

Caregiver Name: _____ Position: _____

Contact No.: _____ Email: _____

Required Documentation	Date Completed	Mandatory Renewal Date
Application		
Employment Agreement		
Driver's License		
Social Security		
Direct Deposit		
I-9 Form		
Resume		
Proof of Education		
References		
Level 2 Background Screening (expires every five years)		
Local Background Check		
Caregiver Professional Liability Insurance		
Vehicle Registration		
Vehicle Insurance		
Affidavit of Good Moral Character		
Zero Tolerance (expires every three years)		
HIPPA (expires yearly)		
HIV/AIDS Training		

