



# Community Living Alliance Availability Form

Please answer all questions and print clearly. All forms inaccurately filled will delay the matching process.

|   |  |  |  |
|---|--|--|--|
| <b>First Name:</b>                          |  | <b>Last Name:</b>  |  |
| <b>Address:</b>                             |  |  |  |
| <b>Contact Information:</b>                 | <b>Phone:</b>  |  | <input type="checkbox"/> Cell Phone <input type="checkbox"/> Land Line |
|   | <b>Email:</b>  |  |  |
|   | <b>Preferred Method of Contact:</b> <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Text Message |  |  |
| <b>Languages Spoken Other than English:</b> |  |  |  |
| <b>Transportation:</b>                      |  | This information helps the schedulers match you to multiple clients. |  |
|   |  | Utilize own vehicle  | Public Transportation  |
|   |  | Taxi, Uber, Lyft   | Other:   |

**Please Indicate Your Experience in the following Categories:**

|                  |                  |                |
|------------------|------------------|----------------|
| Ostomy           | Showering        |                |
| Bowel Program    | Toileting        | Shaving        |
| Cath Care        | Grocery Shopping | Brushing Hair  |
| Incontinent Care | Meal Prep        | Brushing Teeth |

**Lifts/Transfers:**

Pivot Transfer  
Easy Stand  
Hoyer  
Mechanical  
Manuel  
Slide Board

**Care Setting w/ # of Years:**

In-Home Care \_\_\_\_\_  
Assisted Living \_\_\_\_\_  
Nursing Home \_\_\_\_\_  
Group Home \_\_\_\_\_  
Staffing Agency \_\_\_\_\_

**Populations:**

Children  
Adults  
Elderly

**Disabilities:**

Physical  
Cognitive

\*All Transfers are done 1:1 with client, we do not have any 2 person transfers.

I would like to learn or be trained on:

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**Please Indicate Your Preferences in the following Categories:**

*Population:*

Children (18 & Under)  
Regular clientele  
(Ranging from adult  
to elderly)

Housekeeping/Grocery shopping only

*Environmental:*

Smoke/Vape in Home OK  
Cat in Home OK  
Dog in Home OK

If no to either, please explain below:

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Notes:

**Geographical**

|               |                             |               |             |
|---------------|-----------------------------|---------------|-------------|
| Madison area: | Other areas of Dane County: |               |             |
| East/Downtown | Deforest                    | Cambridge     | Deerfield   |
| North         | Middleton                   | McFarland     | Marshall    |
| South         | Sun Prairie                 | Stoughton     | Fitchburg   |
| West          | Monona                      | Cottage Grove | Mount Horeb |
|               |                             |               | Mazomainie  |

**Availability:**

Write in the time you are available for work during each shift block. These blocks reflect clients' needs for daily care. Scheduling will create your schedule based on what you listed. If you are seeking 30 + hours you will be seeing multiple clients and must have weekend availability.

List Days and times you have no availability.

|       |  |
|-------|--|
| Mon   |  |
| Tues  |  |
| Weds  |  |
| Thurs |  |
| Fri   |  |
| Sat   |  |
| Sun   |  |

Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| Write in your preference        | 6:00 Am - 1:00 PM | 1:00pm-4:00pm<br>Mainly housekeeping shifts | 4:00 PM-12:00 AM |
|---------------------------------|-------------------|---|------------------|
| Mon                             |                   |   |                  |
| Tue                             |                   |   |                  |
| Weds                            |                   |   |                  |
| Thurs                           |                   |   |                  |
| Fri                             |                   |   |                  |
| Sat                             |                   |   |                  |
| Sun                             |                   |   |                  |
| Every Weekend                   |                   | Every Other Weekend                         |                  |
| Total hours preferred per week: |                   |   |                  |

By signing below, I acknowledge that my availability and preferences are true. I understand that my availability and preferences will be taken into consideration when developing/changing a work schedule; however, in order to maintain employment, I may be required to work outside of my preferences. Furthermore, *I understand that if I am unable to fulfill the availability and preferences I have indicated on this form, Community Living Alliance cannot guarantee any available shifts.* Finally, my signature indicates my agreement to my availability and preferences. I understand that schedule changes can only be made and approved through the scheduling department. I understand that this is not a contract of employment.

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