

**Office on Aging and Aging and Disability Resource Connection of Orange County
Information and Assistance
APPLICATION FOR INCLUSION IN RESOURCE DATABASE**

Application is: New Update

Complete all sections that apply. Return your completed application to: Office on Aging Information and Assistance 1300 S. Grand Ave., Bldg B, Santa Ana, CA 92705 or email to areaagencyonaging@occr.ocgov.com or fax to 714 -567-5021.

| Agency Information | | | |
|---|--|----------------|--|
| Organization or Program Name: | | | |
| Legal Status (Non-Profit, For-Profit, Public, Religious) | | | |
| Parent Company of Larger Agency Affiliation | | | |
| Street Address | | | |
| Is the street address confidential? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Mailing Address (if different) | | | |
| Phone No. | | Fax No. | |
| Website | | Email | |

| Service/Program Description | |
|---|--|
| In Home Services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you must complete the supplemental section on page 2 | |
| Detailed Description (if more than one program, list all below if information is the same. Otherwise, submit a separate application for each program): | |
| Days and Hours of Operation | |
| Geographic Area(s) Served | |
| Fees | |
| Method of Payment | |
| Accept SSI | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Languages other than English | |
| Service Hours | |
| Office Hours | |
| Transportation Provided | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe: |
| Wheelchair Access | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Residential | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If yes, number of Beds: |
| | If yes, describe rates (e.g. Private/Semi Private): |

| Application/Eligibility | |
|--|--|
| Process (Include documents required, such as driver license, social security card, proof of resident status, etc.) | |
| Eligibility Requirements/ Exclusions | |

| Supplemental Questions Complete if your agency provides in-home services | |
|---|--|
| 1. The people that we send into clients' homes are | <input type="checkbox"/> Employees of our company <input type="checkbox"/> Independent contractors |
| 2. All our employees/volunteers are covered by our Workman's Compensation Insurance Policy. | <input type="checkbox"/> Yes, please attach a copy of your current policy <input type="checkbox"/> No |
| 3. All our employees/volunteers are covered under our liability insurance policy. | <input type="checkbox"/> Yes, please attach a copy of your current policy <input type="checkbox"/> No |
| 4. We perform criminal backgrounds on all employees/volunteers. If yes, provide the following information on the agency that conducts your background checks. Name: Address: Phone Number: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. We perform reference checks on all our employees/volunteers. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please submit the following required documents: | |
| 1. Current business license. | |
| 2. If you answered yes to question 2 above, provide a copy of your Workman's Compensation Insurance Policy. | |
| 3. If you answered yes to question 3 above, provide a copy of your Liability Insurance Policy. | |
| 4. If you employee caregivers, provide a rate sheet. If you do not have a printed rate sheet, describe your rates (including hourly rates, minimum hours, etc.) | |

| Submitted By | |
|-------------------------|--|
| Name | |
| Telephone Number | |
| Email | |

| | | |
|----------------------------|--|-----|
| Agency Use Only | Date verified: | By: |
| | Date Input: | By: |
| | Date Sent to Other Agencies if Applicable: | By: |