



# Companion Home Outside Employment Notification

DATE
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COMPANION HOME PROVIDER NAME	COMPANION HOME CONTRACT NUMBER
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COMPANION HOME ADDRESS
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CLIENT SUPPORTED	DATE CONTRACT INITIATED
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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
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	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 be providing direct service support to the companion home client during outside employment work hours?		

Explain ALL of your YES answers:

**I understand that this notification of outside employment will be made a part of my contract file.**

EMPLOYEE'S SIGNATURE	DATE
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**CASE RESOURCE MANAGER REVIEW**

<input type="checkbox"/> NO CONFLICT <input type="checkbox"/> CONFLICT	SIGNATURE	DATE
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**COMPANION HOME PROGRAM MANAGER REVIEW**

<input type="checkbox"/> NO CONFLICT <input type="checkbox"/> CONFLICT	PROGRAM MANAGER'S SIGNATURE	DATE
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