

**Adult Family Home Training Network
Worker Sponsorship Pilot Program
Individual Application**

Updated 2/7/22

For a sponsored individual, the cost of the training and—for certain specified training—the individual’s salary and benefits during the training, will be paid by The Long-Term Care Foundation from a portion of the training benefit negotiated for Adult Family Homes in the collective bargaining agreement with the State of Washington.

Individuals not currently employed by adult family homes but committed to completing the qualifying training and, if required, testing and certification may be accepted into the program. They will be placed in a pool of applicants to be matched with eligible adult family homes looking to hire caregivers and willing to sponsor applicants.

Information collected from this application will be part of a data analysis of the pilot program.

Applicant:

First Name: _____ Last Name: _____

Address: _____

City/State/Zip Code: _____ / _____ / _____

County: _____

Telephone: _____ E-mail: _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Gender (Check one): Male Female Non-Binary Decline to Answer

Race (Check one): Hispanic White/Caucasian Black/African American Asian
 American Indian or Alaska Native Hawaiian Native or Other Pacific Islander
 Multi-racial Other Decline to Answer

Questions continued on next page

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Disability: Yes No Decline to Answer Military Veteran: Yes No

Are you authorized to work in the United States?: Yes No

Do you have previous health care experience?: Yes No

If yes, please describe: _____

Do you currently have any certifications?: Yes No

If yes, please describe: _____

Please check off your credentials for working in an adult family home:

- Background Check Food Handlers
 CPR/First Aid TB

What training(s) do you need to become a long-term care worker?

- | | |
|---|---|
| <input type="checkbox"/> Home Care Aide Training (75 hours) & Testing | <input type="checkbox"/> Mental Health Specialty Training |
| <input type="checkbox"/> HCA Pre-Prometric Test Refresher | <input type="checkbox"/> Dementia Specialty Training |
| <input type="checkbox"/> CNA Certification Training + Testing | <input type="checkbox"/> Nurse Delegation |
| <input type="checkbox"/> HIV/AIDS Training | <input type="checkbox"/> Nurse Delegation—Diabetes |

Which of the trainings below do you need to further your long-term care worker professional and career development?

- HCA/CNA Alternative Bridge Program
(for Certified HCAs who want to advance their careers to Certified CNAs)
- Adult Education (to prepare you to offer specialty trainings in your AFH)
- Adult Family Home Administrator Training

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Which of the following DSHS-approved training companies will you choose to provide the training you require?

- Community Colleges of Spokane (offers Adult Education, AFH Administrator, HCA/CNA Bridge, HIV/AIDS, HCA, HCA Skills Refresher)
- Cornerstone Healthcare Training Company, LLC (offers Dementia, HIV/AIDS, HCA, Mental Health, Nurse Delegation, Nurse Delegation Diabetes)
- Long-Term Care Education Associates (offers Dementia, Mental Health, Nurse Delegation, Nurse Delegation Diabetes)
- Headway Nursing Services (offers Dementia, HIV/AIDS, HCA, Mental Health, Nurse Delegation, Nurse Delegation Diabetes, Adult Education)
- Northcare Training (offers Dementia, HCA, HCA/CNA Bridge, Mental Health, Nurse Delegation, Nurse Delegation Diabetes)
- S&H Training Center, Inc. (offers Dementia, HCA, Mental Health, Nurse Delegation, Nurse Delegation Diabetes)
- Washington Care Academy, LLC (offers Dementia, HCA, Mental Health, Nurse Delegation, Nurse Delegation Diabetes)

Other: _____

For those choosing CNA training, please visit <https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NursingEducation/NursingAssistantCertified/ProgramList>, pick your top three choices, and add them below

- 1) _____
- 2) _____
- 3) _____

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Are you able to take the training online? Yes No

How soon could you begin the training? _____

Highest Grade Completed:

Less than high school graduation High School Graduate Graduation Date: _____

GED Date GED Attained: _____

Some Post H.S., no degree or certificate Certificate (< 2 years)

Associate Degree Bachelor's Degree or Above

How did you hear about us?

Referral (who referred you): _____

The Long-Term Care Foundation Facebook Page

The Long-Term Care Foundation Website

Other: _____

Are you currently working at an Adult Family Home? Yes No

If yes, what is the name of the adult family home? _____

Applicant's Signature: _____ **Date:** _____



Long-Term Care Foundation

of Washington State

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Program Eligibility Criteria (LTCF Use Only)

- Has completed HS/GED
- Background Check
- Is applicant committed to taking requested training
- Training needed to complete requirements for certification
- Applicant able to take requested training online
- Applicant is able/willing to use DSHS-approved trainer
- TB Test
- CPR/First Aid
- Food Handlers