

**The LaChris Connection - \*TLC**  
**Special Needs Care Provider Candidate**

Referred By \_\_\_\_\_ **Application/Information** Today's Date \_\_\_\_\_

I'm **applying as:** (please X *in front* of applicable titles)

\_\_\_\_\_ Dad/Mom's helper \_\_\_\_\_ Babysitter \_\_\_\_\_ Nanny \_\_\_\_\_ Nurse ( \_\_ LVN \_\_ RN \_\_ Other)

I am 18 or over \_\_\_\_\_ ( Y or N) Nurse other: \_\_\_\_\_

**Personal Data:**

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female

Address: \_\_\_\_\_  
Street Address City State Zip

Social Security# \_\_\_\_\_ Driver's License State \_\_\_\_\_ # \_\_\_\_\_

**Phones:** Cell # \_\_\_\_\_ Land # \_\_\_\_\_ Work # \_\_\_\_\_

**Email address:** \_\_\_\_\_ (if writing, slowly & clearly please!)

**Days available:** \_\_\_\_\_ **Times Available:** \_\_\_\_\_  
(weekdays / weekends or specific days) (weekday eves/ all day weekends, nights)

**Compensation:** Range \*p/hour \$ \_\_\_\_\_ - \_\_\_\_\_ Overnight fee \$ \_\_\_\_\_

Please consider "willing to start at, followed by raises, etc.)

Check (X) the **challenges that you're comfortable** with and/or willing to train for:

1. Physical disabilities \_\_\_\_\_
2. Social/Emotional \_\_\_\_\_
3. Behavioral \_\_\_\_\_
4. Not sure until I learn or experience more \_\_\_\_\_

Please list any diagnosis you remember of the children you've worked with?

\_\_\_\_\_  
(i.e. cerebral palsy, autism, Ret syndrome, Down syndrome, write in other names and/or characteristics)

Check (X) if **experienced with:** Feeding Tubes \_\_\_\_\_ Respirators \_\_\_\_\_ Other \_\_\_\_\_

**What is most interesting** or enjoyable for you about the prospect of this work?

**Training / Experience / Skills:**

CPR \_\_\_\_\_ Red Cross \_\_\_\_\_ \*TLC sponsored Training \_\_\_\_\_ Languages \_\_\_\_\_  
(verbal & sign)

**Related Education / Courses:** \_\_\_\_\_

Please list **relatives/friends/co-workers** who have disabilities and their challenges/diagnosis:

\_\_\_\_\_