

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

Updated 2/25/22

The cost of the training and—for certain specified training—employee 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.

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

Adult Family Home:

License Number: _____

Address: _____

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

County: _____

Owner's Name: First: _____ Last: _____

Adult Family Home Contact (person to help manage sponsorship process):

First: _____ Last: _____

Telephone: _____ E-mail: _____

Is your adult family home approved to offer on-the-job training? Yes No

If yes, what kind of training? _____

Do you currently have a Medicaid contract? Yes No

If yes, how many Medicaid clients do you have? _____

Do you have an applicant that you would like to sponsor through one or more qualifying training?

Yes No

If yes, please provide the following information about your sponsored applicant.

If no, would you like our assistance in helping you recruit a new employee? Yes No

Questions continued on next page

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Sponsored Applicant:

First Name: _____ Last Name: _____

Address: _____

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

County: _____

Telephone: _____ E-mail: _____

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

Hire Date/Intend to Hire Date: _____ / _____ / _____

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

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

Does the applicant have previous health care experience? Yes No

If yes, please describe: _____

Does the applicant currently hold any certifications? Yes No

If yes, please describe: _____

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Please check off what the applicant has completed below to work in Adult Family Home:

- Background Check Food Handlers
 CPR/First Aid TB

Which of the trainings below are needed for applicant to become a long-term care worker?

- Home Care Aide Training (75 hours) & Testing Mental Health Specialty Training
 HCA Pre-Prometric Test Refresher Dementia Specialty Training
 CNA Certification Training + Testing Nurse Delegation
 HIV/AIDS Training Nurse Delegation—Diabetes

Which of the trainings below are needed for applicant to further 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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Is the applicant able to take the training online? Yes No

How soon can the applicant begin the training? _____

Applicant's 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: _____

Adult Family Home Contact's Signature: _____ **Date:** _____

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

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

Program Eligibility Criteria (LTCF Use Only)

- Medicaid Contract
- Number of Medicaid clients
- Has applicant 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 able/willing to use DSHS approved trainer
- TB Test
- CPR/First Aid
- Food Handlers