

Homecare Worker Application – Somali

Arjiga Shaqaalaha Daryeelka Guriga – Soomaali

Section 1: Personal Information

Qaybta 1: Macluumaadka Shakhsi

Field #	Information Required	Macluumaadka Loo Baahan Yahay
1	Name : (last/first/middle initial) (as shown on your Social Security card)	Magaca: (magaca dambe, magaca hore, bilowga magaca dhexe) (sida ku qoran kaarkaaga Social Security-ga)
2	Date of birth	Taariikhda dhalasho
3	Other names used, including maiden and nicknames	Magacyada kale ee aad isticmaashay, magaca xaasnimada ka hor iyo naanaysaha
4	E-mail address	Cinwaanka e-mail-ka
5	Street address	Cinwaanka jidka
6	Mailing address: (if different than street address)	Cinwaanka boosta: (haddii uu ka duwan yahay cinwaanka jidka)
7	City, State, Zip (for street address)	Magaalada, Gobolka, Zip-ka (cinwaanka jidka)
8	City, State, Zip (for mailing address)	Magaalada, Gobolka, Zip-ka (cinwaanka boosta)
9	Your phone number(s) Home	Lambarka(ada) telefoonkaaga Guriga
10	Your phone number(s) Cell	Lambarka(ada) telefoonkaaga Gacanta
11	Your phone number(s) Message	Lambarka(ada) telefoonkaaga Fariinta

Section 2: Specific Client – Employer – New Homecare Workers Only

Qaybta 2: Macmiil Gaar ah – Shaqo bixiye – Shaqaalaha Cusub Ee Daryeelka Guriga Oo Kaliya

Field #	Information Required	Macluumaadka Loo Baahan Yahay
1	Have you already agreed to work for a particular client-employer? If yes, please include the name of the individual.	Ma waxaad imikaba ogolaatay in aad u shaqayso macmiil-shaqo bixiye? Haddii jawaabtu ay haa tahay, fadlan raaci magaca qofka.

Section 3: Orientation and Certified Training

Qaybta 3: Tababarka Hanuuninta iyo Aqoonsiga

Field #	Information Required	Macluumaadka Loo Baahan Yahay
1	Have you attended a homecare worker orientation? Check Yes / No If yes, where did you take it?	Ma ka qayb gashay tababarkii shaqaalaha daryeelka guriga? Calaamaddee Haa / Maya

	Date, if known:	Haddii jawaabtu ay haa tahay, halkee baad ku qaadatay? Taariikhda, haddii la garanayo:
2	Have you attended a live-in orientation? Check Yes / No If yes, where did you take it? Date, if known:	Ma ka qayb gashay tababarka daryeelka guriga dhexdiisa lagu bixiyo? Calaamaddee Haa / Maya Haddii jawaabtu ay haa tahay, halkee baad ku qaadatay? Taariikhda, haddii la garanayo:
3	Are you CPR certified? Check Yes / No If yes, when does it expire?	Ma tahay qof haysta shahaadada CPR oo la aqoonsan yahay? Calaamaddee Haa / Maya Haddii jawaabtu ay haa tahay, goorma ayuu wakhtigeedu dhacayaa?
4	Are you first aid certified? Check Yes / No If yes, when does it expire?	Ma tahay qof haysta shahaadada gargaarka degdega ah oo la aqoonsan yahay? Calaamaddee Haa / Maya Haddii jawaabtu ay haa tahay, goorma ayuu wakhtigeedu dhacayaa?

Section 4: Transportation

Qaybta 4: Gaadiidka

Field #	Information Required	Macluumaadka Loo Baahan Yahay
1	What kind of transportation do you use to get to work? (Check all that apply) Motor vehicle / Public transportation / Bike-walk	Waa maxay nooca gaadiid ee aad isticmaashid si aad shaqada u aado? (Calaamaddee dhamaan kuwa ku khuseeya) Gaari / Gaadiidka dadweynaha / Baaskiil/bushkuleeti-socod
2	Are you willing to (check all that apply) Check Yes / No Transport an employer in your car? Drive an employer's car? Escort an employer on public transportation? Escort an employer in their car?	Diyaar ma u tahay in aad (calaamaddee dhamaan kuwa ku khuseeya) Calaamaddee Haa / Maya Shaqo bixiye gaarigaaga ku qaado? Aad wado gaariga shaqo bixiyaha? Shaqo bixiye u raacdo gaadiidka dadweynaha? Shaqo bixiye u raacdo gaarigiisa?

Section 5: Language – In Order of Ability

Qaybta 5: Luqadda – Sida ay u Kala Horeyso Kartida La Leeyahay

Field #	Information Required	Macluumaadka Loo Baahan Yahay
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1	<p>What languages, including Sign Language, do you speak and/or read? Mark Speak / Read for each language entered</p>	<p>Waa maxay luqaddaha, oo ay ka mid tahay Luqadda Calaamadda, ee aad ku hadasho iyo/ama akhrido? Calaamaddee Ku Hadla / Akhriya luqad kasta oo meesha la geliyay</p>
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Section 6: Availability to Work

Qaybta 6: Helitaanka Shaqada

Field #	Information Required	Macluumaadka Loo Baahan Yahay
1	<p>Are you currently looking for work? Check Yes / No</p>	<p>Wakhtigan xaadirka ah ma waxaad raadinaysaa shaqo? Calaamaddee Haa / Maya</p>
2	<p>Check all work types you are willing to consider:</p> <ul style="list-style-type: none"> a. Full-time (over 20 hours per week) b. Part-time (20 hours per week or less) c. Being a 7 day live-in (24 hour service) d. Being a 6 day live-in (24 hour service) e. Being a 2 day live-in (24 hour service) f. Providing live-in relief g. Providing substitute services paid by the hour h. Working with short notice i. Being a 5 day live-in (24 hour service) j. Being a 1 day live-in (24 hour service) 	<p>Calaamaddee dhamaan noocyada shaqo ee aad diyaarka u tahay in aad tixgeliso:</p> <ul style="list-style-type: none"> a. Shaqo buuxda (in ka badan 20 saacadood toddobaadkii) b. Wakhti dhiman (20 saacadood toddobaadkii ama ka yar) c. 7 maalmood oo la qabanayo daryeelka guriga dhexdiisa lagu bixiyo (adeeg 24 saacadood ah) d. 6 maalmood oo la qabanayo daryeelka guriga dhexdiisa lagu bixiyo (adeeg 24 saacadood ah) e. 2 maalmood oo la qabanayo daryeelka guriga dhexdiisa lagu bixiyo (adeeg 24 saacadood ah) f. Bixinta daryeelka guriga dhexdiisa lagu bixiyo g. Bixinta daryeelka beddelka ah ee lacagtooda saacad ahaan loo bixiyo h. Shaqaynta iyadoo la haysto ogaysiin gaaban 'short notice' i. 5 maalmood oo la qabanayo daryeelka guriga dhexdiisa lagu bixiyo (adeeg 24 saacadood ah) j. 1 maalin oo la qabanayo daryeelka guriga dhexdiisa lagu bixiyo (adeeg 24 saacadood ah)

3	<p>Would you be willing to assist with evacuation and in-home services in the event of a natural disaster? Check Yes / No</p>	<p>Diyaar ma u tahay in aad taageero ka geysato adeegyada daadguraynta isla markaana guriga-dhexdiisa lagu bixiyo marka dhacdo masiibo dabiici ahi? Calaamaddee Haa / Maya</p>
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Section 7: Work Schedule

Qaybta 7: Jadwalka Shaqada

Field #	Information Required	Macluumaadka Loo Baahan Yahay
1	<p>Check the days/times you are available to work. If you are available at all times check box</p> <ul style="list-style-type: none"> a. Monday – Mornings / Afternoons / Evening / Nights b. Tuesday - Mornings / Afternoons / Evening / Nights c. Wednesday - Mornings / Afternoons / Evening / Nights d. Thursday - Mornings / Afternoons / Evening / Nights e. Friday - Mornings / Afternoons / Evening / Nights f. Saturday - Mornings / Afternoons / Evening / Nights g. Sunday - Mornings / Afternoons / Evening / Nights h. Holidays - Mornings / Afternoons / Evening / Nights 	<p>Calaamaddee maalmaha/wakhtiyada aad diyaarka u tahay in aad shaqayso. Haddii aad wakhti kasta diyaar tahay Calaamaddee sanduuqa</p> <ul style="list-style-type: none"> a. Isniinta – Subaxyadii / Galinka dambe / Fiidka / Habeenada b. Talaadada - Subaxyadii / Galinka dambe / Fiidka / Habbeenada c. Arbacada - Subaxyadii / Galinka dambe / Fiidka / Habbeenada d. Khamiista - Subaxyadii / Galinka dambe / Fiidka / Habbeenada e. Jimcaha - Subaxyadii / Galinka dambe / Fiidka / Habbeenada f. Sabtida - Subaxyadii / Galinka dambe / Fiidka / Habbeenada g. Axada - Subaxyadii / Galinka dambe / Fiidka / Habbeenada h. Fasaxyada - Subaxyadii / Galinka dambe / Fiidka / Habbeenada

Section 8: Services and Work Experience

Qaybta 8: Adeegyada iyo Waayo-aragnimada Shaqo

Field #	Information Required	Macluumaadka Loo Baahan Yahay
1	<p>Check all of the services below that you are “willing” to provider. In addition, if you have “experience” in any of these tasks, please check the “experience” column. You must be physically able to perform all the</p>	<p>Calaamaddee dhamaan adeegyada hoos ku qoran ee aad “diyaarka u tahay” in aad bixiso. Haddii aad “waayo-aragnimo” u leedahay midka mid ah shaqooyinkan, fadlan calaamaddee tiirka (column) ay ku qoran tahay “waayo-aragnimadu”. Waa in aad jir ahaan</p>

<p>services you check in this section. DO NOT check any tasks where you have physical limitations (such as lifting, bending or stooping) that would prevent you from performing any of these services.</p> <ul style="list-style-type: none"> a. Ambulation b. Bathing c. Bladder Care d. Bowel Care e. Cognition f. Dressing g. Feeding h. Grooming i. Personal Hygiene j. Positioning k. Toileting l. Transferring m. Giving or setting up medications n. Housekeeping o. Laundry p. Meal preparation q. Shopping r. Transportation s. Bowel program t. Feeding Tube u. Home dialysis v. Injections w. Ostomy care (example, colostomy, ileostomy) x. Oxygen management y. Suctioning z. Tracheotomy care aa. Urinary catheter care bb. Ventilator care cc. Wound care 	<p>awoodaa in aad qabato dhammaan adeegyada aad ku calaamadayso qaybtan. HA calaamadayn wixii shaqooyin ah ee ay jir ahaan waxqabashadaadu xadidan tahay (sida wax qaadida, isqaloocinta ama foorarsiga)</p> <ul style="list-style-type: none"> a. Socodka b. Qubayska c. Daryeelka Kaadida d. Daryeelka Saxarada e. Daryeelka Garaadka Qofka f. Lebisashada g. Quudinta h. Nadiifinta i. Nadaafada Qofka j. Isku habaynta k. Ka Caawinta Musqusha l. Wareejinta m. Siinta iyo qorshaynta daawooyinka n. Hawsha guriga o. Dhaqidda dharka p. Diyaarinta cuntada q. Soo adeega r. Gaadiidka s. Barnaamijka Soo Saaridda Saxarada t. Tuubada Quudinta u. Adeega sifaynta kelyaha ee guriga v. Wax durida w. Daryeelka bacda saxarada ee caloosha furan 'ostomy care' (tusaale, qaliinka mindhacir weynaha 'colostomy', qaliinka mindhacir yaraha 'ileostomy' lagu sameeyo) x. Maareynta hawada (oxygen) y. Tuubada dheecaanka nuugta z. Daryeelka dhuunta daloosha 'tracheotomy' aa. Daryeelka tuubada kaadi haysta bb. Daryeelka neefsashada cc. Daryeelka boogaha
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Section 9: Additional Information

Qaybta 9: Macluumaad Dheeraad ah

Field #	Information Required	Macluumaadka Loo Baahan Yahay
1	Your gender: Check Female / Male	Jinsigaaga: Calaamaddee Dheddig / Lab
2	Do you want to receive quit smoking information and/or materials via E-mail? Check Yes / No	Ma rabtaa in aad E-mail ahaan ku hesho macluumaadka joojinta sigaarka iyo/ama waxyaalaha la xiriira? Calaamaddee Haa / Maya
3	Do you smoke? Check Yes / No	Sigaar ma cabtaa? Calaamaddee Haa / Maya
4	Are there employers you are NOT willing to work with or services you are NOT willing to provider? (Check all that apply) a. Activities of daily living (see page 2) b. Alzheimer’s or other dementias c. Behavioral disorders d. Females e. Males f. People with pets g. Self-management tasks h. 65 years of age or older i. Smokers j. Terminally ill k. Under 65 years of age l. Individuals that use medical marijuana	Ma jiraan shaqo bixiyayaal AADAN diyaar u ahayn in aad la shaqayso ama adeegyo AADAN diyaar u ahayn in aad bixiso? (Calaamaddee dhamaan kuwa ku khuseeya) a. Hawlaha nolol maalmeedka (fiiri bogga 2) b. Cudurka Alzheimer ama xaaladaha kale ee keena hoos u dhaca maskaxda c. Xanuunada hab-dhaqanka d. Dheddiga e. Laboodka f. Dadka xawayaanka la korsodo haysta g. Hawlaha qofku ismaaraynayo h. Qofka da’diisu tahay 65 jir ama ka weyn tahay i. Dadka sigaarka caba j. Qofka aadka u xanuusanaya k. Qofka da’diisu ka yar tahay tahay 65 jir l. Dadka isticmaala maandooriyaha marijuana

Section 10: Geographical Location

Qaybta 10: Degaanka Dhuleed

Field #	Information Required	Macluumaadka Loo Baahan Yahay
1	Where are you willing to work? (Select a maximum of three counties) Counties:	Halkeed diyaar u tahay in aad ka shaqayso? (Dooro ugu badnaan saddex degaan) Degaannada:
2	Cities / areas within the counties:	Magaalooyinka / goobaha ku dhex yaala degaannada:

Section 11: Abuse Investigation

Qaybta 11: Baaritaanka Xadgudubka

Meesha #	Information Required	Macluumaadka Loo Baahan Yahay
1	Have you ever been investigated for abuse, neglect or domestic violence? Check Yes / No If you, please explain:	Weligaa ma lagugu sameeyay baaritaan la xiriira ku xadgudub, dayacaad ama rabshada qoyska? Calaamaddee Haa / Maya haddii aad samaysay, fadlan sharaxaad ka bixi:

Section 12: Minimum Qualifications for Homecare Workers (HCW's)**Qaybta 12: Aqoonta Ugu Yaraan looga baahan Shaqaalaha Daryeelka Guriga (HCW's)**

Field #	Information Required	Macluumaadka Loo Baahan Yahay
A	An individual who would like to be a HCW must meet the following minimum qualifications: Submit a completed application packet. <ol style="list-style-type: none"> 1. Pass a DHS criminal history clearance and cooperate with a criminal history re-check when requested. 2. Complete a HCW orientation within 90 days. Complete a live-in orientation if applicable. 3. Be capable of providing or learning to provide necessary services. 4. Be 18 years of age or older (age exceptions may be made on a case-by-case basis for family members only, but exceptions will not be granted for anyone under the age of 16). 	Shaqsigu jecel in uu noqdo HCW waa in uu buuxiyaa shuruudaha soo socda ee aqoonta ugu yaraan la iskaga baahan yahay: Waa in uu gudbiyaa xirmada arjiga codsi oo dhamaystiran. <ol style="list-style-type: none"> 1. Waa in ku gudbaa baaritaanka taariikh dambiyeedka ay samayso DHS isla markaana muujiyaa wada shaqayn marka la codsado dib u baarid la xiriirta taariikh dambiyeedka. 2. Waa in uu tababarka HCW ku dhamaystaa muddo 90 maalmood gudahood ah. Waa in uu dhamaystaa tababarka loogu talagalay daryeelka guriga dhexdiisa lagu bixiyo. 3. Waa in uu awood u leeyahay bixinta ama barashada bixinta adeegyada lagama maarmaanka ah. 4. Waa in ay da'diisu tahay 18 jir ama ka weyn tahay (iska reebidda dhanka da'da la xiriirta waa in la sameeyo iyadoo hadba xaalada qofka la eegayo taasi oo kaliya loogu talagalay xubnaha ka tirsan qoyska, laakiin iska reebidda lama siin doono qof kasta oo ay da'diisu ka yar tahay 16 jir).
B	An individual who would like to be a career HCW and be referred to the general public to provider homecare	Shaqsigu jecel in xirfadiisu noqoto HCW isla markaana loo gudbiyo bulsho weynta guud si uu bixiyo adeegyada daryeelka guriga iyadoo la

	<p>services through the Registry and Referral System (RRS) must meet the requirements listed above, plus the following:</p> <ol style="list-style-type: none"> 1. Be 18 years of age or older (no exceptions). 2. Disclose qualifications, skills (including language skills), and experience that can be verified and evaluated by a potential client-employer, as well as submit references upon request. 3. Disclose any job related limitations. 4. Review and update homecare worker information in the RRS at least every 60 days, if looking for work. 5. Immediately notify the local SPD/AAA office or the Oregon Home Care Commission of address and phone number changes. 	<p>adeegsanayo Habka Diiwaanka iyo Tilmaanta (RRS) waa in uu buuxiyaa shuruudaha looga baahan yahay ee kor ku qoran, oo lagu daray kuwo soo socda:</p> <ol style="list-style-type: none"> 1. Waa in ay da'diisu tahay 18 jir ama ka weyn tahay (ma jiraan wax ka reebani). 2. Waa in uu muujiyaa aqoonta, xirfadaha uu leeyahay, (oo ay ka mid yihiin xirfadaha luqadda), iyo waayo-aragnimo ay xaqiijin karaan isla markaana ay qiimeyn karaan macmiilka-shaqo bixiyaha jira, iyo sidoo kale in uu gudbiyo wixii tixraacyo ah marka la codsado. 3. Waa in uu muujiyaa wixii xadidaad ah ee shaqada la xiriirta. 4. Waa in uu dib u eegis ku sameeyaa isla markaana cusboonaysiiyaa macluumaadka shaqaalaha daryeelka guriga ee ku jira RRS ugu yaraan 60 maalmood ee kasta, haddii shaqo la raadinayo. 5. Waa in uu si degdeg ah isbedelada ku yimaada cinwaanka iyo lambarka telefoonka u soo ogaysiiyaa xafiiska degaanka SPD/AAA ama Guddiga Daryeelka Guriga ee Oregon.
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Section 13: Applicant Certification

Qaybta 13: Caddaynta Arji Codsadaha

Field #	Information Required	Macluumaadka Loo Baahan Yahay
1	I certify that all information I supplied in this application is accurate to the best of my knowledge. I understand that should I knowingly misrepresent information may result in rejection of my application and/or denial of placement on the Oregon Home Care Commission (OHCC) Registry	Waxaan caddeynayaa in dhammaan macluumaadka aan ku bixiyay arjigan codsi uu yahay mid sax ah inta aan ka ogahay. Waxaan fahamsanahay in haddii aniga oo og aan ka been sheego macluumaadku ay keeni karto diidmada arjigayga codsi iyo/ama diidmada meelaynta la xiriirta Guddiga Daryeelka Guriga ee Oregon (OHCC) Habka Diiwaanka iyo Tilmaanta (RSS). Waxaan fahamsanahay isla

	and Referral System (RSS). I understand and agree to the minimum qualifications for homecare workers established by the OHCC.	markaana ku raacsanahay aqoonta ugu yaraan looga baahan shaqaalaha daryeelka guriga ee ay dejisay OHCC.
2	The OHCC has an internet-based registry to assist seniors and individuals with disabilities find qualified in-home providers. I understand that if I agree to be referred to prospective client-employers through the RRS, my contact information, (name, phone number, provider number and city of residence) will be released to anyone seeking in-home services.	OHCC waxay leedahay hab diiwaanka internet-ka ku saleysan oo dadka waayeelka ah iyo dadka naafada ah ka caawiya in ay helaan daryeel bixiyayaasha guriga-dhexdiisa oo la aqoonsan yahay. Waxaan fahamsanahay in haddii aan ku raacsanahay in la ii gudbiyo macmiilka-shaqo bixiyaha la filayo iyadoo la adeeganayo RRS, in macluumaadka la igala soo xiriirayo, (magacayga, lambarkayga telefoonka, lambarka daryeel bixiyahayga iyo magaalada aan deganahay) loo fasixi doona qof kasta oo doonaya adeegyada guriga-dhexdiisa laga bixiyo.
3	<p>Future changes to the following questions must be submitted in writing to the local office.</p> <p>A. I agree to have my contact information released through the internet. Check Yes / No I understand that checking “No” will limit the number of referrals I will receive.</p> <p>B. I agree to have my contact information referred to individuals who pay privately for in-home services. Check Yes / No</p>	<p>Isbedelada mustaqbalka ee su'aala soo socda la xiriira waa in qoraal ahaan loogu gudbiyaa xafiiska degaanka.</p> <p>A. Waxaan oggolahay in macluumaadkayga la igala soo xiriirayo la fasaxo iyadoo la isticmaalayo internet-ka. Calaamaddee Haa / Maya Waxaan fahamsanahay in haddii la calaamadiyo “Maya” ay yarayn doonto tirada gudbinta ee aan heli doono.</p> <p>B. Waxaan oggolahay in macluumaadkayga la igala soo xiriirayo loo gudbiyo shaqsiyaadka sida gaarka ah u bixiya lacagta adeegyada guriga-dhexdiisa laga bixiyo ee ay helaan. Calaamaddee Haa / Maya</p>
4	I understand the hours worked for individuals who pay privately for services DO NOT count towards Service Employees International Union (SEIU) local 503, Oregon Public Employees Unions (OPEU) negotiated benefits and may not	Waxaan fahamsanahay in saacadaha la shaqeeyo ee loogu talagalay shaqsiyaadka sida gaarka ah u bixiya lacagta adeegyada ay helaan in AANAY ka tirsanayn Urrurka Adeega Shaqaalaha Caalamiga ah (Service Employees International Union – SEIU) degaanka 503, Urrurada Shaqaalaha Dowladda ee Oregon

	have worker's compensation or unemployment insurance.	(OPEU) adeegyada ay ka xaajoodeen iyadoo laga yaabo in aanay helin magdhowga shaqaalaha ama caymiska shaqo la'aanta.
5	Furthermore, I understand it is my responsibility to keep my availability information updated, and I must review my information in the RRS at least one time every 60 days to continue to be referred for new jobs.	Intaasi waxaa sii dheer, in aan fahamsanahay in ay mas'uuliyadayda tahay in aan macluumaadka la xiriira helitaankayga ka dhigo kuwo cusub, iyo in aan dib u eegis ku sameeyo macluumaadkayga ku jira RRS ugu yaraan 60 maalmood ee kasta, si loo sii wado in la isku gudbiyo shaqooyin cusub.
6	Applicant Signature:	Saxiixa Arji Codsadaha:
7	Date:	Taariikhda:

- The last page 6 of 6 is for office use only and does not need to be reviewed or completed by the applicant.
- Bogga u dambeeya ee 6 ee bogagga ka kooban 6 bog waxaa loogu talagalay oo uu gaar u yahay shaqaalaha xafiiska oo kaliya loogamana baahna in uu arji codsaduhu dib eegis ku sameeyo ama uu buuxiyo.