

Mission Statement: To provide community support services to seniors and adults with disabilities living in the west-end of Ottawa. We take pride in providing our clients with quality support enabling them to maintain their independence and dignity while living in their own homes.

The Olde Forge Community Resource Centre - Home Help/Home Maintenance Social Enterprise Application

Confidential

Please complete the following	g information:	
-]
Name:		
Telephone number:		
mailing address:		
Email address:		
Emergency Contact:		
Website: (if applicable)		
1. Diagon list the main convic	aa yay aan nrayida.	
1. Please list the main servic	es you can provide:	

2. Please tell us which of the	ne following you have	comp	leted: (please check boxes).	
□ Police Check (Vulnerable Sector)□ Health/Safety Certificate□ WHMIS		☐ Licenses/Certificates ☐ Workplace Safety Training		
☐ First Aid & CPR T	raining			
Details:				
3. Please provide us with n contact as references:	ames and contact inf	ormati	on for three of your clients w	∕ho we may
Name of Reference	Service you Provi	ded	Contact Information	
8. Signed:				
Position:		Date Application signed:		

For (Office Use Only:	
□ Co	opy of clear Police Record Check, on file	□ Yes □ No
☐ HH/HMR Application Completed		□ Yes □ No
□ References Checked		□ Yes □ No
□R€	ecommended?	
	1.	□ Yes □ No
	2.	□ Yes □ No
	3.	□ Yes □ No
	OFE documents signed and completed	□ Yes □ No
	On line training completed	□ Yes □ No
	Accepted to HH/HM Social Enterprise	□ Yes □ No
	Payroll/taxation forms signed and completed	□ Yes □ No
	Added to CIMS:dd/mm/yyyy	