

Dom Care New Provider Application

Name _____

Address _____ Philadelphia, Pennsylvania 191 _____

Home Phone Number 215 267 _____ Extension _____

Work Phone Number 215 267 _____ Extension _____

Cell Phone Number 215 267 _____ Extension _____

Best Number To Call Home Work Cell **Best Time To Call** Morning Afternoon

1. Is the address listed above the same as where you plan for consumers to live?

Yes No

2. Is your income enough to pay for all your monthly expenses?

Yes No

3. Are you at least 21 years old?

Yes No

4. Do you understand that being certified as a Dom Care provider does not guarantee that a consumer will be placed in your home?

Yes No

5. How did you hear about the Dom Care program?

6. Have you ever been a Dom Care provider or applied to be a Dom Care provider?

Yes No

7. Are you currently a foster parent?

Yes No

8. Have you ever been convicted of a misdemeanor and/or felony?

Yes No

9. Have you lived in another state (besides Pennsylvania) or out of the U.S.A. during the last 24 months?

Yes No

Applicant's Email Address

Today's Date

If you're interested in applying to be certified as a Dom Care provider, please email completed Application to

After we receive your completed form, one of our staff members will contact you to begin the certification process.