

ASSISTANT/SUBSTITUTE PROVIDER RECORD

FULL NAME OF CAREGIVER: _____ <input type="checkbox"/> ASSISTANT <input type="checkbox"/> SUBSTITUTE	
Street: _____	City: _____ State: _____ ZIP: _____
TELEPHONE NUMBER: _____ AGE: _____ (Attach Verification)	
SPOUSE, PARENT, SIBLING OR CHILD OF THE PROVIDER <input type="checkbox"/> YES <input type="checkbox"/> NO	
PERSON TO BE CONTACTED IN CASE OF EMERGENCY:	
Name: _____	Telephone Number: _____
Street: _____	City: _____ State: _____ ZIP: _____
EDUCATION (For substitute provider):	
(Attach Verification)	
PROGRAMMATIC EXPERIENCE (For substitute provider):	
(Attach Verification)	
DATE OF EMPLOYMENT/VOLUNTEERING: _____	
TERMINATION DATE: _____	

ADDITIONAL REQUIREMENTS:

- TWO WRITTEN REFERENCES OR NOTATIONS OF VERBAL REFERENCES. (Obtained prior to employment for an assistant or substitute provider who is not the spouse, parent, sibling or child of the provider)
- ORIGINAL BACKGROUND CHECKS (Renewed every three years) _____

Expiration Date

 - SWORN DISCLOSURE STATEMENT INDICATING NO BARRIER CRIME (In caregiver record by the first day of employment)
 - CRIMINAL RECORD REPORT INDICATING NO BARRIER CRIME (In the caregiver record by the 30th day of employment)
 - CHILD PROTECTIVE SERVICES REGISTRY REPORT INDICATING NO FOUNDED COMPLAINT (In the caregiver record by the 30th day of employment)
- REPORT OF TUBERCULOSIS SCREENING (Obtained every two years) _____

Expiration Date
- DOCUMENTATION OF ORIENTATION TRAINING
- DOCUMENTATION OF ANNUAL TRAINING (including annual emergency response training)
- Current CPR certification (Renewed every two-three years) _____

Expiration Date
- Current First Aid certification (Renewed every three years) _____ (or documentation of licensure to administer prescription medications)

Expiration Date
- Current MAT certification (Renewed every three years) _____ (or documentation of licensure to administer prescription medications)

Expiration Date
- FOR SUBSTITUTES, DOCUMENTATION OF TIME OF ARRIVALS AND DEPARTURES
- FOR CAREGIVERS PROVIDING TRANSPORTATION, VALID DRIVER'S LICENSE