



Community Based Services
Independent Contractor Application

Name: (Last) (First) (Middle) (Maiden)

Address: (Street) (City) (State) (Zip)

County of Residence: Phone:

Email: SSN:

Service Provision: (please check service interests below)

Behavioral Health Services:

- Targeted Case Management (TCM) Community Support Associate (CSA)
Behavioral Health Professional Under Supervision (BHPUS)
Behavioral Health Professional (BHP) Group Therapy

Michelle P. Waiver:

- Case Management Behavior Supports

Areas for Service Provision: (please check regional interests below, circle specific counties)

- Jefferson (Jefferson)
Salt River (Bullitt, Henry, Oldham, Shelby, Spencer, Trimble)
Lincoln Trail (Breckenridge, Grayson, Hardin, Larue, Marion, Meade, Nelson, Washington)

Education:

Educational Background (include degrees awarded, date):

Professional license(s), Certifications, etc. (list all that apply):

Theoretical Orientation, Treatment Modalities:

Areas of Special Interest or Preferred Populations:

Professional Experience:

*(please attach a current Resume)*

Have you ever provided Behavioral Health services (or Kentucky Impact Plus)? YES NO  
If yes, please list agency name, service(s) you provided, and dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever provided Michelle P Waiver services? YES NO  
If yes, please list agency name, service(s) you provided, and dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed in another state? YES NO  
If yes, which state(s)? \_\_\_\_\_

\_\_\_\_\_

Professional References:

*(please list three people)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Additional Questions:

How did you hear about Independent Contractor opportunities with Home of the Innocents?

\_\_\_\_\_

**HOME OF THE INNOCENTS DOES A CRIMINAL RECORDS CHECK ON ALL CONTRACTORS.**

Have you ever been charged with a misdemeanor, felony, or any criminal offense, including offenses related to healthcare involving neglect, violence, theft, dishonesty, or financial misconduct? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been found guilty (convicted) of a misdemeanor, felony, or any criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been listed on any abuse registries? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to any of the above questions, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(A conviction does not automatically mean you cannot become a contractor. The convicted offense and how long ago are important. Give all the facts so a decision can be made.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please fax completed form to 502-596-1421 or email to lconrad@homeoftheinnocents.org