

## 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: **Gloria Scott**

Address: PO Box 1181

City: Hemingway State: SC Zip Code: 29554

Day Phone Number: (843) 240-8625

Night Phone Number: ( )

Cell Phone Number: ( )

Email Address: (optional)

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 clients? ☒ Yes ☐ No

Are you willing to drive a client's car? ☒ Yes ☐ No

**Work Availability**

Check all that apply:

	Mornings	Afternoons	Evenings	Overnights	Back-Up
Mondays	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesdays	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesdays	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursdays	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fridays	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturdays	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sundays	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Work Locations**

List counties/areas: Williamsburg County

**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"/> Bachelor's Degree | <input type="checkbox"/> Master's Degree                |
| <input type="checkbox"/> Other (specify): |  |   |

**Experience**

Years of Experience as a Personal Care Provider: 10 years

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

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

**Training and Certification**

Check all that apply:

- |  |               |
|--|---------------|
| <input type="checkbox"/> First Aid                           | Date expires: |
| <input type="checkbox"/> Cardiopulmonary Resuscitation (CPR) | Date expires: |
| <input type="checkbox"/> Certified Nursing Assistant (CNA)   | Date expires: |
| <input type="checkbox"/> Licensed Practical Nurse (LPN)      |               |
| <input type="checkbox"/> Registered Nurse (RN)               |               |
| <input type="checkbox"/> Other Special Training/License:     |               |

**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 you 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: on file 12/7/2011

**Return completed form to: Personal Care Worker Listing  
Lieutenant Governor's Office on Aging – SC Access  
1301 Gervais Street, Suite 350  
Columbia, SC 29201**

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