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|  | **Companion HomeOutside Employment Notification and Review** |  |
|  |  | DATE |
| COMPANION HOME PROVIDER NAME | COMPANION HOME CONTRACT NUMBER |
| COMPANION HOME ADDRESS |
| CLIENT SUPPORTED  | CONTRACT START DATE |
| NAME OF (CURRENT OR PROPOSED) OUTSIDE EMPLOYER | HOURS PER WEEK | DATE OF EMPLOYMENT |
| ADDRESS OF OUTSIDE EMPLOYER (PHYSICAL ADDRESS) CITY STATE ZIP CODE    |
| JOB TITLE | LOCATION OF EMPLOYMENT |
| [ ]  New outside employment [ ]  Currently engaged in outside employment [ ]  Annual Review |
| DESCRIPTION OF DUTIES |
|  YES NO1. Does the outside employment involve direct service for children or vulnerable adults? [ ]  [ ] 2. Does the outside employment involve the provision of care or supervision of a child or vulnerable adult  in your home? [ ]  [ ] 3. Is the employer licensed or contracted with DSHS? [ ]  [ ] 4. Has the employer been informed of your commitment as a contracted companion home provider? [ ]  [ ] 5. Has the employer been informed that as a 24/7 residential provider you may need to leave in the event  of a crisis with little to no notice given? [ ]  [ ] 6. Who will provide direct service support to the companion home client during outside employment work hours? |
| Explain ALL of your YES answers: |
| **I understand that this notification and review of outside employment will be made a part of my contract file.** |
| COMPANION HOME PROVIDER OR APPLICANT SIGNATURE | DATE |
| **Resource Manager Review** |
| [ ]  No Conflict [ ]  Conflict\*\* | RESOURCE MANAGER’S SIGNATURE | DATE |
| **Regional Administrator or Designee Review** |
| [ ]  No Conflict [ ]  Conflict\*\* | REGIONAL ADMINISTRATOR OR DESIGNEE’S SIGNATURE | DATE |
| **\*\* To be completed by the Companion Home (CH) Provider or Applicant if a conflict is identified.** |
| [ ]  I choose to terminate my outside employment.[ ]  I choose to terminate my CH contract. | CH PROVIDER OR APPLICANT’S SIGNATURE | DATE |
| **For DDA Use Only** |
| REVIEWED WITH PROVIDER / APPLICANT AND WITNESSED BY: | DATE |
| CH PROGRAM MANAGER REVIEW SIGNATURE | DATE      |