



## 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 freelance 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 form 1099) 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 a third party payroll processing company to handle payments and tax forms on their behalf will arrange for you to be paid directly on their behalf each week after you have completed and submitted the payment services enrollment forms.

If Registry membership is realized and 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.

**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)

I am interested in accepting referrals for \_\_\_\_\_ Hourly Care \_\_\_\_\_ Live-in Care

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**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/work assignments in this country? \_\_\_\_\_ YES \_\_\_\_\_ NO**  
(Proof of eligibility will be required prior to receiving referrals)

**Do you have reliable means of transportation to get your clients on a timely basis and when notified of referral opportunities on short notice? \_\_\_\_\_ 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**

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**If yes, you must provide a valid driver's license and proof of auto insurance showing liability limits of at least \$\_\_\_\_\_ Combined Single Limit if you will be transporting clients and limits of \$25,000.00/\$50,000.00/\$25,000.00 if you will not be transporting clients.**

**Have you ever served in the military? \_\_\_\_\_ YES \_\_\_\_\_ NO**

If yes, state the type of military discharge received. \_\_\_\_\_

**Have you ever pleaded guilty, no contest to or been convicted of any criminal offense? You are not required to disclose an arrest, criminal charge, plea or conviction if the records have been erased under Connecticut law. Records subject to such erasure are records pertaining to a delinquency or that a child was a member of a family with service needs, youthful offenders, dismissed or nolleed criminal charges, not guilty adjudications, or absolute pardons. Any person whose criminal records have been erased is deemed never to have been arrested and may swear under oath.**

**[ ] YES [ ] NO**

**If yes, give date, location, and type of conviction or plea.**

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**Have you signed any agreement with a former employer that may prevent you from providing services in Connecticut to any client (including being employed by the client) with which you are placed by Registry?**

**[ ] YES [ ] NO**

**EDUCATION/TRAINING BACKGROUND**

**Please list your school/training 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:** \_\_\_\_\_ / \_\_\_\_\_

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

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**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, if applicable.

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## CONTRACTING HISTORY

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

<u>Dates (month and year)</u>	<u>Agency</u>	<u>City/State</u>	<u>Role/Position</u>
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From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Have you ever been discharged from a job, position or assignment or forced or asked to resign?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**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: \_\_\_\_\_

Do you have any restrictions that would prevent you from providing services to and being employed by a client?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please explain:

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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 this is not an employment application, but simply an application for me to be considered for Registry membership, and that if this agency provides referrals to me, I will be a member of – not employed by --- VNA Northwest Nursing Registry, Inc. I understand that I am therefore not entitled to Registry coverage of 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 which will be determined by agreement of both parties.**

**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 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.**

**By signing below, I also give permission to the Registry and any client that employs me to receive a copy of any information obtained in the file of any federal, state, or local court or governmental agency concerning or relating to me and to provide that information to any client to whom I may be referred by Registry to provide services. I further consent to the release of such information and waive any right under law concerning notification of the request for a release of such information and will not hold the releaser, organization obtaining the information or Registry and any client that employs me, liable for anything related to the disclosure or receipt of information.**

***I hereby do certify that all statements made in this membership application are true and correct to the best of my knowledge and belief. I understand and agree that any knowing misrepresentation or omission of facts in my application may be justification for refusal to refer to a client or termination of VNA Northwest Registry membership and may subject me to criminal penalties prescribed by law.***

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**Signature of Applicant**

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**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**

**Revised 7/18/19**