

Home Maintenance & Repair Referral Program Links2care Application for Providers (handypeople)

Our Home Maintenance & Repair Referral Program assists seniors & adults with disabilities to remain independently in their homes by providing a referral service to connect clients to reliable home maintenance handypersons. Task details and payment are arranged between clients and providers (handypeople) directly. To be added to our referral list, email the completed application to info@link2care.ca

Contact Information Date						
Surname:		Given				
		Name:				
Address:					Apt #:	
City:		Postal Code:				
Home	Cell			Preferre	d phone	
Phone:	Phone:			contact	□Home □Cell	
Email:						
Types of Jobs (please check all you are able and qualified to assist with)						
☐ Minor Plumbing Repairs ☐ S ☐ Minor Electrical Repairs ☐ P ☐ Minor General Repairs ☐ L ☐ Window A/C set up - in/out ☐ E ☐ Safety Bar install (handrails) ☐ D	☐ Spring/Fall Yard Cleanup ☐ Power Washing ☐ Leaf Raking / Blowing ☐ Eaves Trough Cleaning ☐ Deck Staining ☐ Wir		eaning Floors / Walls ean Fridge / Stove easonal Cleaning inging Blinds/ erapery/Pictures indow Washing erpet Cleaning her			
Equipment (Please check all you own or have access to)						
☐ Van ☐ R ☐ Pickup Truck ☐ P	ush Mower tide on Mower ower Washer eaf Blower			ow Blowe owplow	r	
Relevant Home Maintenance and Repair Work Experience						
☐ Min. 7 years' experience required for indoor work ☐ Min. 2 years required for outdoor work						
Documents						
Do you have a current Vulnerable Sector Background Check Yes No						
Providers who provide assistance within the home are required to have a satisfactory Police Background Check with a Vulnerable Sector Screening within the last 6 months.						
Please Note:						
Home Maintenance & Repair work can be physically demanding and may require working in extreme weather conditions, heavy lifting, bending, and stretching. Links2Care is solely providing a referral service and is not responsible for any injuries or damages sustained.						
The provider agrees that if during the course of offering Home Maintenance & Repair assistance a service license becomes compulsory, the provider will be responsible for acquiring and maintaining the appropriate licensing requirements.						

COMPLETE UPON INTERVIEW ONLY					
References					
Name:		Phone:			
Relationship:					
Name:		Phone:			
Relationship:					
I hereby authorize Links2Care to contact the persons or organizations listed above for purposes of obtaining validation of experience, qualifications, and employment references, including information in my personnel file(s). These persons are authorized to disclose such information.					
Signature:	Date:				
D/L Number.	Other ID.				
Emergency Contact					
Name:		Phone:			
Relationship:					
Office Use Only					
Orientation/Program Information	☐ Confidentiality/Conduct/Conflict of Interest				
☐ Police Check	References checked				