



Companion Home Outside 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 | 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
CH PROGRAM MANAGER REVIEW SIGNATURE	DATE

ORIGINAL: Contract File; **COPIES:** Contractor, Resource Manager, and CH Program Manager