



Application Checklist

Name _____ Date Submitted _____

Instructions: Please complete the application packet and send all forms with the copies listed below to Metro Hearts. If more than one person in the household plans to provide unsupervised care to the consumer, each person must complete an application packet and provide the information listed below. Please complete a checklist and attach to each packet.

1. ___ Application
2. ___ Confidentiality Agreement
3. ___ Background Screening Permission
 - a. Complete one for each household member 18 year of age or older
4. ___ Copy of Social Security Card
5. ___ Copy of Professional License (RN, LPN, CNA) if applicable
6. ___ Copy of Drivers License (color or clear black and white)
7. ___ TB testing or alternative testing statement with Doctor signature
8. ___ Hepatitis B Immunization Form
9. ___ Copy of Homeowner/Renter Insurance Policy
10. ___ Copy of Professional Liability Insurance
11. ___ Copy of Auto Insurance Policy for each vehicle
 - a. A copy of an insurance card may be sent if the card contains vehicle identification and coverage information
12. ___ HUD Home Inspection
13. ___ Copy of First Aid Certification (For certification contact American Red Cross or Local CCB)
14. ___ Copy of CPR (For certification contact American Red Cross or Local CCB)
15. ___ Copy of Medication Certification (For certification contact local CCB)
16. ___ Personal Reference Request (min. of 2 required)
17. ___ Business Reference Request (min. of 2 required)