



Respite Care Referral Program  
7320 Ritchie Highway  
Glen Burnie, MD 21061  
(410) 222-4377/4339  
respite\_care@aacounty.org  
www.aacounty.org/aging

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 older adult and individuals with disabilities remain in their homes for as long as it is safe. 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.

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

- Be a resident of Anne Arundel County;
- Have a clean background check void of any charges or convictions;
- Demonstrate a minimum cumulative work experience of 3 years within past 5 years;
- Have a valid Maryland driver's license;
- Have personal automobile;
- Provide a copy of work authorization from Homeland Security Administration (non-US Citizens)
- Complete the required training.
- Remit the required training/registry fee (by check or money order) at the time of training.

Mail the completed application packet with required background check fee to: **Respite Program, 7320 Ritchie Highway, Glen Burnie, MD 21061**. The completed packet must include:

- the completed application and the Criminal Background Check Release Form;
- a copy of your Maryland driver's license; (Driver's license must match mailing address);
- a copy of your Maryland motor vehicle registration;
- a money order in the amount of \$10.00 payable to DoAD/NFCSP

After we have received a clear criminal background report you will receive a call to schedule training. Please review your application carefully to ensure you have followed all directions. **Incomplete or incorrect applications will be not considered and will be returned to the applicant.**

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,

A handwritten signature in blue ink that reads "Mary Chaput".

Mary Chaput, Program Director

**RESPIRE CARE REFERRAL PROGRAM  
WORKER APPLICATION**

Please review your application letter carefully to ensure you have followed all the directions.  
**Incomplete or incorrect applications will not be considered and will be returned.**

**PRINT LEGIBLY**

Social Security #: \_\_\_\_\_  Male  Female

1. First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

2. Address (*Must be resident of Anne Arundel County*): **(Street address required with P.O. Box)**

Street	Apt. No.	
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 Certified Nursing Assistant or Patient Care Tech?  Yes  No. (If **Yes**, license number # \_\_\_\_\_.)

Is your certification current in Maryland?  Yes  No Current through (date): \_\_\_\_\_

**\*\*Note: Registered Nurses (RN) and Licensed Practical Nurses (LPN) are not eligible for this program.**

9. Work Experience

Company/Client	Start Date	End Date

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

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

12. Do you have any physical problems that limit the type of activities you would be able to perform?  Yes  No

If yes, explain: \_\_\_\_\_

13. Have you ever been convicted of a crime?  Yes  No

If yes explain: \_\_\_\_\_

14. Have you ever been charged with a crime?  Yes  No

If yes explain: \_\_\_\_\_

15. Sometimes the Department of Aging and Disabilities receives requests for respite from caregivers who are caring for an individual with a mental health diagnosis. This type of respite may include watching a movie with the person, taking them out for ice cream, etc. Are you open to doing this type of respite? Training on mental health would be required and arranged to help you feel more comfortable.  Yes  No

# **CRIMINAL BACKGROUND INVESTIGATION RELEASE**

*I hereby authorize ANNE ARUNDEL COUNTY DEPARTMENT OF AGING AND DISABILITIES and Employee Background Investigations, to obtain any information pertaining to my criminal and/or civil court records. I hereby direct Employee Background Investigations to release such information upon request of ANNE ARUNDEL COUNTY DEPARTMENT OF AGING AND DISABILITIES or others representatives of the company.*

*I hereby fully release and discharge Anne Arundel County, Maryland, it's agents, assigns, employees, officers and volunteers, including the Department of Aging and any other County government source providing information to Respite Referral Registry Program participants from and 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 photograph 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: _____	Maiden/Alias: _____
( Last, First, Middle)	(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: _____