

Lake Cumberland Area Development District, Inc.

P.O. Box 1570, Russell Springs, Kentucky 42642-1570

WAYLON WRIGHT
Executive Director

Ph: (270) 866-4200
FAX: (270) 866-2044
TDD: 1-800-648-6056

MAYOR ROBERT LAWSON
Chairman

Request for Proposal

Older Adult Home Modification Program (OAHMP)

Declaration by Requester					
By signing below, I certify that all information provided herein is accurate and complete. If any of the information provided requires updating or has changed for any reason, I will immediately report the new information in writing LCAAAIL. I agree to abide by all applicable laws, regulations and international guidelines concerning health and personal information data sharing and disclosure. I furthermore declare full-understanding of the nature of this position which may include unintended exposure to COVID-19.					
Job Title : Program Manager/Licensed Certified Occupational Therapist					
Current Job Title:					
Requester Details					
Requester's Full Name:					
Address:		Cell Phone #:			
City:		State:		Postal Code:	
Email:					
Occupational Therapist License Number:					
Certified Aging-in-Place Specialist?					
Affiliated Organization (i.e. AOTA):					
Requester Professional Details (If no information, indicate with N/A.)					
Licenses other than Occupational Therapist: (Please list all licenses and attach copied documentation.)					



Adair • Casey • Clinton • Cumberland • Green
McCreary • Pulaski • Russell • Taylor • Wayne

Web-Site Address - <https://lcadd.org>
Equal Opportunity Provider



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Other Certificates: (Please list certifications and attach the copied documents.)

Please list any prior projects related to this position: (Please list applicable dates, project descriptions, evidence-based outcomes, etc.)

How many years' experience do you have in aging, housing and disability-related projects?
(Please list years and separate by project history.)



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Experience in adaptive equipment procurement:
(Please list experience(s) and separate by each experience.)

Experience working with contractors (Includes, but not limit to, handy-worker, installation specialist, construction contractors and self-employed professionals): (Please be specific.)

Experience in project leading/management/planning:

Experience in State and/or Federally funded projects?



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Additional Information:	
Significant travel is required within the ADDs 10-county area. Are you willing to commit to this? (Mileage is reimbursable.)	
Desired Hourly Fee:	
CPR/First Aid Certified:	
Is there any other information that you'd like to share?	
Authorization: (Please refer to the Declaration on Page 1.)	
Signature: _____ Date: _____	



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