



HOME INFORMATION

Do you live in: Apartment _____ What level is your apartment on? _____

Townhouse _____ Single home _____ Row home _____ Duplex _____ Other _____

Describe: _____

How many floor/stories does your home have? _____

How long have you resided in your home? _____

Do you rent or own your home? _____

If renting, lease expiration date: _____

If renting, please provide landlord information:

Name	Address	Telephone Number
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Do you know if there is a certificate of occupancy for your apartment, townhouse, etc.?

Yes _____ No _____ Do not know _____

Do you have current Homeowner's or Renter's Insurance? ___Yes ___No

Do you have a yard? Yes _____ No _____

Is the yard fenced? Yes _____ No _____

Do you have pets? Yes _____ No _____

If yes, what type of pet/pets? _____

If no, what pets would you consider if the individual wanted one? _____

Type of heating (check all that apply):

Gas _____ Oil _____ Coal _____ Electric _____ Heat Pump _____ Other (explain): _____

Do you have a fireplace or wood/coal/pellet stove? _____

Do you keep any firearms or ammunition in your home? _____

How many bathrooms do you have in your home?

Full bathroom(s) _____ Powder room(s) _____

How many bedrooms do you have in your home? _____

On what floor is the bedroom that would be utilized for the individual? _____



HOME INFORMATION (continued)

What are the dimensions of the bedroom/bedrooms you wish to license? (square feet) _____

Do you have smoke detectors on each floor of your home? _____

Do you have fire extinguishers on each floor of your home? _____

Do you have a land line in your home? Yes ___ No ___

How many telephones do you have in your home? _____

Is your home accessible to a person in a wheelchair? _____

Could your home be made accessible to a person in a wheelchair? _____

OTHER INFORMATION

Do you own /lease a vehicle? Yes ___ No ___

Do you have auto insurance? Yes ___ No ___ Date of expiration _____

Are you currently licensed to provide Foster Care, Day Care, or Domiciliary Care in your home? _____

Have you ever applied for a Foster Care or Day Care license? _____

Do you have any roomers or boarders for pay in your home? _____

Are you or have you ever been a Lifesharing Provider for another agency? Yes ___ No ___

if so, with which agency(s)? _____

Have you ever been employed by the Human Resources Center Inc., or any other provider agency in the MH/ID field? Yes ___ No ___

If so, with which agency(s)? _____

Have you lived outside the state of Pennsylvania within the past two years? _____

Have you ever been investigated for an incident filed in (HCSIS) Home and Community Services Information System – now (EIM) Enterprise Incident Management System? Yes ___ No _____



I agree to allow an inspection of my home to ensure that it is in compliance with applicable Lifesharing Regulations.

Applicant signature

Date

The following information will assist us in evaluating your application to become a Lifesharing Provider.

Briefly state the main reason(s) for your interest in becoming a Lifesharing Provider. Include special skills or experience you have.

Describe a typical weekday at your home. Include family activities, work/social schedules and other family obligations. Describe a typical weekend. Use the back if necessary.

List any special interests you have.



EDUCATION

Names and locations of Schools Attended	Did you Graduate?		Course of Study	
	Yes	No	Major	Degree
High School				
College				
Other (Name and Type)				

WORK EXPERIENCE

List below your four most recent employers, starting with your present or last employer. List under company name any periods of unemployment and/or military service. Continue on reverse side if necessary.

Company Name & Address	Month/ Year	
	From:	Job Title: Supervisor:
	To:	Reason for leaving
	From:	Job Title: Supervisor:
	To:	Reason for leaving
	From:	Job Title: Supervisor:
	To:	Reason for leaving



VEHICLE/DRIVING RECORD INFORMATION

Do you have a vehicle? _____ owned? _____ leased?

Did you have a valid driver's license? _____ If yes # _____

If yes, in which state was it issued? _____

Are there any driving restrictions (i.e. eyeglasses, etc.?)

If yes, specify: _____

Have you ever been convicted of a moving car violation? _____

If yes, explain: _____

OTHER INFORMATION

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

Have you ever been convicted of a misdemeanor? Yes _____ No _____

If yes, please explain: _____

Have you ever had a report of child abuse which was considered **founded** filed against you?

Yes _____ No _____

If yes, please explain: _____

A criminal or misdemeanor conviction will not necessarily prevent you from becoming a Lifesharing Provider for the Human Resources Center, Inc.,

The Human Resources Center Inc., as a routine function, processes motor vehicle; criminal, child abuse, and FBI record checks on all newly contracted providers. Failure to disclose information about your driving record, criminal convictions and/or founded reports of child abuse will be considered falsification of your application and may at the Human Resources Center Inc.'s, sole discretion, be cause for denial of contract or contract cancellation.



HUMAN RESOURCES CENTER, INC.

www.hrcinc.org

Is there any other information you wish to share with us?

Personal References: (Non Related Individuals only)

Name	Address	Telephone Number
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Name	Address	Telephone Number
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Name	Address	Telephone Number
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AUTHORIZATION

I certify that the facts contained in this questionnaire are true and complete to the best of my knowledge. I understand that any false answer or statements or implications made by me in the questionnaire or other required documents may, at the HUMAN RESOURCES CENTER INC.'s sole discretion, be sufficient cause for denial of becoming or remaining a Lifesharing Provider.

I authorize an investigation of all statements contained herein (including a motor vehicle record check, child abuse record check, criminal record check FBI check, and the references listed above) to provide you with any and all information concerning my current or previous employment, education, and activities. I release all parties from all liability for any damage that may result from furnishing the same to you. Furthermore, if an offer of providing Lifesharing is made to me, I agree to produce to the HUMAN RESOURCES CENTER, INC. valid documentation establishing my identity and provider eligibility.

I understand that nothing contained in this questionnaire or in the granting of an interview is intended to create a Lifesharing Provider contract between the HUMAN RESOURCES CENTER INC. and myself. No promises regarding a Lifesharing Program have been made to me and I understand that no such promise guarantee is binding upon HUMAN RESOURCES CENTER, INC. unless made in writing.

Applicant's Signature Date

Print Name