

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: **Willene Tindal**

Address: 2057 Furman Road

City: Summerton State: SC Zip Code: 29148

Day Phone Number: (803) 478-7598

Night Phone Number: ()

Cell Phone Number: (803) 236-7567

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturdays	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work Preference

List counties/areas: Clarendon County

Educational Information

Highest level of education:

- Less than GED
 GED
 High School Diploma
 Associate Degree
 Baccalaureate Degree
 Masters Degree
 Other:

Experience

Years of Experience as a Personal Care Provider: 6 years

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):

Training and Certification

Check all that apply:

- First Aid If yes, date expires:
 Cardiopulmonary Resuscitation (CPR) If yes, date expires:
 Certified Nursing Assistant (CNA) If yes, date expires: 4/31/2013
 Licensed Practical Nurse (LPN)
 Registered Nurse (RN)
 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 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 4/9/2011

**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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