

Independent Caregiver Acknowledgement and Voluntary Disclosure Form

I, named below, understand and acknowledge that: This form may be used by LifeCare Management (“LifeCare”) and also given to its clients to assist them in my evaluation as a caregiver candidate. I give permission to LifeCare, its Associated Parties and its clients to verify any and all information on this form. I hold LifeCare and its Associated Parties harmless and not liable for any reasonable use of this information by LifeCare, its Associated Parties or its clients.

First Name _____ Last Name _____ Middle _____

Address _____

Phone _____ Cell _____ Email _____

Date of Birth _____ CA Driver’s License Number _____ S.S.N. _____

Last 3 counties (ex: Santa Cruz, ...) you resided in: _____

What is your US residency status? Citizen Green Card Visa Other _____

Do you have a current professional license? CNA HHA Other Specify _____

Have you been finger-printed in California? Yes No

Are you registered as a Home Care Aid in California? Yes No If Yes, your ID # _____

Have you ever been convicted of any crime other than a minor traffic violation? Yes No If Yes, when _____

Have you ever been fired from a job? Yes No If Yes, why _____

Do you smoke or use recreational drugs? Yes No If Yes, what _____

Do you have a Professional Liability Insurance? Yes No If Yes, what _____

Do you have any work limitations (ex: lifting certain weight, night hours, weekends, etc)? If yes, please list any below:

Please list your last two employments, **starting with the current one**, approximate dates and your job function:

1. _____

2. _____

Please list three professional references who may be contacted by LifeCare and/or its clients (Name and Phone):

1. _____

2. _____

3. _____

My information is voluntary and accurate Signed: _____ Date _____