



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®.

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Have you ever been employed by Soreo or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Do you have any relatives employed by Soreo or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list name(s), job title(s) & location(s)	

DCW QUALIFICATIONS	
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):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have DCW training certification?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have experience using a Hoyer lift?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have experience using a gait belt?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have experience cooking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have experience ironing?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you offer DCW services in the home of a smoker?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you offer DCW services in a home with pets?
<input type="checkbox"/> Yes <input type="checkbox"/> NoLarge dogs?
<input type="checkbox"/> Yes <input type="checkbox"/> NoCats?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Article 9 certification?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have ‘Prevention and Support’ (CIT) training certification?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you CPR certified?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you First Aid certified?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you provide Tuberculosis free test results?

Job Title	Reason for Leaving
Duties & Responsibilities	

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?

	Name	Address	Telephone
1.			
2.			
3.			

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