



VNA Northwest Nursing Registry, Inc.

607 Bantam Road, Unit F Bantam, CT 06750

Phone: 860-567-2476 Fax: 860-567-5797

Thank you for taking time to complete this membership application and for your interest in accepting referrals as an independent caregiver registered through VNA Northwest Nursing Registry, Inc.

VNA Northwest Nursing Registry, Inc. is a private duty home care referral agency dedicated to matching your professional care-giving talents to residents throughout Litchfield County who need temporary or ongoing assistance. We do not employ freelance independent caregivers registered with our agency. You are therefore not entitled to worker's compensation insurance or unemployment compensation. All caregivers and service providers referred through us are paid directly by the clients they work for and are either a self employed independent contractor (IRS form 1099) or are employed by their clients (Form W-2). As a self employed independent caregiver, you are responsible for paying your own taxes on the income you earn from your clients who you will bill directly. Clients who have engaged the services of a third party payroll processing company to handle payments and tax forms on their behalf will arrange for you to be paid directly on their behalf each week after you have completed and submitted the payment services enrollment forms.

If Registry membership is realized and as required by the State of Connecticut, independent caregivers must supply us with at least TWO (2) of the following credentials to support their independent business status: Professional liability insurance is required. Additional forms of credentialing include a Tax ID number, printed business card, published advertisements for services provided by you, letterhead stationary or a copy of bill or invoice with your name or business name. THESE CREDENTIALS WILL BE NEEDED BEFORE YOU ARE ACTIVELY REFERRED FOR CLIENT ASSIGNMENTS.

Please thoroughly complete all information requested in this application, including full mailing addresses.

Date of Membership Application: \_\_\_/\_\_\_/\_\_\_

Level of Experience/Training: \_\_\_RN \_\_\_LPN \_\_\_CNA \_\_\_PCA
(If applicable, a copy of current licenses/certificates will be requested)

I am interested in accepting referrals for \_\_\_ Hourly care \_\_\_ Live-in Care

Name (Last) (First) (Middle Initial)

Street Address:

City, State, Zip

Telephone: Home: ( ) Cell: ( )

Email:

If you have lived at the above address less than 12 months, list previous address:

Street Address:

City, State, Zip

Are you legally authorized to accept employment/work assignments in this country? YES NO
(Proof of eligibility will be required prior to receiving referrals)

Do you have reliable means of transportation to get to your clients on a timely basis and when notified of referral opportunities on short notice?     \_\_YES   \_\_NO

Would you be willing to use your car for client errands?      Yes  No

Would you be willing to use your car for client transportation?  Yes  No

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Have you served in the military?   \_\_YES   \_\_NO  
If yes, were you discharged from the military under other than honorable conditions?

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### EDUCATION/TRAINING BACKGROUND

Please list your school/training information:

High School Name: \_\_\_\_\_  
School City and State \_\_\_\_\_  
Year of Graduation/Completion \_\_\_\_\_

College School Name: \_\_\_\_\_  
School City and State \_\_\_\_\_  
Year of Graduation/Completion \_\_\_\_\_

DEGREE/s RECEIVED: \_\_\_\_\_ AREA OF CONCENTRATION: \_\_\_\_\_

CURRENT CREDENTIALS, if applicable:   \_\_RN   \_\_LPN   \_\_CNA   \_\_Other: \_\_\_\_\_

If applicable, please list your professional license or certificate information:

License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**OTHER EDUCATION/TRAINING EXPERIENCE:** List any additional relevant skills, schooling, and training that would directly relate to the role of independent caregiver.

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**EMPLOYMENT HISTORY**

Have you ever applied to this agency in the past? \_\_\_ Yes \_\_\_ No

How did you hear about us? \_\_\_\_\_

Are you currently working? \_\_\_\_\_ May we contact your present workplace? \_\_\_\_\_

Please list below your work history, starting with the most recent employer.

**Complete all information including full mailing address.**

Dates of employment from: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title or work performed: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of employment from: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title or work performed: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of employment from: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title or work performed: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Comments regarding lapses in employment, if applicable:

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## CONTRACTING HISTORY

List work done as an Independent Contractor or other temporary/referral/home care agency experience:

<u>Dates (month and year)</u>	<u>Agency</u>	<u>City/State</u>	<u>Role/Position</u>
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From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Have you ever been discharged from a job, position or assignment or forced or asked to resign?  
\_\_YES \_\_NO

**PLEASE PROVIDE THREE (3) WORK-RELATED REFERENCES (those who have directly supervised you or who can attest to your work ethic from a professional perspective—no family, friends or co-workers).**

It is your responsibility to obtain permission from each of your references before providing us with their name.

**Please complete all information including full mailing address.**

Reference Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone #: (\_\_\_\_) \_\_\_\_\_  
Relationship/Business: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone #: (\_\_\_\_) \_\_\_\_\_  
Relationship/Business: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone #: (\_\_\_\_) \_\_\_\_\_  
Relationship/Business: \_\_\_\_\_

Are you able to perform the functions of the position with or without reasonable accommodation?  
\_\_YES \_\_NO

If NO, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*As a caregiver, what else would you like your prospective clients to know about you?*  
(Make additional comments here if you desire):

**I understand that nothing contained in this referral application and membership process is intended to create an employment contract between this agency and me for either referral or for the providing of any benefit.**

**I give permission for the employers and references listed above to be contacted unless otherwise noted. If I am offered and accept referrals, I understand that the referral is for no definite period of time. I understand that if this agency provides referrals to me, I will be a member of --not employed by--VNA Northwest Nursing Registry, Inc.**

**I understand that I am therefore not entitled to Registry coverage of worker's compensation insurance or unemployment compensation. I understand that, as a caregiver who is referred through VNA Northwest Nursing Registry, Inc., I am paid directly by the clients for whom I work (or by a payment processing company that has been engaged by the client), and that I am either employed by my clients or work as a self employed independent caregiver which will be determined by agreement of both parties.**

**As a self employed independent caregiver accepting referrals from the Registry, I acknowledge that:**

- \* I am responsible for providing my clients with a Form W-9 upon being engaged by the client.**
- \* I am responsible for signing and maintaining a copy of a Client-Caregiver Agreement with my clients detailing the mutually agreed upon rate of pay, tasks to be carried out and other details as discussed and agreed upon by both parties in advance of providing care support service.**
- \* I am responsible for paying my own taxes on the income I earn from my clients who I will bill directly.**

*I hereby do certify that all statements made in this membership application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to refer to a client or termination of VNA Northwest Nursing Registry membership.*

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**Signature of Applicant**

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**Date**

VNA Northwest Nursing Registry does not discriminate against applicants or references because of age, race, color, religion, national origin, sex, disability or on any other basis prohibited by law.

**Please return completed membership application to:  
VNA Northwest Nursing Registry, Inc  
607 Bantam Road, Unit F  
Bantam, CT 06750  
Fax # (860) 567-5797**