

3. What is the best time to call during those hours?
4. How do you know the person named in Section 1? Co-worker Employer / Superior Client / Resident
 Family member of client / resident Other (only upon department approval):
5. Does this person currently work for you? Yes No
6. In what care setting (licensed or contracted) did you work with him / her?
7. What is the name of the place where you work / worked with this person?
8. Did this person's primary responsibilities include providing direct care and assistance to vulnerable adults?
 Yes No; if no, what other duties?
9. Did this person's total hours of direct care experience exceed 1,000 hours? Yes No
If no, how many hours? Dates (month and year): From: To:
10. List the dates the care was provided (month and year): From: To:
11. Did this person meet the physical and emotional needs of care recipients? Yes No
12. Was the person reliable: Yes No
13. Did this person have the ability to follow procedures, guidelines, and instructions? Yes No
14. Was the person an employee, why did the person leave?
If not an employee, check here: N/A
15. Would you employ this person to be a caregiver for vulnerable adults? Yes No
If no, why not?

SIGNATURE OF PERSON COMPLETING THIS FORM

DATE

State of _____ County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he / she signed this instrument and acknowledged it to be his / her free and voluntary act for the uses and purposes mentioned in the instrument.

NOTARY PUBLIC

(Seal or Stamp)

Dated: _____

SIGNATURE

Title: _____

My appointment expires: