

Critical Service Provider Verification Questionnaire

The County and Town elected officials have placed an emphasis on housing workers locally for emergency response to protect the health, safety and welfare of the community. The housing programs managed by Jackson/Teton County Affordable Housing Department generally use a lottery system to select buyers for homes in our program. Within this system, a set of preferences are used, one of which is for Critical Services Provider (CSP). By completing this form, you will be helping us to ensure that valued CSP's are qualified for this program. To make it easier for you, the Housing Department will keep this document on file. We may re-verify the information with you from time to time to be sure it is up to date.

Definition of Critical Service Provider (CSP): Community based institutional or non-profit organizations that have paid or volunteer employees who are on call 24 hours per day for public safety emergencies can apply to the Housing Authority Board to become qualified CSP Organizations with approved CSP positions.

(applicant) has applied for housing with JTCAHD.

1. Does the type of work applicant performs provide immediate response health and safety services? Yes No
2. Has applicant completed all training and certifications required for the job? Yes No
3. Is applicant on call 24 hours /day for human, life threatening emergencies? Yes No
4. How often is the critical service applicant performs used in the community (for example, how often do fires occur that require firefighters to respond)? _____
5. What is applicant's job title, and please give a brief description of his/her work.

6. Approximately how many hours per week does applicant work? _____
7. How long has applicant been working at their current position? _____
8. Based on applicant's dedication to the CSP position, time worked, and probability of continuing to work as an CSP worker, do you recommend that the Housing Department give him/her the CSP extra preference in the affordable housing lotteries?

Print Name

Job Title

Signature

Date

Please print this questionnaire and complete the signature lines. Scan and email back to bjennings@tetonwyo.org , fax to 734-3864, or mail to JTCAHD, P.O. Box 714, Jackson, WY 83001