional relevant skills, schooling, and training that would directly relate to the role of independent caregiver.

EMPLOYMENT HISTORY

Have you ever applied to this agency in the past? ___ Yes ___ No

How did you hear about us? _____

Are you currently working? _____ May we contact your present workplace? _____

Please list below your work history, starting with the most recent employer.

Complete all information including full mailing address.

Dates of employment from: _____ To: _____

Company: _____

Street Address: _____

City _____ State _____ Zip _____

Title or work performed: _____

Supervisor's Name: _____

Reason for leaving: _____

Dates of employment from: _____ To: _____

Company: _____

Street Address: _____

City _____ State _____ Zip _____

Title or work performed: _____

Supervisor's Name: _____

Reason for leaving: _____

Dates of employment from: _____ To: _____

Company: _____

Street Address: _____

City _____ State _____ Zip _____

Title or work performed: _____

Supervisor's Name: _____

Reason for leaving: _____

Comments regarding lapses in employment or that you feel we should know, if applicable:

CONTRACTING HISTORY

List work done as an Independent Contractor or other temporary/referral/home health agency work:

<u>Dates</u>	<u>Agency</u>	<u>City/State</u>	<u>Role/Position</u>
--------------	---------------	-------------------	----------------------

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Have you ever been discharged from a job or assignment? YES NO

If yes, please explain:

PLEASE PROVIDE THREE (3) WORK-RELATED REFERENCES (those who have directly supervised you or who can attest to your work ethic from a professional perspective—no family, friends or co-workers).

It is your responsibility to obtain permission from each of your references before providing us with their name.

Please complete all information including full mailing address.

Reference Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Daytime Phone #: (____) _____

Relationship/Business: _____

Reference Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Daytime Phone #: (____) _____

Relationship/Business: _____

Reference Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Daytime Phone #: (____) _____

Relationship/Business: _____

Are you able to perform the functions of the position with or without reasonable accommodation?

YES NO

If NO, please explain: _____

As a caregiver, what else would you like your prospective clients to know about you?

(Make additional comments here if you desire):

I understand that nothing contained in this referral application and membership process is intended to create an employment contract between this agency and me for either referral or for the providing of any benefit. I give permission for the employers and references listed above to be contacted unless otherwise noted. If I am offered and accept referrals, I understand that the referral is for no definite period of time. I understand that if this agency provides referrals to me, I will be registered with --not employed by—VNA Northwest Nursing Registry, Inc. I understand that I am therefore not entitled to worker's compensation insurance or unemployment compensation. I understand that, as a caregiver who is referred through VNA Northwest Nursing Registry, Inc., I am paid directly by the clients for whom I work (or by a payment processing company that has been engaged by the client), and that I am either employed by my clients or work as a self employed independent caregiver.

As a self employed independent caregiver accepting referrals from the Registry, I acknowledge that:

- * I am responsible for providing my clients with a Form W-9 upon being engaged by the client.
- * I am responsible for signing and maintaining a copy of a Client-Caregiver Agreement with my clients detailing the mutually agreed upon rate of hourly pay, tasks to be carried out and other details as discussed and agreed upon by both parties in advance of providing care support service.
- * I am responsible for paying my own taxes on the income I earn from my clients who I will bill directly.

I agree to immediately notify the agency if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony or any crime involving dishonesty, breach of trust or injury to a person, while my application is pending or during my referrals to clients if registered as a member.

I hereby do certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to refer to a client or termination of registration from the agency.

Signature of Applicant

Date

VNA Northwest Nursing Registry does not discriminate against applicants or references because of age, race, color, religion, national origin, sex, disability or on any other basis prohibited by law.

**Please return completed membership application to:
VNA Northwest Nursing Registry, Inc
607 Bantam Road, Unit F
Bantam, CT 06750
Fax # (860) 567-5797**