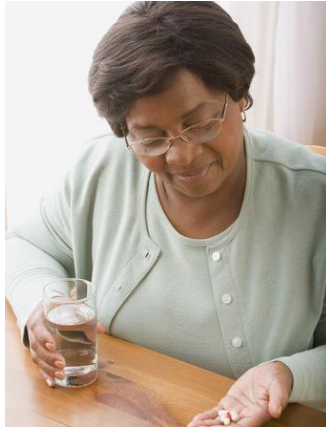




DELAWARE COUNTY OFFICE OF SERVICES FOR THE AGING



Domiciliary Care Program Provider Application

RETURN COMPLETED APPLICATION TO:

Delaware County Office of Services for the Aging
1510 Chester Pike, Suite 250
Eddystone, PA 19022
610-490-1300
610-490-1500 (Fax)



Provider Application

Date: _____

Name: (First, MI, Last)			Address					
Landline		Mobile		Email				
DOB	Sex	Gender	SSN for background check					
Do you have a criminal record? Yes No If so explain.								
Do own or rent home?		If renting, name of manager		Phone number of manager				
Can you speak another Language? If so which languages?								
Describe any handicap accessible feature in your home.								
If employed, name and address of employer			Work Hours		Can we contact you at work?			
Occupation			Work Telephone		Monthly Income:			
Names of others in the home:			Age/ Relationship		Criminal Record	Will They Assist with Care?		
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
How many floors in home?		Dining Room? Y N Kitchen? Y N	Living Room? Y N Yard? Y N		Pets? Type?			
How many bedrooms?		Are the bedrooms on the first floor?						
Please circle preferred the age range of residents 18-30 30-45 45-60 60 and over			Does anyone in your home smoke?		Will you accept someone who smokes?			
Are you caring for someone elderly or disabled in the home?								
Would you feel comfortable with a consumer whose sexual expression and/or gender identity is different from your own?								
Do you have experience working with people who have intellectual or physical, or mental health disabilities? If so explain.								
How did you hear about the Dom Care? Radio Newspaper Friend/Family Agency Internet COSA Staff								

Provider Application

Emergency Back-Up Information

All Dom Care Providers are required to have an emergency backup. This backup is required to attend provider interview and pass a criminal background check. More than one person may act as the emergency back-up. Please provide the following information for each one.

Backup

Name: _____

DOB: _____

Phone: _____

SSN: _____

Address: _____

Does backup have experience working with people who have intellectual or physical, or mental health disabilities?
If so explain:

Backup

Name: _____

DOB: _____

Phone: _____

SSN: _____

Address: _____

Does backup have experience working with people who have intellectual or physical, or mental health disabilities?
If so explain:

Provider Application

REQUIREMENTS

The following information must be submitted along with the completed application:

- 1) Two (2) personal references (excluding family members)
- 2) Two (2) financial references (i.e., mortgage company, utility company, and open line of credit)
- 3) Physician's reference, medical exam & TB test or chest x-ray completed within six (6) months of application date.
- 4) Proof of income
- 5) Copy of current utility bills (with no possibility of shut off)
- 6) Homeowners
 - a. Copy of deed or a current mortgage statement
 - b. Real estate tax receipt for current year
 - c. Copy of homeowner's insurance policy
- 7) Renters
 - a. Written approval from landlord
 - b. Copy of renter's insurance policy

BASIC HOME SAFETY

- If your home has radiators, all radiator must be covered
- There must be railings and handrails on all exterior and interior stairways
- Fire extinguishers are required to be on each level of the home and must be visible. Smoke Detectors are required to be on each level of the home
- Emergency evacuation plan is required on each level of the home and must be visible

BEDROOM ACCOMMODATIONS

- Room cannot be above the second floor
- One (1) consumer per room with a minimum of 80 square feet or two (2) per room with a minimum of 70 square feet per consumer
- Room must be furnished
- Bed twin or larger with casters or with locked casters which does not require consumer to climb steps or a ladder to get into or out of the bed
- Mattress and box spring
- Bed pillow
- Bedside table or shelf and bedside light
- Dresser and mirror
- A closet or wardrobe
- Bed linens and blanket
- Towels and washcloths and a towel bar

Provider Application

CRIMINAL BACKGROUND CHECKS

- All applicants and backups need a criminal background check completed by COSA upon submission of application.

TRAINING

- All providers must attend three (3) mandatory trainings sessions per calendar year.
- All providers and backups are required to be certified in CPR and First Aid. Providers and backups are reimbursed for training.

CERTIFICATION

After review of application and receipt of background check the applicant will be contacted to schedule an interview and home evaluation.

Upon completion of interview and home evaluation, if selected to be a Dom Care provider your name and address will be added to the Certified Dom Care Provider Registry.

Return Application

MAIL

Housing Director
Delaware County Office of Services for the Aging
1510 Chester Pike, Suite 250
Eddystone, PA 19022

FAX

Attention Housing Director
610-490-1500

EMAIL

Subject: Dom Care Application
COSA@co.delaware.pa.us