

Additional Employment Interests – Ozaukee County

Please complete the following if you are interested in having your name included on a list of providers that will be shared with other parents in the Ozaukee County CLTS Waiver program. If you sign this, your contact information will be given to the parents seeking providers. The list will be maintained by BDS Fiscal.

Name: _____ Phone: (_____) _____ - _____

Email: _____ Current child: _____

Services I can provide:

- Child Care
- Daily Living Skills Training
- Mentoring
- Respite Care

I am available on short notice

- Yes
- No
- Possibly

I am willing to work

- Mon-Fri days
- Mon-Fri evenings
- Sat-Sun days
- Sat-Sun evenings

I am willing to work with

- Children age 0-12
- Teens age 13-18
- Siblings

I am trained in

- CPR
- First Aid
- Sign language
- Handling special cares (e.g. *diapers, G-tubes, seizures*)

Comments on training or availability: _____

Check all cities/towns you are willing to drive to and work within:

- | | | |
|------------------------------------|------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Belgium | <input type="checkbox"/> Grafton | <input type="checkbox"/> Saukville |
| <input type="checkbox"/> Cedarburg | <input type="checkbox"/> Mequon | <input type="checkbox"/> Thiensville |
| <input type="checkbox"/> Fredonia | <input type="checkbox"/> Port Washington | <input type="checkbox"/> Waubeka |

I give permission to put my name on the list of available care providers maintained by BDS Fiscal. I understand my name and contact information will be released to parents/guardians seeking providers in the counties I indicated above, and they may call or email me. I understand that this release will remain valid until I contact BDS Fiscal and request my name be removed from the list.

Employee Signature

Date