



THE MENTAL HEALTH CENTER • Berlin
 THE MENTAL HEALTH CENTER • Conway/Wolfeboro
 THE MENTAL HEALTH CENTER • Colebrook/Groveton
 WHITE MOUNTAIN MENTAL HEALTH CENTER • Littleton/Woodsville
 COMMON GROUND • Littleton/Whitefield/Woodsville
 COMMUNITY SERVICES CENTER • Berlin
 NEW HORIZONS • Redstone/Tamworth
 VERSHIRE CENTER • Colebrook

Northern Human Services

HOME CARE PROVIDER APPLICATION

(Please print clearly)

DATE _____

Name _____
 Last First Middle Initial

Physical Address _____
 Street City State Zip

Mailing Address _____

Telephone # _____ Social Security # _____

Were you previously a sub-contractor or employed by us? Y/N If yes, when? _____

Please list any relatives you have that work for Northern Human Services _____

Are you a guardian for anyone receiving services from Northern Human Services? _____

How did you learn about us? Friend Relative Walk-in Other

Advertisement (Which paper?) _____

Professional Training, Certification, or experience you have. Check all that apply.

First Aid CPR CNA Sign Language

Computer Other (Describe below)

RECORD OF EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH						<input type="checkbox"/>	YES	
						<input type="checkbox"/>	NO	
							YEAR _____	
COLLEGE						<input type="checkbox"/>	YES	
						<input type="checkbox"/>	NO	
							YEAR _____	
OTHER (Specify)						<input type="checkbox"/>	YES	
						<input type="checkbox"/>	NO	
							YEAR _____	

1. Have you or any other adult, in the household, ever been convicted of a crime, including misdemeanors and/or felonies, which have not been annulled or expunged or sealed by the court? _____ If yes, describe in full.

2. Have any founded complaints been filed against you or anyone in your household by a private or a state agency? If yes, describe in full.

NOTE:

- A. A current TB tine test for all adults in the home is required upon approval. (Individuals who have a positive TB test must have immediate follow-up with their physician, and a written statement from their physician that they are cleared prior to subcontracting with the Agency.)
- B. A criminal record check, along with a driving record check, will be run on all adults in the home prior to approval in accordance with Federal laws.
- C. We require two written letters of reference.

PERSONAL REFERENCES (Not former employers or relatives)

Name & Occupation

Address

Tel. #

**# of years
known**

Name & Occupation	Address	Tel. #	# of years known

NOTICE TO APPLICANT – Please read and sign below.

The facts set forth in my application are true and complete. I understand that if approved, any false statement in this application may result in my services not being utilized. I further understand that this application is not, and is not intended to be, a contract of approval, nor does this application obligate the Agency in any way if the Agency decides not to utilize my home. The Agency reserves the right due to Federal Medicaid Regulations and other State and Federal laws, to complete criminal record and Motor Vehicle checks on all applications.

Signature of Applicant

Date

EMPLOYMENT HISTORY

List below all present and past employment, beginning with your most recent employer.

NAME & ADDRESS OF COMPANY	DATES WORKED		POSITION/TITLE	WEEKLY SALARY	FULL-TIME <input type="checkbox"/>
	M/YR	M/YR			PART-TIME <input type="checkbox"/>
				\$	
DESCRIBE THE WORK YOU DID.					
TELEPHONE # -					
SUPERVISOR -					
NAME & ADDRESS OF COMPANY	DATES WORKED		POSITION/TITLE	WEEKLY SALARY	FULL-TIME <input type="checkbox"/>
	M/YR	M/YR			PART-TIME <input type="checkbox"/>
				\$	
DESCRIBE THE WORK YOU DID.					
TELEPHONE # -					
SUPERVISOR -					
NAME & ADDRESS OF COMPANY	DATES WORKED		POSITION/TITLE	WEEKLY SALARY	FULL-TIME <input type="checkbox"/>
	M/YR	M/YR			PART-TIME <input type="checkbox"/>
				\$	
DESCRIBE THE WORK YOU DID.					
TELEPHONE # -					
SUPERVISOR -					
NAME & ADDRESS OF COMPANY	DATES WORKED		POSITION/TITLE	WEEKLY SALARY	FULL-TIME <input type="checkbox"/>
	M/YR	M/YR			PART-TIME <input type="checkbox"/>
				\$	
DESCRIBE THE WORK YOU DID.					
TELEPHONE # -					
SUPERVISOR -					

Please attach a separate sheet of paper if more space is needed.

If there is a particular employer(s) you do not wish for us to contact, please indicate which one(s). _____

I hereby give permission to contact all previous employers unless otherwise indicated.

SIGNATURE & DATE _____

REVISED 4/24/04

APPLICANT'S NAME _____

DATE: _____

INTERVIEWER'S COMMENTS

INTERVIEW DATE	COMMENTS	INTERVIEWER

PREVIOUS EMPLOYER CONTACTED

*COMPANY NUMBER	RESULTS OF EMPLOYER CHECK	COMPLETED BY
1		
2		
3		
4		

PERSONAL REFERENCES

**REFERENCE NUMBER	RESULTS OF REFERENCE CHECK	COMPLETED BY
1		
2		
3		

* SEE PAGE 2

** SEE PAGE 3

REVISED 4/04