



# Community Living Alliance

## Availability Form

<b>First Name:</b>		<b>Last Name:</b>	
<b>Address:</b>			
<b>Contact Information:</b>	<b>Phone:</b>	<b>Email:</b>	
	<b>Preferred Method of Contact:</b> <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Text Message		
<b>Other Methods of Communication: (ASL, Foreign Language)</b>			
<b>Transportation Utilized:</b>	<input type="checkbox"/> Utilize Own Vehicle <input type="checkbox"/> Public Transportation <input type="checkbox"/> Taxi, Uber, Lyft <input type="checkbox"/> Other: _____		

### Your Experience

*Performing the following Tasks for Others:*

- |   |   |
|---|---|
| <input type="checkbox"/> Ostomy           | <input type="checkbox"/> Brushing Teeth   |
| <input type="checkbox"/> Bowel Program    | <input type="checkbox"/> Shaving          |
| <input type="checkbox"/> Cath Care        | <input type="checkbox"/> Brushing Hair    |
| <input type="checkbox"/> Incontinent Care | <input type="checkbox"/> Grocery Shopping |
| <input type="checkbox"/> Showering        | <input type="checkbox"/> Meal Prep        |
| <input type="checkbox"/> Toileting        |   |

*Transfers:*

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Pivot Transfer | <input type="checkbox"/> Hoyer       |
| <input type="checkbox"/> Easy Stand     | <input type="checkbox"/> Slide Board |

### Your Work Preferences

*Population:*

- |   |
|---|
| <input type="checkbox"/> Children (18 & Under)          |
| <input type="checkbox"/> Adult (Young Adult to Elderly) |
| <input type="checkbox"/> Housekeeping/Grocery Shopping  |

*Environmental:*

- |  |
|--|
| <input type="checkbox"/> Smoke/Vape in Home OK |
| <input type="checkbox"/> Dogs in Home OK       |
| <input type="checkbox"/> Cats in Home OK       |

### Geographical Preferences

*Madison:* ☐ North ☐ South  
☐ East ☐ West

If no to any, please explain below:

\_\_\_\_\_

*Other Surrounding Areas:*

- |                                      |  |                                      |                                    |
|--------------------------------------|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Deforest    | <input type="checkbox"/> Stoughton     | <input type="checkbox"/> Marshall    | <input type="checkbox"/> Oregon    |
| <input type="checkbox"/> Verona      | <input type="checkbox"/> McFarland     | <input type="checkbox"/> Mazomanie   | <input type="checkbox"/> Cambridge |
| <input type="checkbox"/> Waunakee    | <input type="checkbox"/> Cottage Grove | <input type="checkbox"/> Deerfield   | <input type="checkbox"/> Monona    |
| <input type="checkbox"/> Sun Prairie | <input type="checkbox"/> Fitchburg     | <input type="checkbox"/> Mount Horeb | <input type="checkbox"/> Middleton |

### Availability:

Indicate the time you are available for work during each block. These blocks reflect client's needs for daily care—please note, the 1-4 PM is primarily housekeeping shifts. Scheduling will create your schedule based on what is provided. If you are seeking 20+ hours, you must have weekend availability.

*Weekend Availability:*

- ☐ Every Weekend ☐ Every Other Weekend

Total Hours Per Week Preferred: \_\_\_\_\_

By signing below, I acknowledge my availability and preferences. I understand that my availability and preferences will be taken into consideration for schedule building purposes.

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

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

Availability Window	7:00 AM – 1:00 PM	1:00 PM – 4:00 PM	4:00 PM – 9:00 PM
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			