



**The Klamath Tribes**  
**Community Services Department**  
**Native American Respite Relief Caregiver Application**

Today's Date \_\_\_\_\_ **\*Director Approval/Date** \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Person(s) needing care:

Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_

Will you be driving this person while performing Respite Care?  YES  NO

*If yes, we will need a copy of your valid Drivers Liscence & Proof of Insurance.*

Primary Caregivers

Name \_\_\_\_\_

\*Write in **None** if you do not have someone to care for.

Do you have a current First Aid, Infant and Adult CPR Training?  YES  NO

If yes, expiration date \_\_\_\_\_ (Must provide copy with application)

Are you currently certified by the State? .....  YES  NO

If yes, please list your provider number \_\_\_\_\_ (Must provide copy with application)

References:

	Reference Name	Address	Phone #	Caregiver for them
1.				<input type="checkbox"/> YES <input type="checkbox"/> NO
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO

If I am not state certified, I understand that I must apply for, and satisfactorily pass a criminal background Check before I will be approved to be a contracted Respite Care Provider.

**(Please fill out Page 2 Consent to Background, Character and Investigation Check)**

Signature \_\_\_\_\_

Date \_\_\_\_\_

