

**I AM A CURRENTLY CREDENTIALLED PSW INTERESTED IN PROVIDING SUPPORT FOR CUSTOMERS**

**(Note: PSWs are not employed by Connections Case Management)**

Office use only
Pull Date: _____

Today's Date: \_\_\_\_\_ \*\*

Name (please print): \_\_\_\_\_

Contact Telephone number: \_\_\_\_\_

Provider # \_\_\_\_\_

Area(s) willing to work in Douglas County: \_\_\_\_\_

Days/Times available to work: \_\_\_\_\_

List any credentials, certifications, trainings, etc.: \_\_\_\_\_

Type of experience (no names) \_\_\_\_\_

OIS Credential?  Yes  No

Mark those you are willing to work with:

- Male  Female      Age group: \_\_\_\_\_       Behavioral
- Physical Assistance       Hygiene Needs       Provide care in my own home
- Provide transportation       Other \_\_\_\_\_

Valid Driver's License?  Yes  No      Vehicle insurance?  Yes  No

**Comments:** \_\_\_\_\_

**\*\*Information retained for 3 months only. If still looking for work after 3 months, you must complete another form as this one will be removed\*\***