PRINCE WILLIAM
Area Agency on Aging

Prince William Area Agency on Aging
5 County Complex Court, Suite 240
Woodbridge, VA 22192
703-792-6374
Fax: 703-792-4734
pwcva.gov/department/area-agency-aging

PRINCE WILLIAM AREA AGENCY ON AGING
CARE REGISTRY APPLICANT REFERENCE

MUST BE PRINTED IN BLACK INK OR TYPED

SECTION I

I authorize Prince William Area Agency on Aging to contact my references and previous employers to determine my qualifications for this position.

_____ _____
Print Applicant Name Date

_____
Applicant Signature

SECTION II

Reference for: _____ _____
(Print Applicant name) Date

From: _____
(Print your name)

1. How long have you known this applicant?_____

2. What is your relationship to the applicant? _____

3. Has the applicant ever worked for you? _____
   If yes, date(s): From: _____to_____

4. What type of work did this person do for you? _____

5. Would you recommend this applicant? _____
   If you would not, do you care to explain your answer? _____
   _____

6. How would you rate his/her ability to perform assigned duties?

   a. Housekeeping Duties Excellent____Good_____Fair_____Poor_____N/A_____

Empower, Enhance, and Enjoy Aging!

Funding for the Prince William Area Agency on Aging is received from the Administration for Community Living, the Department for Aging and Rehabilitative Services, Prince William County, and the cities of Manassas and Manassas Park. The Agency does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with appropriate state and federal statutes. If you feel you have been discriminated against, you have a right to file a complaint with the Agency by calling 703-792-6400.

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b. Meal Preparation Excellent____Good_____Fair_____Poor_____N/A_____
c. Laundry Excellent____Good_____Fair_____Poor_____N/A_____
d. Is the applicant patient and courteous?
Excellent____Good_____Fair_____Poor_____N/A_____
e. How well does the applicant handle emergencies and conflicts?
Excellent____Good_____Fair_____Poor_____N/A_____

f. How well does the applicant follow directions and respond to suggestions?
Excellent____Good_____Fair_____Poor_____N/A_____
g. How flexible is the applicant?
Excellent____Good_____Fair_____Poor_____N/A_____
h. Is the applicant punctual, reliable, and trustworthy?
Excellent____Good_____Fair_____Poor_____N/A_____
i. Are the fees charged by the applicant reasonable?
Excellent____Good_____Fair_____Poor_____N/A_____

Would you recommend this applicant for our Care Registry? Yes_____No_____

Additional Comments:

_____

_____

_____

_____

_____ _____

Signature Date

The Prince William Area Agency on Aging does not, in any way, certify, train, license or interview persons listed with the Care Registry. It is the responsibility of the prospective employer of a companion to determine the suitability of any person listed, and to hire, give directions and discharge a companion. **(Individuals who file with the Care Registry remain independent contractors, and are <u>not</u> employees of the Prince William Area Agency on Aging or Prince William County.)**

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