



Companion Home Outside Employment Notification and Review

DATE

COMPANION HOME PROVIDER NAME	COMPANION HOME CONTRACT NUMBER
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COMPANION HOME ADDRESS

CLIENT SUPPORTED	CONTRACT START DATE
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NAME OF (CURRENT OR PROPOSED) OUTSIDE EMPLOYER	HOURS PER WEEK	DATE OF EMPLOYMENT
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ADDRESS OF OUTSIDE EMPLOYER (PHYSICAL ADDRESS)	CITY	STATE	ZIP CODE
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JOB TITLE	LOCATION OF EMPLOYMENT
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New outside employment
 Currently engaged in outside employment
 Annual Review

DESCRIPTION OF DUTIES

	YES	NO
1. Does the outside employment involve direct service for children or vulnerable adults?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the outside employment involve the provision of care or supervision of a child or vulnerable adult in your home?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the employer licensed or contracted with DSHS?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the employer been informed of your commitment as a contracted companion home provider?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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
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Resource Manager Review

<input type="checkbox"/> No Conflict <input type="checkbox"/> Conflict**	RESOURCE MANAGER'S SIGNATURE	DATE
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Regional Administrator or Designee Review

<input type="checkbox"/> No Conflict <input type="checkbox"/> Conflict**	REGIONAL ADMINISTRATOR OR DESIGNEE'S SIGNATURE	DATE
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**** To be completed by the Companion Home (CH) Provider or Applicant if a conflict is identified.**

<input type="checkbox"/> I choose to terminate my outside employment. <input type="checkbox"/> I choose to terminate my CH contract.	CH PROVIDER OR APPLICANT'S SIGNATURE	DATE
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For DDA Use Only

REVIEWED WITH PROVIDER / APPLICANT AND WITNESSED BY:	DATE
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CH PROGRAM MANAGER REVIEW SIGNATURE	DATE
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ORIGINAL: Contract File; **COPIES:** Contractor, Resource Manager, and CH Program Manager