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**DIRECT CARE WORKER**

**REQUEST FOR INFORMATION**

**Soreo® In Home Support Services, LLC is an administrator of in-home support services whose business is to obtain and/or administer contracts for in-home services for clients who are eligible for Arizona’s Long Term Care System or for eligible services through other public and private entities by subcontracting with professional independent caregivers.**

**Soreo® In Home Support Services, LLC is seeking to hire qualified Direct Care Workers who are professional independent caregivers in the business of providing in-home support services.**

**The material requested in this document is to provide Soreo® In Home Support Services, LLC with information to determine if your qualifications match Soreo® In Home Support Services, LLC’s current needs. Please respond fully to each question.**

REFERRED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOU MAY MAIL THIS REQUEST FOR INFORMATION TO THE SERVICE OFFICE NEAREST YOU OR EMAIL IT TO info @soreo.com

TUCSON OFFICE: Soreo® In Home Support Services 2475 E Water St. Tucson, AZ 85719 (520) 881-4477

CASA GRANDE OFFICE: Soreo®In Home Support Services 442 W Korsten Rd Suite #103-A Casa Grande, AZ 85122

(520) 568-6400

PHOENIX OFFICE: Soreo®In Home Support Services 1100 E Washington St Suite #125 Phoenix, AZ 85034 (480) 467-2434

S: Direct Care Worker Forms\New IC Packet\_English\IC RFI.doc 07-2017

Note that this document does not create an employment or contract relationship nor does it guarantee that you will be offered a contract by Soreo®.

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| Personal |  |  |
| Last Name First Middle Initial | E-mail Address: |
| Other Name(s) Used | Home Telephone #( ) |
| Address, City, State, Zip | Cell phone #( ) |
| Mailing Address (if different from physical address) | Other phone #( ) |
| Have you ever interviewed with Soreo or its affiliates before? ◻ Yes ◻ No | If yes, list date(s), job title(s) & location(s) |
| Have you ever been employed by Soreo or its affiliates before? ◻ Yes ◻ No | If yes, list date(s), job title(s) & location(s) |
| Do you have any relatives employed by Soreo or its affiliates? ◻ Yes ◻ No | If yes, list name(s), job title(s) & location(s) |

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| DCW QUALIFICATIONS |  |  |

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| There are certain requirements that must be met to provide Direct Care Worker services to Soreo clients. Do you have the following (a “No” answer may not preclude you from obtaining a contract as you will have the opportunity to be compliant with these requirements): |
| ◻ Yes ◻ No | Do you have DCW training certification? |
| ◻ Yes ◻ No | Do you have experience using a Hoyer lift? |
| ◻ Yes ◻ No | Do you have experience using a gait belt? |
| ◻ Yes ◻ No | Do you have experience cooking? |
| ◻ Yes ◻ No | Do you have experience ironing? |
| ◻ Yes ◻ No | Will you offer DCW services in the home of a smoker? |
| ◻ Yes ◻ No | Will you offer DCW services in a home with pets? |
| ◻ Yes ◻ No | ………….Large dogs? |
| ◻ Yes ◻ No | ………….Cats? |
| ◻ Yes ◻ No | Do you have Article 9 certification? |
| ◻ Yes ◻ No | Do you have ‘Prevention and Support’ (CIT) training certification? |
| ◻ Yes ◻ No | Are you CPR certified? |
| ◻ Yes ◻ No | Are you First Aid certified? |
| ◻ Yes ◻ No | Can you provide Tuberculosis free test results? |
| ◻ Yes ◻ No | Do you have Level 1 Fingerprint clearance? |
| ◻ Yes ◻ No | DCW’s are required to clear certain background checks. Is there anything in your history that may preclude you from obtaining clearance related to:* Child Protective Services background check?
* Level 1 Fingerprint through the Arizona Department of Public Safety?
* List of Excluded Individuals and Entities (LEIE) through the Federal govt?
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| Education |  |  |  |
| Circle Highest Grade Completed: High School 9 10 11 12College, Trade or Business 1 2 3 4 |
| School | Address | Major Studies | Degree, Diploma,License or Certificate |
| High School |  |  |  |
| College/University |  |  |  |
| Vocational, Business  |  |  |  |
| List Any Professional Designations |
| Primary Language Spoken  | Other Languages Spoken |
| Other Special Knowledge, Skills or Qualifications |

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| Work History |
| List all work history for the past 10 years, starting with the most recent. All information **must** be completed. You may attach a resume, but not in place of completing the required information. |
| Begin Date / / | Employer/Contractor Name | Supervisor Name | Starting Salary/Rate |
| End Date / / | Employer/Contractor Address | Supervisor Phone # | Ending Salary/Rate |
| Job Title | Reason for Leaving |
| Duties & Responsibilities |

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| --- | --- | --- | --- |
| Begin Date / / | Employer/Contractor Name | Supervisor Name | Starting Salary/Rate |
| End Date / / | Employer/Contractor Address | Supervisor Phone # | Ending Salary/Rate |
| Job Title | Reason for Leaving |
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| --- | --- | --- | --- |
| Begin Date / / | Employer/Contractor Name | Supervisor Name | Starting Salary/Rate |
| End Date / / | Employer/Contractor Address | Supervisor Phone # | Ending Salary/Rate |
| Job Title | Reason for Leaving |
| Duties & Responsibilities |
|  |
| Related Work Information |
| What date are you available to start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please describe your available days and hours:◻ Yes ◻ No Monday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_◻ Yes ◻ No Tuesday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ◻ Yes ◻ No Wednesday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ◻ Yes ◻ No Thursday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ◻ Yes ◻ No Friday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_◻ Yes ◻ No Saturday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_◻ Yes ◻ No Sunday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Locations: (check all areas you are interested in offering your services as a DCW)**Tucson Casa Grande** \_\_\_\_Central\_\_\_\_North\_\_\_\_South\_\_\_\_East\_\_\_\_West \_\_\_\_Marana/Avra Valley\_\_\_\_Green Valley / Sahuarita\_\_\_\_Vail / Rita Ranch\_\_\_\_Oro Valley\_\_\_\_Catalina \_\_\_\_Saddlebrook\_\_\_\_Oracle\_\_\_\_San Manuel\_\_\_\_Other \_\_\_\_Casa Grande\_\_\_\_Maricopa\_\_\_\_Hidden Valley\_\_\_\_Arizona City\_\_\_\_Coolidge\_\_\_\_Eloy\_\_\_\_Florence\_\_\_\_Stanfield\_\_\_\_Other  |
| **Phoenix** \_\_\_\_Central\_\_\_\_North\_\_\_\_South\_\_\_\_East\_\_\_\_West \_\_\_\_Phoenix\_\_\_\_Scottsdale\_\_\_\_Tempe\_\_\_\_Glendale\_\_\_\_Paradise Valley\_\_\_\_Chandler\_\_\_\_Litchfield Park\_\_\_\_Peoria\_\_\_\_Wickenburg \_\_\_\_Cave Creek\_\_\_\_Queen Creek\_\_\_\_Gilbert\_\_\_\_Goodyear\_\_\_\_Mesa\_\_\_\_Fountain Hills\_\_\_\_Carefree\_\_\_\_Buckeye\_\_\_\_Avondale \_\_\_\_ Guadalupe \_\_\_\_Surprise \_\_\_\_ Tolleson\_\_\_\_ El Mirage\_\_\_\_ Youngtown\_\_\_\_ Apache Junction\_\_\_\_ Other  |
| References (required) |

List three references. One reference must be from a former employer/contractor. The other two references must be from **‘non-family’** members. Soreo requires the addresses and phone numbers for all references.

◻ Yes ◻ No May we contact your current employer or contractor for references?

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|  | Name | Address | Telephone |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

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| Certification & Authorization |

The information provided herein is true and correct. I understand that, in the event of contracting with Soreo, my contract may be terminated if any information that I have given herein, or if any other information I provide to Soreo, is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Soreo to inquire into my educational, professional, and past work history and to contact my references as needed to research my qualifications to be a Direct Care Worker. I hereby give my consent to any former employer or contractor to provide work-related information about me to Soreo and will hold Soreo and my former employer/contractor harmless from any claim made on the basis that such information about me was provided or that any contract decision was made on the basis of such information.

I understand that nothing in this Request for Information, the granting of an interview or my subsequent contracting with Soreo is intended to guarantee a contract with Soreo.

I hereby acknowledge that I have read and agree to the above statements.

Signature Date