Personal Care Worker Data Form

Disclaimer
Inclusion in the Personal Care Worker Listing should in no way be construed to constitute an endorsement of an individual Personal Care Worker or their services, nor should exclusion be construed to constitute disapproval. Inclusion in the Listing does not constitute a guarantee or warranty by the Lieutenant Governor’s Office on Aging regarding the services of the Personal Care Worker. The individual Personal Care Worker listed provided the information that appears in this Listing. Personal Care Workers are solely responsible for the content of their Listing. Personal Care Workers are also responsible for updating their information and removing their Listing when they are no longer seeking clients. The Lieutenant Governor’s Office on Aging has not performed any criminal background checks on the persons listed in the Listing. SC Access reserves the right to change, add, edit, or delete information supplied by service providers to meet format, guideline, or space criteria. SC Access also reserves the right to limit or discontinue listings, including providers who do not respond to requests for updated information.

Personal Information
Name: Edith A. Ridling
Address: 841 Forest Drive
City: Barnwell  State: SC  Zip Code: 29812
Day Phone Number: (803) 259-0323
Night Phone Number: (   )
Cell Phone Number: (   )
Email address:
Gender (Check): □ Male  ☑ Female

Language Information
Primary Language: ☑ English  □ Spanish  □ Other (Specify):

How well do you:
Speak English: ☑ Well  □ Average  □ Poor
Read English: ☑ Well  □ Average  □ Poor
Write English: ☑ Well  □ Average  □ Poor

Driving Skills and Access to Car
Do you have a South Carolina Driver’s License? ☑ Yes  □ No
Do you maintain car insurance? ☑ Yes  □ No
Do you own or have use of a car to get to jobs? ☑ Yes  □ No
Are you willing to use your car to drive individuals? ☑ Yes  □ No
Are you willing to drive an individual’s car? ☑ Yes  □ No
Work Availability
Check all that apply:

Mornings    Afternoons    Nights    Overnights    Back-Up
Mondays
Tuesdays
Wednesdays
Thursdays
Fridays
Saturdays
Sundays
Holidays

Work Preference
List counties/areas:

Educational Information
Highest level of education:

☐ Less than GED        ☐ GED        ☐ High School Diploma
☒ Associate Degree    ☐ Baccalaureate Degree    ☐ Masters Degree

Experience
Years of Experience as a Personal Care Provider:

Experience working with individuals with: (Check all that apply)
☒ Mental Retardation    ☐ Autism        ☒ Brain injuries
☒ Spinal cord injuries    ☒ Mental Illness    ☒ Related Disabilities
☒ Alzheimer's/Dementia    ☐ Other (specify): Physical and Motor Handicapped

Training and Certification
Check all that apply:
☒ First Aid        If yes, date expires: 1/10/2009
☒ Cardiopulmonary Resuscitation (CPR)        If yes, date expires: 1/10/2009

☒ Certified Nursing Assistant (CNA)
☐ Licensed Practical Nurse (LPN)
☐ Registered Nurse (RN)
☒ Other special Training/License: Licensed Foster Care Home

Miscellaneous
Current Annual TB skin test?    ☐ Yes        ☐ No

Have you ever been convicted of a felony; a crime against another person; misuse or abuse of any public assistance program including Medicaid fraud; or abuse, neglect or exploitation of adults?    ☐ Yes        ☒ No

If Yes, when and where:
Are you willing to undergo a SLED criminal background check if requested and paid for by the employer?   ☑ Yes   ☐ No

Will you accept individuals who smoke?    ☐ Yes   ☑ No
Will accept individuals with pets in the home?   ☐ Yes   ☐ No

**Work Interest**

Check all that apply. Refer to *Frequently Asked Questions* for a description of the duties of each position.

☐ Interested in work as a Personal Care I aide?
☐ Interested in work as a Personal Care II aide?
☐ Interested in work as a Personal Assistant?
☐ Interested in work as an Attendant?
☑ Interested in work as a Companion?
☐ Interested in work as a Respite Provider?

I certify that all information on this form is true to the best of my knowledge. I understand that any false information will eliminate me from the listing.

I give my permission for this information to be posted on the Internet as part of the Personal Care Worker Listing within SC Access.

Signed and Dated:  8/13/2008

Return completed form to:  Personal Care Worker Listing
Lieutenant Governor’s Office on Aging – SC Access
1301 Gervais Street, Suite 200
Columbia, SC 29201

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