

# 首选语言注册表信息

当您使用英语之外的其他语言注册时，注册表上的部分字段可能仍会显示为英语。请阅读下方信息，以帮助您做出选择。如果您在注册 Carewell 时需要进一步的帮助，请致电 1-844-503-7348 或发送电子邮件至 [CarewellSEIU503Training@RISEpartnership.com](mailto:CarewellSEIU503Training@RISEpartnership.com)。

1. **PSW or HCW** 被需要  
PSW or HCW
2. **Are you caring for your spouse child or parent?** 被需要  
Are you caring for your spouse child or parent?
3. **Where did you apply?** 被需要  
Where did you apply?
4. **Can we text you about your training?** 被需要  
Can we text you about your training?
5. **Date of Birth** 必填  
MM/DD/YYYY

会员注册

1. **PSW or HCW** 被需要  
Both  
HCW (Home Care Worker)  
Neither - Partner Agency worker  
PSW (Personal Support Worker)

## PSW or HCW (PSW 或 HCW)

- Both (两者都是)
- HCW (Home Care Worker) (HCW [居家护理工作者])
- Neither - Partner Agency worker (两者都不是 - 合作伙伴机构工作者)
- PSW (Personal Support Worker) (PSW [个人护理工作者])



2.

**Are you caring for your spouse child or parent?** 被需要

No  
 Yes

**Are you caring for your spouse, child or parent? (您照顾的是您的配偶、子女或父 / 母吗?)**

- No (否)
- Yes (是)

3.

**Where did you apply?** 被需要

(---) 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? (您在哪里申请?)**

- (---) N/A - I don't remember (---) (不适用 - 我忘了)
- 选择您申请的办公室名称。如果您不确定自己在哪里申请，请选择 "(---) N/A - I don't remember (---)" (不适用 - 我忘了)。

4.

**Can we text you about your training?** 被需要

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? (我们可以向您发送短信通知培训相关事项吗?)**

- No, please do not send text messages to my phone. (否，请不要向我的手机发送短信。)
- Yes, you can send text messages to my phone. (是，可以向我的手机发送短信。)

5.

**Date of Birth** 被需要

MM/DD/YYYY

**Date of Birth (出生日期)**

- 输入您的出生日期，格式：MM/DD/YYYY。