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Contractor Application for Extended Family Teacher

Introductory Information:

Last Name First Middle

Date of Birth Social Security Number

Home Phone Work Phone Other

Present Address: Street City State County Zip

What is the best way/times to contact you?

Why do you want to become an Extended Family Teacher?

Would you be willing to provide Extended Family Teaching Services to a consumer on a temporary basis if the need arises? Yes No

Household Information:

Children in the Home (17 years and under)

Table with 3 columns: Name, Date of Birth, School/Occupation



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Others in the Home:

Name	Relationship	Date of Birth	School/Occupation	Social Security # (over 17)

Children out of the Home:

Name	Date of Birth	School/Occupation	Address

Frequent Houseguests:

Name	Relationship	Age	Phone Number

Animals in the Home:

Type (Dog, Cat, Lizard, Etc.)	Breed	Height	Weight	Indoor/Outdoor?	Immunizations/Vaccinations Up to Date?

Type of Home (Please Circle): House Apartment Duplex Mobile Home Other

Is this the home you plan on living in when providing EFT Services? Yes_____ No_____

If this is the home you plan on providing EFT services in, briefly describe your home:



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If this is not the home you plan on living in when providing EFT Services, where are you planning on moving?

Would you move, if necessary, to one of the regional center catchment areas CCO is vendorized in to become an EFT?

Education:

School/College Attended	Location	Dates of Attendance	Area of Study	Was the program completed?

Activities & Interests:

Please list the organizations or groups you belong to:

Please list any volunteer work that you do:

Please describe any church or religious affiliations you have:

Employment:

What is your current occupation? _____

Name of current employer: _____ Phone Number: _____



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Employer's address: _____

Name of immediate supervisor: _____

May we contact your employer? _____

Employment History (begin with most recent):

Dates of Employment	Company Name & Address	Immediate Supervisor (Name/Phone Number)	Position Held	Reason for Leaving Position

Other Training:

Certification Type/Description	Granting Authority/Where Earned	Certificate Number (if any)	Expiration Date (if any)
CPR			
Standard First Aid			
Certified Nurse Aid			
Certified Medication Aid			
Licensed Practical Nurse			
Registered Nurse			
Mandt			
NaTFA Certification			
Other			
Other			



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Summarize any other special skills and qualifications you've acquired from employment or experiences.

Describe any experiences you have had working with people diagnosed with an intellectual developmental disability.

Describe any experiences you have had, either personally or professionally, taking care of someone. For example, you may have worked in a child care center or taken care of a relative in failing health.

Military History:

Have you been in the military? _____ If yes, what branch of service?

Date and type of discharge _____

If dishonorable discharge, please provide reasons for discharge:

Health Information:

Have you had a history of, or treatment for, any of the following? (please check)

____ Tuberculosis

____ Heart Condition

____ Alcoholism

____ Mental/Emotional Problems



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_____ Cancer

_____ Severe Arthritis

_____ Chronic Kidney Condition

_____ Colitis

_____ Chronic Headaches

_____ Chronic Fatigue

_____ Insomnia

_____ Depression

_____ Other: _____ (please describe)

_____ Asthma

_____ Ulcers

_____ Hemophilia

_____ Diabetes

_____ Eczema

_____ Hayfever

_____ Allergies

_____ Seizures

Have you ever received medical treatment for a mental illness? Yes _____ No _____

If yes, when? _____ From Whom? _____

Have you taken medication for mental or emotional problems? Yes _____ No _____

If yes, when? _____ Drugs Prescribed _____

Have you ever gone to counseling for emotional or family problems? Yes _____ No _____

If yes, when? _____ From Whom? _____

Have you ever had a psychological evaluation or battery of psychological tests? Yes _____ No _____

If yes, when? _____ From Whom? _____

List all prescription medications being taken on a regular basis:

Medication	Reason for Medication



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Date of last visit to doctor and reason: _____

List all illnesses you have had in the last year: _____

Do you smoke? Yes_____ No_____

If yes, where? _____

Do you consume alcohol? Yes_____ No_____

If so, how often?

Do you have a physical disability? Yes_____ No_____

If yes, please describe: _____

Have you ever been treated for drug usage? Yes_____ No_____

If yes, when and where: _____

Have you ever been treated for alcoholism? Yes_____ No_____



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If yes, when and where: _____

A statement may be needed from a physician or mental health professional concerning you and/or your child's past or current physical, mental or emotional state. Are you willing to give permission for release of such information if necessary? Yes _____ No _____

Background:

Extended Family Teachers for CCO must be able to operate a motor vehicle. This includes having a current, valid driver's license.

Are you legally able to operate a motor vehicle? Yes _____ No _____

Have you or a member of your family ever been investigated for abuse, neglect, exploitation, or fiduciary abuse of a dependent person or child? Yes _____ No _____

If yes, provide a full explanation:

Have you ever been convicted of *any* crime? Yes _____ No _____

If yes, provide a full explanation:

Do you have firearms or any other weapons in your home? Yes _____ No _____

If yes, please describe:

Persons to Notify in Emergency:

Name	Address	Phone Number



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Professional References:

Please list three people who have worked with you or observed you in a care giving role with adults and children. You must include your most recent supervisor. Do not include relatives.

Name	Relationship	Address, City, Zip	Phone number

Personal References:

Please list three people who have known you for at least one year. Please include at least one male, one female and one relative.

Name	Relationship	Address, City, Zip	Phone number
<i>Female Relationship</i>			
<i>Male Relationship</i>			
<i>Relative</i>			
<i>Additional Reference</i>			

I certify that the information I have provided on this application is true, correct and complete to the best of my knowledge. I authorize investigation of all statements contained on this form as may be necessary in deciding to enter into an Extended Family Teaching contractual relationship and an Extended Family Teaching placement decision.

Signature

Date