

Preferred Language Registration Form Info

When you register in a language other than English, some of the fields on the registration form may still appear in English. Please see the information below to help choose what you select. If you need further assistance registering with Carewell, please call 1-844-503-7348 or email CarewellSEIU503Training@RISEpartnership.com.

- PSW or HCW** *Required*
PSW or HCW
- Are you caring for your spouse child or parent?** *Required*
Are you caring for your spouse child or parent?
- Where did you apply?** *Required*
Where did you apply?
- Can we text you about your training?** *Required*
Can we text you about your training?
- Date of Birth** *Required*
MM/DD/YYYY

Sign Up

- PSW or HCW** *Required*
 Both
HCW (Home Care Worker)
Neither - Partner Agency worker
PSW (Personal Support Worker)

PSW or HCW

- Both
- HCW (Home Care Worker)
- Neither - Partner Agency worker
- PSW (Personal Support Worker)



2.

Are you caring for your spouse child or parent? *Required*

No
 Yes

Are you caring for your spouse, child or parent?

- No
- Yes

3.

Where did you apply? *Required*

(---) N/A - I don't remember (---)
Albany AAA
Asian Health and Service Center
Baker City APD
Baker City OPI
Beaverton APD

Where did you apply?

- (---) N/A - I don't remember (---)
- Choose the name of the office that you applied at. Select "(---) N/A - I don't remember (---)" if you are unsure where you applied.

4.

Can we text you about your training? *Required*

No, please do not send text messages to my phone.
 Yes, you can send text messages to my phone.

Can we text you about your training?

- No, please do not send text messages to my phone.
- Yes, you can send text messages to my phone.

5.

Date of Birth *Required*

MM/DD/YYYY

Date of Birth

- Enter in your date of birth in MM/DD/YYYY format.

