

**Office on Aging and Aging and Disability Resource Connection of Orange County
Information and Assistance
APPLICATION FOR INCLUSION IN RESOURCE DATABASE**

Application is: New Update

Complete all sections as applicable. Return your completed application to: Office on Aging Information and Assistance 1300 S. Grand Ave., Bldg. B, Santa Ana, CA 92705 or email to AreaAgencyonAging@occr.ocgov.com or fax to 714 -567-5021.

Would you like us to share your information with other agencies providing similar information and assistance, such as 211, Alzheimer’s Association Orange County, Council on Aging Orange County, Dayle McIntosh Center? Yes No

Agency Information			
Organization or Program Name:			
Legal Status (Non-Profit, For-Profit, Public, Religious)			
Parent Company of Larger Agency Affiliation			
Street Address			
Is the street address confidential? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mailing Address (if different)			
Phone No.		Fax No.	
Website		Email	

Service/Program Description	
In Home Services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you must complete the Supplemental Questions Section on page 2	
Detailed Description (if operating more than one program, and all information for each is the same, list all program names below. However, if operating multiple programs with varying descriptions, submit a separate application for each program):	
Days and Hours of Operation	
Service Hours	
Geographic Area(s) Served	
Fees	
Method of Payment	
Accept SSI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Languages other than English	
Transportation Provided	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:
Residential	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, number of Beds:
	If yes, describe rates (e.g. Private/Semi Private):

Application/Eligibility

Application Process (Include documents required, such as driver license, social security card, proof of resident status, etc.)	
Eligibility Requirements/ Exclusions	

Supplemental Questions

Complete only if your agency provides in-home care services

1. The staff that you send into clients' homes are	<input type="checkbox"/> Employees of your company <input type="checkbox"/> Independent contractors
2. What are your minimum/maximum hours of service?	
3. Are your employees/volunteers covered by liability insurance?	<input type="checkbox"/> Yes, please attach a copy of your current policy <input type="checkbox"/> No
4. Are your employees/volunteers covered by your Workman's Compensation Insurance Policy?	<input type="checkbox"/> Yes, please attach a copy of your current policy <input type="checkbox"/> No
5. Do you perform criminal background checks on all employees/volunteers? If yes, provide the following information on the agency that conducts your background checks. Name: Address: Phone Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you preform reference checks on all of your employees/volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you licensed with the California Home Care Services Bureau Licensing Agency?	<input type="checkbox"/> Yes, please provide your licensing date _____ <input type="checkbox"/> No, please provide your licensing status: _____

Please submit the following required documents:

1. Current business license.
2. If you answered yes to question 3 above, please provide a copy of your Liability Insurance Policy.
3. If you answered yes to question 4 above, please provide a copy of your Workman's Compensation Insurance Policy.
4. If you answered yes to question 7 above, please provide a copy of your State of California Home Care Services Bureau License.
5. If you employ caregivers, please include a rate sheet. If you do not have a printed rate sheet, please use the space below to describe your rate information (i.e. hourly/live in rates, etc.)

Submitted By

Name	
Telephone Number	
Email	

**Agency Use
Only**

Date verified:

Date Input:

Date Sent to Other Agencies if Applicable:

By:

By:

By: