



## NORTH COUNTRY COMMUNITY MENTAL HEALTH RESPITE PROVIDER APPLICATION

North Country Community Mental Health is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category.

Respite Provider Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Street/PO Box City State & Zip Code

Email Address \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you over 18 years of age? Yes ☐ No ☐

Have you ever been employed by North Country CMH? Yes ☐ No ☐

If yes: \_\_\_\_\_  
Position Dates

If No, do you work for a NCCMH Provider? Yes ☐ No ☐

If yes: \_\_\_\_\_  
Provider Dates

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes ☐ No ☐ (Proof of citizenship or immigration status may be requested upon contracting)

Have you ever been convicted of a felony in the last ten years? Yes ☐ No ☐

If yes, please explain the status of the conviction: \_\_\_\_\_

NOTE: A conviction record will not necessarily prevent your ability to contract. Factors such as age, date of offense, seriousness and nature of violation, and rehabilitation will be considered.

Are you the primary care giver, parent, spouse or guardian of client(s) to whom you will be providing respite? Yes ☐ No ☐

Indicate Client initially to be served: \_\_\_\_\_

Would you like to be listed on our Provider Network to serve other families? Yes ☐ No ☐

### PERSONAL REFERENCES (Minimum 3 required)

Name Address Email

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

**Return to: North Country Community Mental Health**  
Attention: Contract Manager  
1420 Plaza Drive Petoskey, MI 49770

Email documents to:  
Katie Lorence, Contract Manager  
at [klorence@norcocmh.org](mailto:klorence@norcocmh.org) or  
[providerrelations@norcocmh.org](mailto:providerrelations@norcocmh.org)