

**Delaware County Office of Services for the Aging
 COSA
 Domiciliary Care Provider Application**

Date: _____

Name: (Last) (First) (Initial)			Address: (City) (State) (Zip)		
Telephone:			Social Security #		
DOB:		Age/ Race: (Optional)		Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No If so explain:	
If Renting, Name of Landlord		Telephone # of Landlord:			
Can you speak another Language? <input type="checkbox"/> Yes <input type="checkbox"/> No If so explain:					
Special Features in the home helpful to handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No If so explain:					
Are you employed: <input type="checkbox"/> Yes <input type="checkbox"/> No If so name and address of employer:			Work Hours:		Can we contact you at work: <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation:			Work Telephone:		Monthly Income:
Marital Status: Single Married Divorced Widowed					
Name of others in the home:			Age/ Relationship:		Will assist provider: <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
How many floors in facility?		Dining Room Y N Kitchen Y N		Living Room Y N Yard Y N	
				Pets? Y N Type of Pets?	
How many bedrooms?		Are the bedrooms on the first floor? Yes No			
Please circle preferred the age range of residents 18-30 30-45 45-60 60 and over				Will you accept someone who smokes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently providing care for residents in the facility to be used?				Does anyone in your home smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have experience working with someone who has a history of mental health problems? Is so explain:					
Do you have experience working with intellectually disabled persons? If so explain:					
Do you have experience with physically handicapped persons? If so explain:					
How did you hear about the program? TV Radio Newspaper Friend/Family Agency Internet					

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Dom Care Provider Emergency Back-Up Information Sheet

All Dom Care Providers are required to have a person to act as an emergency backup. This individual is required to be present at the time of the interview and will need to pass a criminal background check. You may have more than one person to act as the emergency back-up. Please provide the following information for each identified person.

Name: _____ Age: _____

Address: _____ Telephone #: _____

Social Security #: _____ Date of Birth: _____

1. Do you have any caregiving experience either personal or professional?
2. Do you have any experience working with individuals with disabilities?
3. Do you have any experience working in Mental Health population?
4. Do you have any experience working with the intellectually disabled population?

Name: _____ Age: _____

Address: _____ Telephone #: _____

Social Security #: _____ Date of Birth: _____

1. Do you have any caregiving experience either personal or professional?
2. Do you have any experience working with individuals with disabilities?
3. Do you have any experience working with the mental health population?
4. Do you have any experience working with the intellectually disabled population?

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Dom Care Provider Requirements

PROVIDER REQUIREMENTS:

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

- Two (2) personal references (excluding family members)
- Two (2) financial references (i.e., mortgage company, utility company, and open line of credit)
- Physician's reference, medical exam & TB test or chest x-ray completed within six (6) months of application date.
- Proof of income
- Copy of current utility bills (with no possibility of shut off)

Homeowners

- Copy of deed or a current mortgage statement
- Real estate tax receipt for current year
- Copy of homeowner's insurance policy

Renters

- Written approval from landlord
- Copy of renter's insurance policy

Basic Home Safety requirements:

- If you home has radiators, all radiator must be covered
- There must be railing 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

Room requirements:

- 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 with
 - 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 clothes closet or wardrobe
 - Bed linens and blanket
 - Towels and washcloths and a towel bar

Additional requirements

- All applicants will need a criminal background check, which will be completed by COSA upon submission of application.
- All providers must be available to attend three (3) mandatory trainings sessions per calendar year.
- All providers are required to be certified in CPR and First Aid. COSA provides this training once a year; however an applicant may need to obtain their own certification if applying after COSA annual training.

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.