

# Critical Service Provider Supervisor Verification Questionnaire

## (Must be completed by applicant's manager or supervisor)

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 the Housing Department use a weighted drawing system to select buyers for homes in our program. Within this system, a set of points 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):** An employee or volunteer on call 24 hrs/day for public safety emergencies of a Housing Department approved community based organization that provides immediate response, health and safety services.

\_\_\_\_\_ (applicant) has applied for housing with the Housing Dept.

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 Jackson/Teton County Affordable Housing (JTCAH) give him/her the CSP extra preference in the affordable housing weighted drawings?

By signing this form, you are acknowledging that you are a manager or supervisor of the applicant.

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Print Name

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Job Title

Contact information of person completing form:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Signature

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Date

Please upload through the Employer Verification Upload portal at <https://www.tetoncountywy.gov/2435/Compliance> or email to [housing@tetoncountywy.gov](mailto:housing@tetoncountywy.gov) or mail to JTCAH, P.O. Box 714, Jackson, WY 83001