

Voluntary Personal Care Worker Registry

Disclaimer

The Personal Care Worker Registry is provided through a Medicaid Infrastructure Grant contract between the South Carolina Department of Health and Human Services (DHHS) and the Lieutenant Governor's Office on Aging. Inclusion in the Personal Care Worker Registry 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 registry does not constitute a guarantee or warranty by the South Carolina Department of Health and Human Services or 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 Registry. Personal Care Workers are solely responsible for the content of their registry listing. Personal Care Workers are also responsible for updating their information and removing their Registry listing when they no longer are seeking clients.

Neither the South Carolina Department of Health and Human Services (DHHS) nor the Lieutenant Governor's Office on Aging has performed any criminal background checks on the persons listed in the Registry. 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: **Janie Ealey**

Address:

City: Lancaster State: SC Zip Code: 29720

Day Phone Number: (803) 285-6309

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesdays	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesdays	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursdays	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fridays	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sundays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work Preference

List counties/areas: Lancaster

Educational Information

Highest level of education:

<input type="checkbox"/> Less than GED	<input type="checkbox"/> GED	<input checked="" type="checkbox"/> High School Diploma
<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Baccalaureate Degree	<input type="checkbox"/> Masters Degree

Experience

Years of Experience as a Personal Care Provider: 7 years

Experience working with individuals with: (Check all that apply)

<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Autism	<input type="checkbox"/> Brain injuries
<input type="checkbox"/> Spinal cord injuries	<input type="checkbox"/> Mental Illness	<input checked="" type="checkbox"/> Related Disabilities
<input type="checkbox"/> Alzheimer's/Dementia	<input type="checkbox"/> Other (specify):	

Training and Certification

Check all that apply:

<input type="checkbox"/> First Aid	If yes, date expires:
<input type="checkbox"/> Cardiopulmonary Resuscitation (CPR)	If yes, date expires:
<input type="checkbox"/> Certified Nursing Assistant (CNA)	
<input type="checkbox"/> Licensed Practical Nurse (LPN)	
<input type="checkbox"/> Registered Nurse (RN)	
<input type="checkbox"/> Other special Training/License:	

MiscellaneousCurrent 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 - Question #3* 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 registry. I give my permission for this information to be posted on the Internet as part of the Personal Care Worker Registry within SC Access.

Signed and Dated: Signed 12/05/06

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

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