

# APPLICATION FOR THE HOME CARE REGISTRY - INDIVIDUAL

**NAME:**  **DATE:**

## CONTACT INFORMATION

Address:

Phone (Home):  Phone (Cell):  Phone (Other):

### *Optional information*

E-mail\*:  Birth Year:  Age:

\*E-mail addresses that are inappropriate will not be accepted (e.g. jjlikeithot@whatever.com)

## EDUCATION

Schools (High School, College, Graduate School):

<i>Name and Address of School</i>	<i>Degree</i>	<i>Dates Attended</i>

## EMPLOYMENT/EXPERIENCE

Start with your present position:

<i>Employer</i>	<i>Position</i>	<i>Dates Employed</i>

Briefly describe background, and/or experience working with elderly persons:

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Do you have experience/are you willing to work with people who are:

- Blind     Deaf     Incontinent     Alzheimer/Dementia     Younger Persons with Disabilities

Indicate if you are willing to perform the following duties - please check all that apply:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Companion Care   | <input type="checkbox"/> Live-In Companion | <input type="checkbox"/> Light Cleaning | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Lifting          | <input type="checkbox"/> Heavy Cleaning    | <input type="checkbox"/> Toileting      | <input type="checkbox"/> Reading Mail   |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Grooming          | <input type="checkbox"/> Shopping       | <input type="checkbox"/> Medication     |
| <input type="checkbox"/> Overnight Care   | <input type="checkbox"/> Laundry           | <input type="checkbox"/> Other          | Reminders                               |

Special  
Training:

Restrictions:

Days/Hours  
Available:

**I hereby authorize the Office on Aging to publish my name and information on the Home Care Registry for use by private citizens who may be interested in utilizing my services. I understand that neither Howard County Government nor the Office on Aging endorse any one provider on the listing. The information is published as a courtesy for Howard County residents and does not constitute a guarantee of referrals or work for me as a private contractor.**

Name:

Phone:

Signature:

Date:

**Please complete and return by mail, e-mail or fax to:**

Office on Aging and Independence  
9830 Patuxent Woods Drive  
Columbia, MD 21046  
Attention: Jeanne White-Davis  
[JWhiteDavis@howardcountymd.gov](mailto:JWhiteDavis@howardcountymd.gov)  
410-313-6540 (fax)

**Direct questions to: Jeanne White-Davis 410-313-6410 (office)**

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