

PERSONAL SERVICE PROVIDER APPLICATION
To be completed by agency providing service

Name of agency (“Agency”): _____

Address: _____

Telephone Number: _____

This is to acknowledge that in compliance with the Freedom Village at Brandywine Personal Service Provider Policy, Agency, as part of standard hiring procedures, has cleared all of our employees and staff for the following:

- Criminal record background check
- Abuse check
- Proof that employee is free from tuberculosis
- Written statement from employee’s physician regarding physical/mental health which includes a statement as to whether employee has a communicable condition
- Eligibility to participate in any Federal health care programs
- Employment-related reference checks
- If providing medical care, a verified license or certificate

Further, Agency maintains the following insurance:

- Personal Liability
- Medical Professional Liability (if providing medical services)
- Automobile Liability (if employee/staff will drive Agency automobile)

Agency has verified that the employee/staff member has the following:

- Valid Driver’s License (if responsibilities include driving)
- Automobile Liability (if employee/staff will drive own automobile)

I certify that the above information is true and correct.

Signature of Agency Representative

Date