



Providing Services and Supports
to People With Intellectual &
Developmental Disabilities Since
1990

Community Support Services, Inc

Business Application for Family
Care Givers

14292 E. Evans Ave.
Aurora, CO 80014
Phone: 720-870-3712
Fax: 720-70-3743
www.cssicreates.org

Thank you for your interest in pursuing a business as a Family Care Giver with Community Support Services, Inc. Please carefully review the information below that provides an overview of our applicant screening process.

Community Support Services uses progressive steps in the application processes. Each step is dependent on the success of the previous step determined by our internal quality standards and practices.

1. *Application is received and reviewed.*
2. *Interview is scheduled and conducted.*
3. *Background Screening is conducted.*
4. *Background Screening for anyone residing in the home 18 years old or older. (social security number trace, criminal history, and sex offender registry. We will also obtain a motor vehicle record if the applicant intends on having this person considered for respite.*

If you are selected as an Independent Contractor to perform Family Care Giver services, the following must be submitted to our office before entering into a contractual agreement:

1. Have a safe and reliable vehicle with proof of current vehicle insurance and registration, as required by state law for personally owned vehicles or vehicles being utilized by the Family Care Giver.
2. Proof of current renter's or homeowner's insurance for the home where family care giver services will be performed.
3. Proof of current Professional/General Liability Insurance (that meets State guidelines and Community Center Board Contract Stipulations) covering you as a Family Care Giver.
4. Proof of a registered business Trade Name with the Colorado Secretary of State.
5. Submit to a formal HUD inspection of the home where services will be performed. The Family Care Giver must supply the necessary safety equipment and ensure the overall safety of the home premises.

If you are selected as a Family Care Giver you must:

1. Understand the value of and contribute to the progression of your family member as the/she learn, grow, experience, and enjoy life.
2. Embrace and carry out the agency's philosophy of Outcome Based Services by observing, listening, and following through on what will make your family members life a quality life.
3. Represent and deliver services that are satisfactory to your family member, Interdisciplinary Team members, and internal team members which consistently results in overall customer satisfaction at all times.
4. Provide 24 hour services or (according to Service Plan Document) to the your family member residing in your home. Typically, the person will maintain a job or vocational program for a portion of the day or week.
5. Employ a team player attitude and approach in service delivery. Maintain open and consistent communication with the agency, its representatives and Interdisciplinary Team members.
6. Guarantee that no more than two people receiving services reside in the family care giver home, with the exception of approved temporary respite services according to the State rules and regulations.
7. Obtain a checking account in your Trade Name and maintain income and expense records related to your business.
8. Identify and ensure respite services and supports to the person receiving services are provided only by agency approved respite services or family members. Coordination of respite arrangements and payments are the responsibility of the Family Care Giver Business.
9. Reside in a home which continuously meets or exceeds HUD standards. Promptly follow-up on any home maintenance needs or requests.
10. Be open and flexible to monitoring services, both announced and unannounced, conducted by Community Support Services, Inc., Community Centered Boards, and State monitoring entities.
11. Adhere to Colorado State Rules and Regulations and Community Support Services, Inc., policies and procedures.
12. Must successfully complete all identified training requirements.
13. Possess a sincere desire and commitment to support your family member in working towards and obtaining their desired outcomes in life.

When the application is complete, return it to the following address:

14292 E. Evans Ave.
Aurora, CO 80014
Attn: HR Department

Fax: 720-870-3743

COMPLETION OF THIS APPLICATION PACKET AND BACKGROUND SCREENING DOES NOT GUARANTEE, IMPLY OR CONTRACT YOU AS A FAMILY CARE GIVER.

GENERAL

Last Name First Name Middle Name

Registered Trade Name

Address City State Zip Code

Phone Number Cell Phone Number

Email

Have you ever applied here before? Yes No If Yes, When? _____

Have you ever worked here before? Yes No If Yes, When? _____

Type of Service You Wish to Provide: Family Care Giver

How did you learn of the Company? _____

If referral, who were you referred by? _____

DRIVERS RECORD

Do you have a valid driver's license? Yes No

State: _____ License Number: _____

Have you had any tickets? Yes No

If yes, please explain:

EDUCATION

	List Name and Address of Schools	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED			
College or University			
Subjects Studied			
Vocational or Technical			
Subject Studied			
List Licenses, Certificates, or other Pertinent Training	<hr/> <hr/> <hr/>		

Are you currently attending school? Yes No

If yes, specify days/ hours per week: _____

EMPLOYMENT HISTORY

- Are you currently employed? Yes No
- If selected as a Family Care Giver, do you plan to continue with employment?
Yes No If yes, give details. _____
- Are you currently providing Family Care Giver or Respite services for another agency or Community Center Board? Yes No
- List the names of all agencies or Community Center Boards that you have provided Family Care Giver or Respite services. Include current agencies or Community Center Boards, regardless of the length of time. _____

- Have you ever had an allegation of Mistreatment, Abuse, Neglect or Exploitation?
Yes No
- If yes, did it result in substantiated Mistreatment, Abuse, Neglect or Exploitation?
Yes No

Please complete for all full-time or part-time employment beginning with the most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include active military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: Yes No

Dates Employed: From: _____ To: _____

Description of Duties: _____

Reason for Leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: Yes No

Dates Employed: From: _____ To: _____

Description of Duties: _____

Reason for Leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: Yes No

Dates Employed: From: _____ To: _____

Description of Duties: _____

Reason for Leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: Yes No

Dates Employed: From: _____ To: _____

Description of Duties: _____

Reason for Leaving: _____

Have you listed all service agencies or Community Center Boards that you have provided Family Care Giver or Respite services to, past or present, regardless of length of time? Yes

Please explain any gaps in your employment history? _____

Have you ever been fired or forced to resign? Yes No

If yes, explain: _____

MILITARY (Complete only if you served in the military)

Branch of Service: _____ Number of Years / Months of Service: _____

Rank at Discharge: _____ Date of Discharge: _____

Reason for Leaving: _____

REFERENCES

Please list three references, not relatives or former employers.

NAME	ADDRESS	PHONE	RELATIONSHIP

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

YOUR HOME

List Other Household Members:

Name of Household Member	Age	Relationship

Will any other person be staying in your home? Yes No

Housing Type: (circle one) Single family house Apartment Condo Mobile Home
Townhouse Do you: Rent Own

Number of Years at this Address: _____ Do you have current

Renter's or Homeowner's Insurance? Yes No

Number of Bedrooms: _____ Number of Bathrooms: _____ Number of Family Rooms/ Den: _____

Number of Smoke _____ Detectors: Location: _____

Number of Fire _____ Extinguishers: Location: _____

Smoke Detectors and ABC Fire Extinguishers will be required on each level of the home.

Number of Pets: _____ Type: _____

The home in which you provide services must pass a HUD inspection. Even though a formal home, or HUD inspection will be conducted, initial information about your home is of vital importance.

Please list specific features about your home including special amenities such as spare rooms, fenced yards, swimming pools, security systems, location of the rooms available for individual(s), layout of home (multi-level, ranch, two-story), finished basement, etc.

Briefly describe your neighborhood, including distance to neighbors, grocery shopping, stores, recreational areas, medical and emergency services, types of homes, or any nearby attractions that may be of the interest, health, or safety of the person living in your home.

ACCESSIBILITY

Does your family member require an accessible home? Yes No

Would you be willing to make adaptations for handicap devices? Yes No

Is your home currently wheelchair accessible? Yes No Partially N/A

Are there ramps on the front door and at least one alternate exit? Yes No N/A

Are handrails and grab bars installed? Yes No N/A

Is there a bedroom and bathroom on the main floor? Yes No N/A

Would the person have wheelchair access to all common areas of the home, i.e. living room, kitchen, etc.? Yes No N/A

SPECIFIC EXPERIENCE

Please describe your experience as it relates to being a Family Care Giver. Include the number of years/months that you have provided services to your family member or other individuals with intellectual and developmental disabilities. What types of intellectual and developmental disabilities are you familiar with? Describe the specific services and supports you have provided in caring for and mentoring individuals.

Do you have experience supporting individuals with challenging behaviors? Describe the type of challenging behavior(s) that you have encountered and your approach in supporting an individual during these behaviors.

Do you have experience supporting people with physical challenges such as an individual who is visually impaired, deaf, or utilizes a walker or wheelchair? Describe your experience.

Do you have experience supporting people with medical needs such as G-Tube, therapies, catheters, etc.? Describe your experience.

Do you have experience supporting people with neurological challenges such as seizures? Describe your experience.

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein (including but not limited to the Additional Driver Record Information and Any Other Required Background Screening) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for a Family Care Giver Business. I further understand that, if a contract is executed with Community Support Services, Inc. any misrepresentations or omissions of facts in any application document may be cause for contract termination at any time without prior notice.

I consent to and authorize Community Support Services, Inc. to contact my former employers, references, and any and all other persons or organizations for information bearing upon my qualifications. I further authorize the listed employers, schools, and personal references to give Community Support Services, Inc. (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against party(ies) for providing a good faith reference.

Applicant's Printed Name

Social Security Number

Applicant's Signature

Date

Trade Names are registered with the Colorado Secretary of State. Visit their website at www.sos.state.co.us and follow the instructions below:

To file documents online for a new record:

- Under the "Let Us Help You" section, select "File a business document."
- Under the "Register A.." section, select "Trade Name."
- Select to File a Statement of Trade Name for "an Individual."
- Complete the form. All fields with a red asterisk (*) must be completed.
- Select "Submit" after information has been entered in the appropriate fields. The Transaction Preview page will be displayed after selecting "Submit", unless an attachment is necessary, in which case the Manage Attachments page will be displayed.
- If the website does not proceed to the Transaction Preview page, scroll to the top of the page and look for error messages in red. Correct the errors and then select "Submit".
- The Transaction Preview page will display an image of the document. Review the document for errors. If any changes or corrections need to be made, select "Return to Form" at the bottom of the screen to go back to the form. Otherwise, select "Accept" to proceed to the payment screen.
- A copy of the document may be printed from the Transaction Preview page by selecting the print button in the image window.
- Enter either credit card or prepaid account information on the Online Payment page, then select "Pay Now". Do not click "Pay Now" more than once. Clicking "Pay Now" more than once may result in multiple charges to your account.
- A confirmation page will display. The document is now filed and will appear in the History and Documents for the affected record. You may print a copy of the confirmation page for your records.

Do not use the Internet browser's "Back" button while navigating the Secretary of State website. Using the "Back" button will cause errors to occur and may result in the loss of information.

If after submitting the payment online you receive a message saying the page has expired or you have been timed out, return to the Business Division and search the business database for the record. Enter the entity name or ID number and select "Search". If you enter a name, a list of entities with similar names will display. Select the ID Number of the appropriate entity. If you do not find your record by the entity name or ID number, your document was not filed.

Please note, you must establish a bank account in your Trade Name. Payment will be made only to the Trade Name on file and not the individual.