



P.O. Box 6675
2666 Riva Road, Suite 400
Annapolis, MD 21401
(410) 222-4464 ext 3094

Department of Aging and Disabilities

Dear Prospective Respite Care Worker:

Thank you for your inquiry regarding the Respite Care Referral Program. Our mission at the Anne Arundel County Department of Aging and Disabilities is to help the ill, disabled, and frail citizens remain in their homes for as long as possible. The Respite Care Referral Program provides a less costly alternative to clients who call seeking home care for themselves or a loved one. The Respite Care Referral Program has been a successful linkage program since 1986 and continues to look for caring, compassionate home care and companion care workers.

In order to qualify to become a member of our referral registry, you must:

- be a resident of Anne Arundel County;
- have an active Maryland driver's license;
- have a clean background investigation;
- submit complete Application Packet (see below) along with a **money order** (for the criminal background check) in the amount of \$14.50 made payable to **NBI**;
- attend an interview/information session;
- attend the RCRP Home Health Aide Training (if you have completed training as a Certified Nursing Assistant or Patient Care Tech) **or** attend the RCRP Companion Caregiver training. (Please contact us regarding these training opportunities and the current class schedule.)

For your information, a copy of the program's *Policies & Procedures* and *Home Care/Companion Worker Responsibilities and Duties* are attached.

Please contact your references and inform them they will be receiving a reference form to be completed and request they return it to us as soon as possible.

Return the completed application packet as soon as possible in order for us to facilitate your interview and placement on the registry. After we have received a clear criminal background report and positive references, you will receive a call to schedule an interview/information session.

We appreciate your interest in the Anne Arundel County Department of Aging and Disabilities Respite Care Referral Program and look forward to meeting you in the near future.

Sincerely,

Mary Chaput, Program Director
Respite Care Referral Program

Application Packet Checklist – Return Only These Items

- Completed Respite Care Program Provider Application
- Two (2) completed Applicant's Reference Form (complete gray area only). References can **not** include family members.
- Completed and signed Criminal Background Investigation Release
- Money order** in the amount of \$14.50 payable to **NBI**

RESPITE CARE PROGRAM PROVIDER APPLICATION

PLEASE PRINT

Social Security# _____ Male Female

1. First Name: _____ Middle Name _____ Last Name _____

2. Address: _____
Street Apt. No. **(Street address required with P.O. Box)**

_____ City State Zip Code

3. Phone (home): _____ cell _____ E-mail _____

4. Date of birth: _____

5. Have you previously applied to the Respite Care Referral Program? Yes No

6. Have you previously worked with the Respite Care Referral Program? Yes No (If Yes, when _____)

7. Who referred you to the Respite Care program? _____

8. Are you a CNA (Certified Nursing Assistant) or (PCT) Patient Care Tech? Yes No When were you certified? ____

9. Is your certification current in Maryland? Yes No Current through (date): _____

10. Describe your background interest and/or experience in providing care to people:

11. Do you have a current MD driver's license? Yes No **(Maryland driver's license is required.)**

12. Do you have a reliable car for transportation? Yes No **(Your personal vehicle is required.)**

13. Do you have any physical problems that limit that type of activities you would be able to perform? Yes No
If yes, explain. _____

15. Have you ever been convicted of a crime? Yes No
Explain if yes: _____

16. Have you been charged with a crime? Yes No
Explain if yes: _____

17. Have you ever been convicted of or charged with a traffic offense involving the use of alcohol or drugs? Yes No



APPLICANT'S REFERENCE FORM REFERENCE CARE REFERRAL PROGRAM

TO BE COMPLETED BY APPLICANT:

My signature is authorization for you to release information regarding my employment to the Anne Arundel County Respite Care Referral Program relative to my application for the Respite Care worker registry.

Applicant's Printed Name _____

Applicant's Signature _____ Date _____

Family members can not be named as references.

Supervisor's Name: _____

Place of Employment: _____ Start Date _____ End Date _____

Mailing Address:

Street _____ City _____ State _____ Zip Code _____

Reference Telephone: _____ Fax: _____

THE RESPITE PROGRAM WILL MAIL YOUR REFERENCES TO THE PERSON LISTED BELOW. DO NOT SEND THE RESPITE CARE REFERRAL PROGRAM COMPLETED REFERENCE FORMS. COMPLETE THIS SECTION ONLY.

The Anne Arundel County Department of Aging and Disabilities maintains a Respite Care Referral list of self-employed workers who provide in-home care for elderly clients. The applicant signing this form has given your name as a reference. Please complete the reference information and return in the self-addressed envelope or fax to 410-222-4346 as soon as possible. Thank you for your assistance.

The section below must be mailed to your reference by the Respite Care Referral Program. Applicants must NOT have this section completed with the application.

TO BE COMPLETED BY REFERENCE

1. How well do you know the applicant? Slightly Well Very Well
2. Are you, or have you been, the applicant's Supervisor/Employer? Yes No
3. Have you had any knowledge of the applicant within the past twelve months? Yes No

Please rate the applicant on the following:

- | | | | | | |
|----|----------------|--|----------------------------------|--|---------------------------------------|
| 1. | Dependability | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> No Knowledge |
| 2. | Honesty | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> No Knowledge |
| 3. | Judgment | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> No Knowledge |
| 4. | Responsibility | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> No Knowledge |
| 5. | Appearance | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> No Knowledge |
| 6. | Overall Rating | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> No Knowledge |

Comments:

Reference Signature _____ Date _____



APPLICANT'S REFERENCE FORM REFERENCE CARE REFERRAL PROGRAM

TO BE COMPLETED BY APPLICANT:

My signature is authorization for you to release information regarding my employment to the Anne Arundel County Respite Care Referral Program relative to my application for the Respite Care worker registry.

Applicant's Printed Name _____

Applicant's Signature _____ Date _____

Family members can not be named as references.

Supervisor's Name: _____

Place of Employment: _____ Start Date _____ End Date _____

Mailing Address:

Street _____ City _____ State _____ Zip Code _____

Reference Telephone: _____ Fax: _____

THE RESPITE PROGRAM WILL MAIL YOUR REFERENCES TO THE PERSON LISTED BELOW. DO NOT SEND THE RESPITE CARE REFERRAL PROGRAM COMPLETED REFERENCE FORMS. COMPLETE THIS SECTION ONLY.

The Anne Arundel County Department of Aging and Disabilities maintains a Respite Care Referral list of self-employed workers who provide in-home care for elderly clients. The applicant signing this form has given your name as a reference. Please complete the reference information and return in the self-addressed envelope or fax to 410-222-4346 as soon as possible. Thank you for your assistance.

The section below must be mailed to your reference by the Respite Care Referral Program. Applicants must NOT have this section completed with the application.

TO BE COMPLETED BY REFERENCE

1. How well do you know the applicant? Slightly Well Very Well

4. Are you, or have you been, the applicant's Supervisor/Employer? Yes No

5. Have you had any knowledge of the applicant within the past twelve months? Yes No

Please rate the applicant on the following:

1. Dependability	<input type="checkbox"/>	Above Average	<input type="checkbox"/>	Average	<input type="checkbox"/>	Below Average	<input type="checkbox"/>	No Knowledge
2. Honesty	<input type="checkbox"/>	Above Average	<input type="checkbox"/>	Average	<input type="checkbox"/>	Below Average	<input type="checkbox"/>	No Knowledge
3. Judgment	<input type="checkbox"/>	Above Average	<input type="checkbox"/>	Average	<input type="checkbox"/>	Below Average	<input type="checkbox"/>	No Knowledge
4. Responsibility	<input type="checkbox"/>	Above Average	<input type="checkbox"/>	Average	<input type="checkbox"/>	Below Average	<input type="checkbox"/>	No Knowledge
5. Appearance	<input type="checkbox"/>	Above Average	<input type="checkbox"/>	Average	<input type="checkbox"/>	Below Average	<input type="checkbox"/>	No Knowledge
6. Overall Rating	<input type="checkbox"/>	Above Average	<input type="checkbox"/>	Average	<input type="checkbox"/>	Below Average	<input type="checkbox"/>	No Knowledge

Comments:

Reference Signature _____ Date _____

CRIMINAL BACKGROUND INVESTIGATION RELEASE

I hereby authorize ANNE ARUNDEL COUNTY DEPARTMENT OF AGING AND DISABILITIES and NATIONAL BACKGROUND INVESTIGATIONS, INC., to obtain any information pertaining to my criminal and/or civil court records. I hereby direct National Background Investigations, Inc. to release such information upon request of ANNE ARUNDEL COUNTY DEPARTMENT OF AGING AND DISABILITIES or other authorized representatives of the company.

I hereby fully release and discharge Anne Arundel County, Maryland, it's agents, assigns, employs, officers and volunteers, including the Department of Aging and any other County government source providing information to Respite Care Registry Program participants from any claims and damages arising out of or relating to any investigation of my background for the purpose of placement on the Respite Care Program Registry. I acknowledge that a telephone facsimile or photographic copy of this release and authorization form and the resulting investigative report shall be valid as the original.

Minimum 7 Years of Residential History /Signature Required

PLEASE PRINT CLEARLY

Name: _____ (Last, First, Middle)	Maiden/Alias: _____ (Indicate last year alias(es) was used)
Date of Birth: _____	Social Security #: _____
Driver's License No.: _____	State license issued: _____
Current Address:	
Street: _____	
City/State/Zip Code: _____	County: _____
Dates at this address: From _____ To _____	
Previous Address:	
Street: _____	
City/State/Zip Code: _____	County: _____
Dates at this address: From _____ To _____	
Previous Address:	
Street: _____	
City/State/Zip Code: _____	County: _____
Dates at this address: From _____ To _____	
Signature: _____	Date: _____



2666 Riva Road, Suite 400
Annapolis, MD 21401
410-222-4464 (ext 3045/3094)

RESPITE CARE REFERRAL PROGRAM

POLICIES AND PROCEDURES

Supersedes any other policy statement

MISSION STATEMENT

The mission of the Department of Aging and Disabilities to the elderly citizens of Anne Arundel County and their caregivers is to help the ill, disabled, and frail persons remain in their homes for as long as possible. A primary responsibility of the Respite Care Referral Program (RCRP) is to assist in matching trained workers with elderly clients to alleviate the strain and responsibility of family caregivers who undertake the care of a relative or friend. In addition, the program's mission is to provide a less costly alternative to proprietary Agencies.

Individuals listed on the RCRP Registry are not employees of the Anne Arundel County Dept of Aging and Disabilities. Individuals do not have a right to be listed on the registry and may be removed from the registry at any time for any reason deemed appropriate by the Department of Aging and Disabilities.

PLACEMENT ON THE REGISTRY

To be placed on Respite Care Referral Program Registry, an Applicant must:

- Submit a completed application with required background check fee;
- Have "clean" criminal background check (*see below);
- Demonstrate that he/she has a minimum cumulative work experience of 3 years within past 5 years;
- Provide two (2) work references at time of application (Family members can not be used as references);
- Have a valid Maryland driver's license;
- Have personal automobile;
- Provide a copy of work authorization from Homeland Security Administration (non-US Citizens);
- Complete an orientation session with Program Director and/or Program Coordinator;
- Complete the required training for level of skill offered (i.e. CNA/GNA and PCT applicants complete a half-day Orientation/Ethical Standards training; Companion Caregivers complete a three day training which includes Ethical Standards);
- Remit the required registry fee (by check or money order) at the time of training.

* A criminal background check will be conducted at the time of application and will be updated on an annual basis.

REMAINING ON THE REGISTRY

To remain on the Registry, an individual must:

1. Have completed a minimum of 4 hours of training with the Department of Aging & Disabilities the prior fiscal year (July 1-June 30);
2. Provide a recent reference at time of re-registration;
3. Pay a \$25 re-registration fee;
4. Be in good standing – with no complaints and no charges on the criminal background check.

Note: RCRP workers who do not re-register will be allowed to return to the registry one (1) time only.

CERTIFIED NURSING ASSISTANT PROGRAM

In order for Companion Caregivers to qualify for payment of tuition and fees at Anne Arundel Community College's (AACC) Certified Nursing Assistant (CNA) Program by the Respite Care Referral Program (RCRP):

1. Companion-Caregivers must be active on the registry for one (1) full calendar year prior to the program paying AACC tuition and fees for the CNA program.
2. Workers must complete all AACC registration requirements and request the required documentation from RCRP staff a minimum of one (1) week prior to registration.
3. RCRP will pay tuition and fees for eligible workers to attend the AACC CNA program one (1) time only.

UNACCEPTABLE BEHAVIORS

An individual may be removed from the registry at the discretion of the Program Director at any time. If this occurs, the person may be notified in writing and a copy of the correspondence will be placed in your file. If the Respite Care Referral Program receives a complaint about a worker from a client or family member, the worker will be contacted by telephone to discuss the situation, and the Program Director will investigate further with the client or the client's family. If there appears to be impropriety or an impropriety is alleged, i.e. theft, abuse, exploitation and the incident requires police intervention, the worker will be removed from the Registry.

A worker may be removed from the registry for the following behaviors. (Note: this list may not be all-inclusive.)

1. Physical, verbal, or mental abuse of a client;
2. The appearance of impropriety (i.e. theft, abuse, exploitation);
3. Neglect (i.e. not meeting physical, or psychosocial needs);
4. Referring workers who are not on the RCRP registry to clients;
5. Not showing up for work as scheduled to include repeated tardiness;
6. Not performing duties as assigned and agreed;
7. Leaving a job without giving prior notice;
8. Not returning pre-screening phone calls;
9. Not showing up for a scheduled interview;
10. Watching television or sleeping on the job;
11. Taking a child or adult to work
12. Inappropriate use of a client's phone;
13. Use of personal cell phone while on duty;
14. Exhibiting negative behavior or being uncooperative;
15. Asking for pay before having worked the required hours;
16. Manipulating client to increase hours of work;
17. Repeated complaints from clients;
18. Failure to complete re-registration process;
19. Inappropriate behavior towards RCRP staff.

These lists of examples are not exhaustive, but are intended to give some of the reasons why a worker may be either temporarily or permanently removed from the Registry. Other reasons may be determined by the Program Director.

Revised December 2010



Respite Care Referral Program Home Care/Companion Worker Responsibilities and Duties

RESPONSIBILITIES

1. To provide personal and supportive in-home services to elderly or disabled persons of any age.
2. To assume responsibilities for health, safety, and mental well being of the client.
3. To perform tasks that are needed to maintain the client in his/her home and assure a safe and sanitary environment.
4. To be alert to changes in the client's status that may require intervention of health or safety professionals such as doctors, nurses, fire department, and paramedics.

DUTIES

Home Care Worker (CNA, PCT)	Companion Caregiver
Assisting with Activities of Daily Living Bathing Dressing Feeding Toileting Assisting with Mobility Transferring – chair to bed, etc. Changing position as needed Medication reminder, cueing Drive to appointments, errands Companionship	Supervision and Cueing of Daily Activities Supervision of Bathing Cueing of Dressing Supervision of Feeding Supervision of Toileting Assist with Mobility Medication reminder, cueing Drive to appointments Shopping for client's needs Social stimulation Companionship

Maintenance of client's surroundings to include:

- Prepare meals and clean-up
- Light housekeeping to keep client's environment clean and neat