



Daybreak Community Services, Inc.
4100 International Plaza Suite 800
Fort Worth, Texas 76109
Phone: 682-707-2728

**APPLICATION FOR DAYBREAK'S HOST HOME/COMPANION CARE or
FOSTER CARE PROGRAM**

Application Instructions:

1. Please type or print clearly in black ink.
2. Ensure the application and supporting documents are signed prior to being submitted.
3. Complete ALL information on the application form to the best of your ability.
4. For quicker consideration, include supporting documents.
5. On the three (3) Reference Forms, complete the top section ONLY. Must have mailing address with phone numbers for references. Please DO NOT use family members as references.

PLEASE NOTE: THESE INSTRUCTIONS MUST BE FOLLOWED IN ORDER FOR THE APPLICATION TO BE CONSIDERED COMPLETE.

Application Procedures:

1. Eligible Applications remain on file for period of one (1) year. If you would like to request us to continue to keep your application on file, please contact our Contracts Coordinator to maintain your application and inform her of any changes to your application.
 2. All applications are reviewed for completeness and qualification match, and then referred to the appropriate Area Regional Director for review.
 3. Only those applicants selected for further processing will be contacted by phone.
 4. If contacted for further processing, an environmental evaluation of your home must be completed to finalize the application process.
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Please Provide Copies Of The Following For Faster Consideration:

- Driver's License (all drivers in residence)
- Social Security
- HS Diploma / GED – if unavailable, a proficiency exam will be required
- Auto Insurance
- Home/Renters Insurance

Thank you for your interest in Daybreak's Host Home/Companion Care Program!

If you should have any questions, please contact our Support Center at the number above.

For Completed Applications Please:

- Email the completed application to: contracts@cg-idd.com
- Fax the completed application to: 817-447-3033
- Mail the completed application to: Attention Contracts
4100 International Plaza Suite 800
Fort Worth, Texas 76109

Daybreak Community Services, Inc.
4100 International Plaza
Fort Worth, Texas 76109

I understand and agree that,

1. I certify that the answers given by me on this application to provide foster/host home-companion care (HH/CC) services are true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts found in this application, whether on this document or not, may result in rejection of my application or discharge at any time while providing foster/host home-companion care services.
2. It is my understanding that Daybreak will make a thorough investigation of my entire work and personal history, and may verify all data given in my application for the foster/host home-companion care program, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Daybreak, and I release from liability any person giving or receiving any such information. I understand that falsification of data or other derogatory information discovered as a result of this investigation, may prevent my being contracted with, or if currently contracted with, may subject the contract to immediate termination. I understand that Daybreak is required to conduct a criminal conviction check on me and other adult persons residing in my home. A criminal conviction check is required and will be conducted by Daybreak prior to a contract being offered to provide foster/host home-companion care services.
3. I agree that the contract may be terminated or amended by this Agency at any time without liability for fees, except such as may have been earned at the date of such termination.
4. After the contract is in effect, I understand and agree that Daybreak may perform routine environmental and safety checks of my residence, and that the state agency (Health and Human Services) for Medicaid services may conduct annual and unannounced visits to ensure the health and safety of my home.
5. In consideration of providing foster/host home-companion care services; I agree to conform to the policies and procedures of the company. I understand that in accepting this application, Daybreak Living Centers is in no way obligated to secure my placement in providing foster/host home-companion care services and that I am not obligated to accept an offer, if made, to provide foster/host home-companion care. Furthermore, if accepted, I understand that I am accepted at will and that my foster/host home-companion care services agreement can be terminated with or without cause, and with or without notice at any time.
6. I authorize Daybreak and/or its agents, including consumer-reporting bureaus, to verify any of this information. I authorize former employers, persons, schools, companies, state agencies and law enforcement authorities to release any information concerning my background and hereby release said persons, schools, companies, state agencies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.
7. I also understand that the use of illegal drugs, alcohol and inhalants is prohibited by Daybreak Living Centers. If Company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs, alcohol or inhalants prior to and during providing foster/companion care services.

I have read and understand the above.

Applicant's Signature: _____ Date: _____
EQUAL OPPORTUNITY EMPLOYER

Applicant

Daybreak Community Services, Inc. Statement of the Ability to Contract

By execution of this document, I acknowledge that I have been informed by Daybreak that a criminal history, Employee Misconduct Registry and Nurse Aid Registry check will be performed on my name. I have informed this agency of all names that I have used in the past. I understand that I may be selected on an emergency basis and that my foster care is contingent upon successful completion of the background check including a criminal history, Employee Misconduct Registry and Nurse Aid Registry check of myself and all home resident ages 14 and older.

The guidelines set by the State of Texas and governing all Home and Community Supports and Services Agencies dictate that a conviction of any of the crimes listed below will bar host home/companion care or foster care with this agency regardless of when the crime was committed.

(a) A person for whom the facility or the individual employer is entitled to obtain criminal history record information may not be employed in a facility or by an individual employer if the person has been convicted of an offense listed in this subsection:

- (1) an offense under Chapter 19, Penal Code (criminal homicide);
- (2) an offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
- (3) an offense under Section 21.02, Penal Code (continuous sexual abuse of young child or children), Section 21.11, Penal Code (indecenty with a child);
- (4) an offense under Section 22.011, Penal Code (sexual assault);
- (5) an offense under Section 22.02, Penal Code (aggravated assault);
- (6) an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- (7) an offense under Section 22.041, Penal Code (abandoning or endangering child);
- (8) an offense under Section 22.08, Penal Code (aiding suicide);
- (9) an offense under Section 25.031, Penal Code (agreement to abduct from custody);
- (10) an offense under Section 25.08, Penal Code (sale or purchase of a child);
- (11) an offense under Section 28.02, Penal Code (arson);
- (12) an offense under Section 29.02, Penal Code (robbery);

- (13) an offense under Section 29.03, Penal Code (aggravated robbery);
- (14) an offense under Section 21.08, Penal Code (indecent exposure);
- (15) an offense under Section 21.12, Penal Code (improper relationship between educator and student);
- (16) an offense under Section 21.15, Penal Code (improper photography or visual recording);
- (17) an offense under Section 22.05, Penal Code (deadly conduct);
- (18) an offense under Section 22.021, Penal Code (aggravated sexual assault);
- (19) an offense under Section 22.07, Penal Code (terroristic threat);
- (20) an offense under Section 33.021, Penal Code (online solicitation of a minor);
- (21) an offense under Section 34.02, Penal Code (money laundering);
- (22) an offense under Section 35A.02, Penal Code (Medicaid fraud);
- (23) an offense under Section 36.06, Penal Code (obstruction or retaliation);
- (24) an offense under Section 42.09, Penal Code (cruelty to livestock animals) or under Section 42.092, Penal Code (cruelty to nonlivestock animals); or
- (25) a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed under this subsection.

A contract with this agency shall also be barred if you were convicted of any of the following offenses within the last five (5) years:

- (b) A person may not be employed in a position the duties of which involve direct contact with a consumer in a facility or may not be employed by an individual employer before the fifth anniversary of the date the person is convicted of:
- (1) an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
 - (2) an offense under Section 30.02, Penal Code (burglary);

- (3) an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;
- (4) an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony;
- (5) an offense under Section 32.46, Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony;
- (6) an offense under Section 37.12, Penal Code (false identification as peace officer); or
- (7) an offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct).

Daybreak will not contract with anyone who has a record of assault on his or her criminal history report.

(c) In addition to the prohibitions on employment prescribed by Subsections (a) and (b), a person for whom a facility licensed under Chapter 242 or 247 is entitled to obtain criminal history record information may not be employed in a facility licensed under Chapter 242 or 247 if the person has been convicted:

- (1) of an offense under Section 30.02, Penal Code (burglary); or
- (2) under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense under Section 30.02, Penal Code.

IMPORTANT INFORMATION, read carefully: “Daybreak reserves the right to deny a contract to any applicant whose criminal or driving record history would jeopardize the safety and security of our consumers. To protect our consumers, Daybreak will at times be more stringent in their contract decisions than the barring offense time limits dictate.”

My signature on this document indicates that I have not been convicted of any of the above listed crimes. I also understand that if I have been convicted of any offense(s), that I must disclose this information on the host home/companion care/foster care application or other contract information requests, and failure to do so may lead to termination of application process or termination of contract, if discovered after an offer to contract is made.

Applicant’s Signature _____

All criminal history information obtained by

Printed Name _____

by this agency will remain confidential.

Date _____ Date of Birth _____

Other Resident

Daybreak Community Services, Inc. Statement of the Ability to Contract

By execution of this document, I acknowledge that I have been informed by Daybreak that a criminal history, Employee Misconduct Registry and Nurse Aid Registry check will be performed on my name. I have informed this agency of all names that I have used in the past. I understand that I may be selected on an emergency basis and that my foster care is contingent upon successful completion of the background check including a criminal history, Employee Misconduct Registry and Nurse Aid Registry check of myself and all home resident ages 14 and older.

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- (2) an offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
- (3) an offense under Section 21.02, Penal Code (continuous sexual abuse of young child or children), Section 21.11, Penal Code (indecenty with a child);
- (4) an offense under Section 22.011, Penal Code (sexual assault);
- (5) an offense under Section 22.02, Penal Code (aggravated assault);
- (6) an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- (7) an offense under Section 22.041, Penal Code (abandoning or endangering child);
- (8) an offense under Section 22.08, Penal Code (aiding suicide);
- (9) an offense under Section 25.031, Penal Code (agreement to abduct from custody);
- (10) an offense under Section 25.08, Penal Code (sale or purchase of a child);
- (11) an offense under Section 28.02, Penal Code (arson);
- (12) an offense under Section 29.02, Penal Code (robbery);

- (13) an offense under Section 29.03, Penal Code (aggravated robbery);
- (14) an offense under Section 21.08, Penal Code (indecent exposure);
- (15) an offense under Section 21.12, Penal Code (improper relationship between educator and student);
- (16) an offense under Section 21.15, Penal Code (improper photography or visual recording);
- (17) an offense under Section 22.05, Penal Code (deadly conduct);
- (18) an offense under Section 22.021, Penal Code (aggravated sexual assault);
- (19) an offense under Section 22.07, Penal Code (terroristic threat);
- (20) an offense under Section 33.021, Penal Code (online solicitation of a minor);
- (21) an offense under Section 34.02, Penal Code (money laundering);
- (22) an offense under Section 35A.02, Penal Code (Medicaid fraud);
- (23) an offense under Section 36.06, Penal Code (obstruction or retaliation);
- (24) an offense under Section 42.09, Penal Code (cruelty to livestock animals) or under Section 42.092, Penal Code (cruelty to nonlivestock animals); or
- (25) a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed under this subsection

A contract with this agency shall also be barred if you were convicted of any of the following offenses within the last five (5) years:

- (b) A person may not be employed in a position the duties of which involve direct contact with a consumer in a facility or may not be employed by an individual employer before the fifth anniversary of the date the person is convicted of:
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 - (2) an offense under Section 30.02, Penal Code (burglary);
 - (3) an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;

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- (5) an offense under Section 32.46, Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony;
- (6) an offense under Section 37.12, Penal Code (false identification as peace officer); or
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- (2) under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense under Section 30.02, Penal Code.

IMPORTANT INFORMATION, read carefully: *“Daybreak reserves the right to deny a contract to any applicant whose criminal background or driving record history would jeopardize the safety and security of our consumers. To protect our consumers, Daybreak will at times be more stringent in their contract decisions than the barring offense time limits dictate.”*

My signature on this document indicates that I have not been convicted of any of the above listed crimes. I also understand that if I have been convicted of any offense(s), that I must disclose this information on the foster care application or other contract information requests and failure to do so may lead to termination of application process or termination of contract, if discovered after an offer to contract is made.

Applicant’s Signature _____

All criminal history information obtained by

Printed Name _____

by this agency will remain confidential.

Date _____ Date of Birth _____

Daybreak Community Services Application for Foster/Host Home-Companion Care Program

4100 International Plaza Fort Worth, Texas 76109 Phone: 682-707-2728

APPLICANT NOTE

This application is intended for use in evaluating your qualifications for host home/companion care, also known as foster care. This is not a foster care contract. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after placement, terminating foster care agreement. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion or physical disability.

APPLICANT INSTRUCTIONS

1. Complete all information on the application form using blue or black ink.
2. If more space is needed to complete any question, use the back page of the application.
3. Print clearly; incomplete or illegible applications may not be processed.
4. Provide only requested information. Failure to do so may result in disqualification of your application.
5. Your signature is required. Applications submitted without a signature may not be considered.

1. PERSONAL INFORMATION

Name (Last, First, Middle)	Social Security No.*	TX Driver's License No.*	Date of Birth
Mailing Address	City	Zip Code	Home Telephone No. () -
Physical (if different for mailing) Address	City	Zip Code	Alt. Telephone No. () -
Previous Address	City	Zip Code	Email Address

**Indicate if you do not have a Social Security number or a valid driver's license.*

Have you ever provided Home/Companion Care or Foster Care services before? ___ Yes ___ No

Have you had any moving violations within the last seven years? Please describe

Are you currently a Daybreak employee? _____ Yes _____ No If so, where: _____

Are you a former Daybreak employee? ___Yes ___ No If yes, when: _____ Area: _____

Do you have any family members currently employed with Daybreak or serving as a board member? ___Yes ___ No If yes, please list name(s) and relationship(s) _____

Referral Source: _____

List **ALL** residents living in your home in addition to yourself:

NAME (Last, First, Middle)	AGE	DATE OF BIRTH	SOCIAL SECURITY NO.*	TX DRIVER'S LIC. NO.*	RELATIONSHIP to applicant

**Indicate if you do not have a Social Security number or a valid driver's license. Please use back or additional sheet if needed.*

2. EDUCATION

Elementary or High School (circle years completed)	Did you graduate _____ Yes _____ No
1 2 3 4 5 6 7 8 9 10 11 12	Or, receive a GED _____ Yes _____ No

NAME OF SCHOOL	LOCATION (City & State)	DATES ATTENDED				GRAD- UATED (Yes/No)	TYPE OF DIPLOMA OR DEGREE	MAJOR FIELD OF STUDY
		From Mo.	To Yr.	From Mo.	To Yr.			
College or University								
Technical or Vocational								

Describe any other special training you have had which you feel is pertinent, including Continuing Education Units. Give dates, locations, and the name of the organization or agency sponsoring the training.

List any professional licenses, certifications, or credentials you hold. Include license #s, license expirations, and licensing agency.

3. EMPLOYMENT AND EXPERIENCE

List all positions held within the last 10 years beginning with current or last employer. Please use the back of this page or insert an additional page, if necessary.

DATES EMPLOYED (Month/Year) From To		POSITION	Full Time	Part Time	Sea- sonal	EMPLOYER	ADDRESS

A. Describe the duties of each position listed above that were in the areas of providing services for persons with developmental disabilities.

B. Describe any other experience you have had which you feel is pertinent. Include volunteer work in the description. Give dates and locations.

4. PREVIOUS SERVICE PROVIDER

A. Have you ever provided HCS, TxHmL or any other type of services? _____ Yes _____ No _____ Current

If "Yes," for whom (Provider/Agency):	Address (Street, City, Zip)
Dates:	If you were registered under another name, what was the name?

B. Has Daybreak or any other provider or state agency ever registered or enlisted you to care for individuals with developmental disabilities? _____ Yes _____ No

If "Yes," for whom (Provider/Agency):	Address (Street, City, Zip)
When were you registered or listed? From: To:	If you were registered under another name, what was the name?

**Use the back of this page or insert an additional sheet, if necessary.*

5. PREVIOUS LICENSES/REGISTRATIONS

C. Have you ever been denied a license or registration to care for individuals with developmental disabilities?..... _____ Yes _____ No

If "Yes," by whom (Provider/Agency):	Address (Street, City, Zip)
When were you denied?	For what type of services were you denied?

D. Have you ever had a license or registration to care for individuals with developmental disabilities revoked or suspended? _____ Yes _____ No

If "Yes," by whom (Provider/Agency):	Address (Street, City, Zip)
When were you denied?	What was the reason for the revocation or suspension?

6. COMMENTS



DO NOT FILL OUT THIS SECTION

Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.)

Information Requested On:

FILL OUT THIS SECTION

First Page: Applicant
Second Page: Other Resident

DL/D holder, you must provide the information requested on the reverse.

TEXAS DPS



APPLICATION FOR COPY OF DRIVER RECORD

MAIL TO: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, TX 78714-9246

Make **CASHIER'S CHECK** or **MONEY ORDER** Payable To:
TEXAS DEPARTMENT OF PUBLIC SAFETY

Any questions regarding the information on this form should be directed to
Customer Service at 512-424-2600. Allow 2-3 weeks for delivery.

Check Type of Record Desired

FEE

<input type="checkbox"/> 1. Name - DOB - License Status - Latest Address.	\$ 4.00
<input type="checkbox"/> 2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period.	\$ 6.00
<input type="checkbox"/> 2A. CERTIFIED version of #2. This Record is Not Acceptable for DDC Course.	\$ 10.00
<input type="checkbox"/> 3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. Furnished to Licensee ONLY.	\$ 7.00
<input type="checkbox"/> 3A. Certified version of #3. Furnished to Licensee ONLY and Is Acceptable for DDC Course.	\$ 10.00
<input type="checkbox"/> Other: (Original Application, DWLS, etc.) _____	\$ _____ (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name

Requestor's First Name

Street Address

Texas Driver License Number

City

State

Zip Code

Daytime Telephone Number (include area code)

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc.

Your Title or Affiliation with above

Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.)

Information Requested On:

Texas Driver License Number

Date of Birth

Suffix (SR., JR., etc.)

Last Name

First Name

Middle Name/Maiden Name

Individual's Written Consent For ONE TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____
Signature of License/ID Card Holder or Parent/Legal Guardian _____ Date _____

State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor _____ Date _____

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.

APPLICATION FOR COPY OF DRIVER RECORD**MAIL TO: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, TX 78714-9246**Make **CASHIER'S CHECK** or **MONEY ORDER** Payable To:
TEXAS DEPARTMENT OF PUBLIC SAFETYAny questions regarding the information on this form should be directed to
Customer Service at 512-424-2600. Allow 2-3 weeks for delivery.**Check Type of Record Desired****FEE**

<input type="checkbox"/> 1. Name - DOB - License Status - Latest Address.	\$ 4.00
<input type="checkbox"/> 2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period.	\$ 6.00
<input type="checkbox"/> 2A. CERTIFIED version of #2. This Record is Not Acceptable for DDC Course.	\$ 10.00
<input type="checkbox"/> 3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. Furnished to Licensee ONLY.	\$ 7.00
<input type="checkbox"/> 3A. Certified version of #3. Furnished to Licensee ONLY and Is Acceptable for DDC Course.	\$ 10.00
<input type="checkbox"/> Other: (Original Application, DWLS, etc.) _____	\$.00 (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name	Requestor's First Name
Street Address	Texas Driver License Number
City	State
Zip Code	Daytime Telephone Number (include area code)

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc.
Your Title or Affiliation with above
Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.)

Information Requested On:

Texas Driver License Number	MM / DD / YYYY	Suffix (SR., JR., etc.)
Last Name		
First Name		
Middle Name/Maiden Name		

Individual's Written Consent For ONE TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____
 Signature of Licensee/ID
 Card Holder or
 Parent/Legal Guardian _____ Date _____

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In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor _____ Date _____

**If you are not requesting a copy of your own record or do not have the written consent of
 DL/ID holder, you must provide the information requested on the reverse.**

Daybreak Community Services

Reference Form

Check one only Employment Reference Personal Reference **(excludes blood relatives)**

Date: _____

To: _____ Attn: _____

Address: _____
Street City State Zip

Telephone (include area code) _____

From: _____
Print Applicant's Name

Check one only Employment Reference Personal Reference **(excludes blood relatives)**

Date: _____

To: _____ Attn: _____

Address: _____
Street City State Zip

Telephone (include area code) _____

From: _____
Print Applicant's Name

Check one only Employment Reference Personal Reference **(excludes blood relatives)**

Date: _____

To: _____ Attn: _____

Address: _____
Street City State Zip

Telephone (include area code) _____

From: _____
Print Applicant's Name

I have made application for host home/companion care (formerly known as "foster care") with Daybreak Living Centers and want them to be informed as to my previous work record and character. Therefore, I hereby authorize Daybreak to investigate my past records. I also give my permission to you to complete this Reference Form and I release all former employers, persons, schools, and companies from any liability for any damage whatsoever for issuing this information.

Applicant's Signature