



SHARED LIVING PROVIDER – APPLICATION

The **Applicant** is the person in the household who will assume primary responsibility for the individual placed in the home. The Applicant needs to complete the application and provide three references.

The **Co-Applicant** (if applicable) is the partner of the Applicant. The Co-Applicant needs to fill out the Co-Applicant sections of the application and provide three references.

General Information

Date: _____

Applicant's Name: _____

Co-Applicant's Name (if applicable): _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____

Applicant:

Date of Birth: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Co-Applicant:

Date of Birth: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Directions to your home from the Upper Valley Services office:

Housing Description

Is your home a:

House Apartment Mobile Home Other: _____

Do you rent or own? _____

If you rent, do you have renter's insurance? _____

Do you have landlord approval to be a home care provider? _____

If you own your home, do you have homeowner's insurance? _____

How long have you lived at your current address? _____

Total # of Rooms: _____

of Bedrooms: _____

Where will the individual sleep in your home? _____

Transportation

Does the Applicant have a valid driver's license and the minimum vehicle insurance required by the State of Vermont? Yes No

Has the Applicant ever been convicted of a motor vehicle violation? Yes No

If yes, please explain the nature of the violation: _____

Does the Co-Applicant have a valid driver's license and the minimum vehicle insurance required by the State of Vermont? Yes No

Has the Applicant ever been convicted of a motor vehicle violation? Yes No

If yes, please explain the nature of the violation: _____

Education

Please complete the information below or attach a copy of your current resume. Feel free to include any information you feel is relevant concerning your education (i.e. workshops, in-service trainings, etc).

Applicant:

Name and Location	Dates Attended	Major
High School		
College		
Other:		

Co-Applicant

Name and Location	Dates Attended	Major
High School		
College		
Other:		

Skills and Qualifications

Please summarize special skills, qualifications and training that you feel is relevant to your application. This can include, but is not limited to American Sign Language, Facilitated Communication, First Aid, CPR, etc.

Applicant's Skills and Qualifications:

Co-Applicant's Skills and Qualifications:

Employment History

Starting with present or most recent employer, please account for your last four employers. If you would prefer, attach a copy of your current resume (as long as it gives the four previous employers).

Applicant:

Company Name and Address	Telephone	
Job Title/Description of Duties	Name of Supervisor:	
Reason for Leaving	Employment Dates: (Month/Year)	
	From:	To:

Company Name and Address	Telephone	
Job Title/Description of Duties	Name of Supervisor:	
Reason for Leaving	Employment Dates: (Month/Year)	
	From:	To:

Company Name and Address	Telephone	
Job Title/Description of Duties	Name of Supervisor:	
Reason for Leaving	Employment Dates: (Month/Year)	
	From:	To:

Company Name and Address	Telephone	
Job Title/Description of Duties	Name of Supervisor:	
Reason for Leaving	Employment Dates: (Month/Year)	
	From:	To:

May we contact previous employers? Yes No If the answer is no, please explain:

Co-Applicant:

Company Name and Address	Telephone	
Job Title/Description of Duties	Name of Supervisor:	
Reason for Leaving	Employment Dates: (Month/Year)	
	From:	To:

Company Name and Address	Telephone	
Job Title/Description of Duties	Name of Supervisor:	
Reason for Leaving	Employment Dates: (Month/Year)	
	From:	To:

Company Name and Address	Telephone	
Job Title/Description of Duties	Name of Supervisor:	
Reason for Leaving	Employment Dates: (Month/Year)	
	From:	To:

Company Name and Address	Telephone	
Job Title/Description of Duties	Name of Supervisor:	
Reason for Leaving	Employment Dates: (Month/Year)	
	From:	To:

May we contact previous employers? Yes No If the answer is no, please explain:

Members of Your Household

Please list all people residing in your home at the time of application. All of the adults in your residence will need to be part of the interview process. All adults must submit to a Abuse Registry (adult and child) check, DMV registry check, and a Criminal Record check.

Name	Relationship	Age

Do you have any frequent visitors/overnight guests? Yes No

Comments: _____

Is it likely or possible that you may be asked to care for an extended family member in your home in the coming months? Yes No

Comments:

Please list all the animals that live in your household or on your property:

Interests, Hobbies, and Routines

Please list your favorite interests and hobbies:

Applicant:

Co-Applicant:

Please describe the characteristics of your family and household (e.g., daily routine, family interests, support system, etc.).

Contractual Understandings

Do you understand that being a home provider for Upper Valley Services is a contracted, full-time obligation? Yes No **Consequently, your responsibilities as a home provider will take precedence over any employment that you may have. You will have the opportunity to review the home contract prior to making any decision about pursuing a home placement.**

Emergency Placement

Upper Valley Services may have the need to secure a temporary placement for an individual on short notice. Would you be interested in accepting a person on an emergency, short-term basis?

Yes No

Respite

Upper Valley Services' home providers and the families we support often have the need for ongoing short-term care for the individual residing in their home. Would you be interested in providing respite?

Yes No

How did you learn about Upper Valley Services' Home Care Provider Program?

- Newspaper
- UVS Home Care Provider
- UVS Staff
- UVS Consumer
- Parent/Guardian of UVS Consumer
- Rewarding Work Website
- Other: _____

Which of the following circumstances are you willing to work with in your home with support and training from UVS?
(Indicate a "yes" answer with a check mark.)

- A person with a history of medical problems.
- A person who needs assistance with special medical procedures.
- A person with a history of trouble with the law.
- A person with a history of stealing.
- A person with a history of running away.
- A person who gets into fights.
- A person with a history of being disrespectful (swearing/being rude).
- A person who is constantly in need of attention.
- A person who needs to be taught through slow, regular, constant repetition of each simple task.
- A person with a history of alcohol/drug abuse.
- A person with a history of parental neglect.
- A person who has been a victim of physical, sexual or emotional abuse.
- A person who is sexually active.
- A person who is sexually provocative.
- A person who is a sex offender or potential sex offender.
- A person with low self-esteem.
- A person with physical limitations (i.e., wheelchair-bound, bed ridden, hearing impaired, etc.)
- A person who needs assistance eating.
- A person with strange food habits.
- A person with hyperactive behaviors.
- A person who has difficulty sleeping, or nightmares.
- A person with poor personal hygiene.
- A person who needs assistance toileting.
- A person who is a bed-wetter.
- A person who is introverted.
- A person who has unusual or extreme fears.
- A person who smokes.
- A person who soils clothes or smears feces.
- A person who is self-abusive.
- A person who is aggressive to animals, objects and/or people.
- A person who cannot communicate or understand through words.
- A person who uses a communication device, sign language, etc.
- A person who needs constant supervision.
- A person who goes through others' belongings.
- A person who makes false reports of abuse.

Applicant References

Below, please name three people to act as references on your behalf. This should include two professional references and one personal reference. The professional references may include your current or former employer, doctor, lawyer, or clergy-person. Whether personal or professional, these must be people who have known you for two years or more, are not related to you, and are familiar with your character and applicable experience. We will be contacting them by phone during business hours. Please be sure that they are cooperative and accepting of the participation.

Applicant:

Type of Reference	Name	Phone Number	Relationship (supervisor, colleague, friend, etc)
Professional			
Professional			
Personal			

Co-Applicant:

Type of Reference	Name	Phone Number	Relationship (supervisor, colleague, friend, etc)
Professional			
Professional			
Personal			

Thank you for taking the time to fill out this application completely. Please read the important statement below and then sign and date this page.

I authorize verification of my experience and education which I have provided Upper Valley Services, Inc., in writing or by oral interview. I release from liability any person giving or receiving such information. Any misrepresentation or deliberate omission of fact on this application or during the application process may be justification for refusal of or termination of said contract with Upper Valley Services, Inc.

I understand Upper Valley Services, Inc. is required to submit my name to the State Adult Abuse and Child Abuse Registries, to conduct a Criminal Record and Department of Motor Vehicles record checks. I will complete the provided releases to authorize Upper Valley Services, Inc. to do so. I understand any offer of a contract by Upper Valley Services, Inc., is contingent upon reports received from the State(s) Adult and Child Abuse Registries, any Criminal Information Center and the Department of Motor Vehicles.

I, the undersigned, have read and understand the above.

Signature of Applicant

Date

Signature of Co-Applicant

Date