

## What You Can Do?

**SHOW YOUR SUPPORT BY** Making a Financial Contribution to Iowa CareGivers Association to help fund programs and services that help you provide the best care and support possible!

Because of our nonprofit status, we are not a membership organization that collects annual fees. But we DO need whatever level of financial support you can provide.

**Mail a personal check to:**

Iowa CareGivers Association  
1211 Vine Street, #1120  
West Des Moines, Iowa 50265 or visit our website at [www.iowacaregivers.org](http://www.iowacaregivers.org)

*Your contribution may be tax deductible.*

### What Direct Care Workers Say About Iowa CareGivers Association (ICA):



#### ICA

- Is the only independent organization in Iowa that has a sole focus on direct care workers and those we serve.
- Serves as our unfiltered voice in the capitols in Des Moines and Washington DC.
- Makes the public and decision makers aware of issues facing direct care workers such as wages, education, and access to affordable health care coverage.
- Helps us feel good about the work we do and gives us reasons to stay in the profession.
- Supports us and always has our back!

#### Iowa CareGivers Association

Direct Care Worker Resource & Outreach Center  
1211 Vine Street #1120

West Des Moines, Iowa 50265

local: 515-223-2805 toll free: 888-710-2762 fax: 515-226-3214

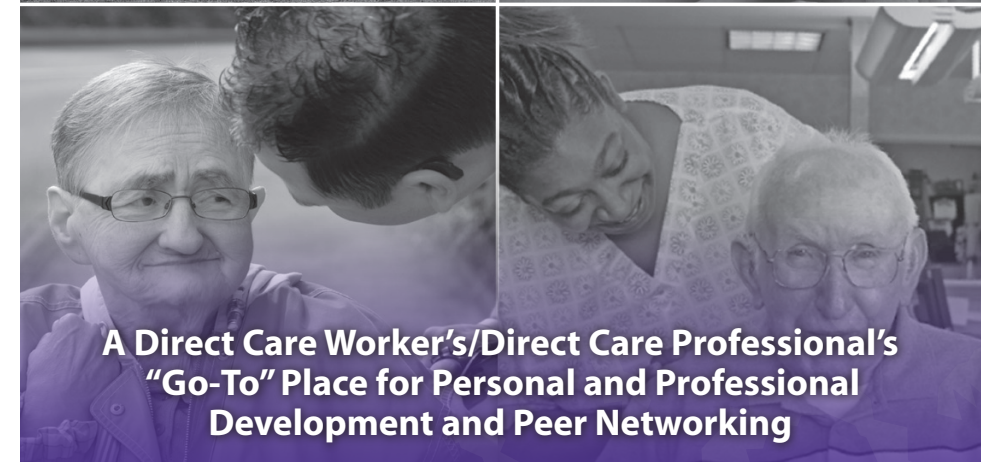
contact us at: [information@iowacaregivers.org](mailto:information@iowacaregivers.org)

[www.iowaCareGivers.org](http://www.iowaCareGivers.org)



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**A Direct Care Worker's/Direct Care Professional's  
"Go-To" Place for Personal and Professional  
Development and Peer Networking**

► **Sign up** with the Iowa CareGivers Resource and Outreach Center (ROC)

A Direct Care Worker's/  
Direct Care Professional's

# GO-TO PLACE

for Personal and Professional  
Development and Peer Networking

## What is Iowa CareGivers Association (ICA)?

ICA was founded in 1992 in a former nurse aide's basement. We exist to ensure that ALL Iowans receive good care and support when and where they need it. We do that by serving the needs of the direct care workers who provide most of that care and support. The ICA has your best interest at heart, as well as those for whom you provide care and support.

## What is Iowa CareGivers Association's (ICA) Mission?

ICA's mission is to enhance the quality of care by providing education, recognition, advocacy, and research in support of direct care workers.

## Who Should Sign Up With Iowa CareGivers Association (ICA)?

All Direct Care Workers/Direct Care Professionals who provide direct hands-on care, support, and supervision to Iowans of all ages in many different settings that include in the homes of clients, adult day centers, assisted living, nursing and residential facilities, group homes, hospitals, and hospices are invited to sign up.



Iowa CareGivers Association looks at every issue, program, or action through **YOUR** eyes...the eyes of direct care workers and those you serve!!

## Why Sign Up with Iowa CareGivers Resource and Outreach Center (ROC)?

By signing up you will:

### 1. Learn and grow personally and professionally through opportunities to attend educational programs designed especially for direct care workers like you:

- Leadership Training
- Advocacy Training
- Mentor Training
- Statewide and Regional Educational Conferences

### 2. Stay Informed About Important Issues Affecting You and Your Profession:

- Website
- Facebook/Twitter
- The HUB newsletter that is for and about direct care workers
- Resource and Referral Information
- Alerts on Policy Issues and How They Affect You

### 3. Be Able to Help Educate Others About Direct Care Worker and Workforce Issues:

- Public Forums
- Public Awareness Campaigns
- Recognition Programs

### 4. Be given opportunities to meet and exchange ideas with other direct care workers throughout the state.

### 5. Participate in programs and events that acknowledge and VALUE direct care workers!!

## Sign Up with the

## Iowa CareGivers Resource and Outreach Center (ROC)!

(please print)

Male  Female

Full Name  Mr.  Mrs.  Ms. \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County you live in \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Phone (Other) \_\_\_\_\_

Email address \_\_\_\_\_

Employer \_\_\_\_\_

On your **MAIN** direct care job are you .... (Check **ALL** that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Certified Nursing Assistant (CNA)  | <input type="checkbox"/> Home Care Aide (HCA)             |
| <input type="checkbox"/> Patient Care Technician (PCT)  | <input type="checkbox"/> Hospice Aide                     |
| <input type="checkbox"/> CNA plus other certification, such as medication aide, rehabilitation aide, etc. | <input type="checkbox"/> Home Health Aide (HHA)           |
| <input type="checkbox"/> Consumer Directed Attendant Care (CDAC) worker or Personal Care Assistant        | <input type="checkbox"/> Companion, non-medical assistant |
| <input type="checkbox"/> Universal Worker   | <input type="checkbox"/> Other _____                      |

On your **MAIN** direct care job, **where** do you work **most** of your working hours? (It is important that you **check only one**.)

- |  |   |
|--|---|
| <input type="checkbox"/> Nursing home                        | <input type="checkbox"/> People's homes (not including hospice) |
| <input type="checkbox"/> Hospice – inpatient or in-home      | <input type="checkbox"/> Group Home                             |
| <input type="checkbox"/> Assisted living, independent living | <input type="checkbox"/> Hospital                               |
| <input type="checkbox"/> Adult Day Center                    | <input type="checkbox"/> Other _____                            |
| <input type="checkbox"/> Residential Care Facility (RCF)     |   |

Which **ONE** group do you mainly provide services for on your MAIN direct care job?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Older adults                          | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Persons with disabilities of all ages |                                      |