*LIFESHARING APPLICATION/HOME STUDY*

All Lifesharing Applicants are considered without regard to race, color, religion, gender, national origin, age, marital status, or the presence of a non-job-related medical condition or disability or any other unlawful characteristics.

I hereby apply for approval and contract to become a Lifesharing Provider: Date of Application:

***PERSONAL INFORMATION FOR PRIMARY LIFESHARER***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | Last |  | First |  | Middle |  |
| Address: | Street |  | City | State | Zip |  |
| County |  | Township |  | School District |  |  |

Home Telephone Number Cell Number Date of Birth

Social Security Number Email

# OTHER HOUSEHOLD MEMBERS (include college students):

Name: First and Last Age/ Birth Date Relationship

# 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

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 | |  | |
| High School |  |  |  |  |
| College |  |  | Major Degree |
| 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.

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

***Personal References: (Non-Related Individuals only)***

|  |  |  |
| --- | --- | --- |
| Name | Address | Telephone Number |
| Name | Address | Telephone Number |
| Name | Address | Telephone Number |

***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