

Lifesharer Application

General Information

Date of application: _____

Primary Lifesharer Name: _____ Phone: _____

Address: _____
Street City State Zip Code

Township: _____ School District: _____

County: _____ Cell Phone: _____

E-mail address: _____ Work Phone: _____

Have been a resident of PA for at least 2 years? _____ Have you ever filed for bankruptcy? _____

Alternate Lifesharer: (May be spouse, household member, or neighbor.)

Name: _____ Phone: _____

Address: _____
Street City State Zip Code

Township: _____ School District: _____

County: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Have been a resident of PA for at least 2 years? _____ Have you ever filed for bankruptcy? _____

Children/Other Adults Living in the Home:

<u>First and Last Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Social Security #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attachment 1

If you are the caregiver, parent, or guardian of any other individual (child or adult) not living in your home, please list in the space provided below.

<u>First and Last Name</u>	<u>Age</u>	<u>Address (city and state)</u>	<u>With Whom Does S/He Live?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Information

<i>Primary Lifesharer</i>	Date of Birth	<i>Alternate Lifesharer</i>
Month ___ Day ___ Year _____	_____	Month ___ Day ___ Year _____
_____	Social Security Number	_____
___ Yes ___ No	U.S. Citizen	___ Yes ___ No
_____	Marital Status	_____
_____	Date of Marriage	_____
_____	Religious Affiliation (optional)	_____

Education

_____	Highest Grade Completed	_____
_____	College Major	_____
_____	College Degree	_____
_____	Other Training	_____

Work Experience

Apart from the recent jobs listed above, have you ever worked in human services including child/adult service systems? ___ yes ___ no

Please describe position, employer, city and state, length of service, and reason for leaving in the Table.

Position	Employer	City	State	Length of Service	Reason for Leaving

Attachment 1

Work Experience (Cont'd)

(begin with the most recent)

Primary Lifesharer

Alternate Lifesharer

Occupation

Employer

Address

Usual Hours of Work

Length of Employment

Monthly Take Home Pay

Job Description/Duties

Reason for Leaving



Primary Lifesharer

Alternate Lifesharer

Occupation

Employer

Address

Length of Employment

Monthly Take Home Pay

Job Description/Duties

Reason for Leaving



Primary Lifesharer

Alternate Lifesharer

Occupation

Attachment 1

Employer

Address

Length of Employment

Monthly Take Home Pay

Job Description/Duties

Reason for leaving

Related Training/Volunteer Experiences

Please list any other schooling, experience, volunteer work, training, or certification which relates to the lifesharer role including experience in the fields of Mental Health, Mental Retardation, Medical Care, Child Care, Physical Disabilities, or other Human Service Occupations?

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Health

Primary Lifesharer

Alternate Lifesharer

How would you describe your general physical health?

Do you have a chronic health problem? If yes, please describe.

Are you free from contagious disease?

Have you been vaccinated for Hepatitis B?

Mental Health Services received (including counseling & inpatient services with dates

Do you provide healthcare for a family or household member?

Description of Home and Neighborhood

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Single ___ Twin ___ Townhouse ___ Apartment ___ Row Home ___ Ranch _____
Other _____

How long have you lived at the current address? _____

of bathrooms: ___ # of bedrooms: ___ # of floors ___ (include basement, attic, but not crawl space))

Owner ___ Buying ___ Renting ___ If renting, lease expiration _____

Do you have current Homeowner's or Renter's insurance)? ___ yes ___ no

Any current lien on your home? ___ If yes, please explain _____

If applicable, describe your yard or available outdoor property: _____

Please describe your neighborhood: _____

How do you think your neighbors would react about a person with disability living in your home?

Do you have any pets? ___ What kind? _____ How many? _____

Planned occupancy (Please indicate the names and other information of people who you expected to move in or out of the home. (e.g., aging parent, student returning from school, family member returning from active duty)

First and Last Name	Age	Move In/Move Out	Expected Move Date	Needs In-Home Care (Yes/No)

What would be the bedroom/sleeping arrangement for the person with disability living with you?

Type of heating: _____

If oil, when was the last time the heater was inspected? _____

Do you have a backup heating system? ___ yes ___ no

If yes, please explain: _____

If you use a fireplace or wood burning stove, when was the chimney last cleaned? _____

Do you have a vehicle? ___ yes ___ no

Is this automobile owned or leased? ___ yes ___ no

If yes, what is the make, model and year? _____

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Do you have current car insurance? ____yes ____ no Date of expiration _____

Do you have a current driver's license? If so, please complete:

Name: _____
License
Number: _____
Expiration
Date: _____

Are you willing to transport an individual to necessary appointments? _____

Is there any public transportation available in the area? ____ yes ____ no

If yes, what type and how close? _____

Describe the volume of traffic on your road: _____

Are there sidewalks for pedestrians near your house? _____

What is the name of the hospital closest to you and how far away is it? _____

Do you have a support network (i.e. family, friends) who would be willing to provide back-up care for the person with disabilities who lives with you? Please describe.

Why would you like to become a Lifesharer?

What are the benefits of working with the natural family?

Are you now or have you ever in the past provided residential/ foster care in your home for children or adults? ____ yes ____ no

If yes, please give dates, names of agencies, number and type of children and/or adults served:

Have you applied to another agency to for consideration for Lifesharing through Family Living?

____ yes ____ no If yes, when and what agency? _____

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Are you willing to allow this provider agency to get a letter of reference from the above named agencies?

___ yes ___ no

Please give the following information for 3 non-related personal references. A letter will be sent asking them to respond to some questions.

<u>NAME AND ADDRESS</u>	<u>PHONE NUMBER</u>	<u>RELATIONSHIP</u>	<u>LENGTH OF TIME KNOWN</u>

Please give the following information for 3 work related professional references. A letter will be sent asking them to respond to some questions.

<u>NAME AND ADDRESS</u>	<u>PHONE NUMBER</u>	<u>RELATIONSHIP</u>	<u>LENGTH OF TIME KNOWN</u>

<u>NAME AND ADDRESS</u>	<u>PHONE NUMBER</u>	<u>RELATIONSHIP</u>	<u>LENGTH OF TIME KNOWN</u>

<u>NAME AND ADDRESS</u>	<u>PHONE NUMBER</u>	<u>RELATIONSHIP</u>	<u>LENGTH OF TIME KNOWN</u>

Attachment 1

Criminal History/Child Abuse Clearance

Were you or any other adult living in the home ever convicted of a criminal offense (including drug or alcohol related driving under the influence (DUI) anywhere (i.e. city, country, or any other locale)?

Primary Lifesharer: yes no Alternate Lifesharer: yes no Other adult(s): yes no

Were you or any others living in the home psychiatrically hospitalized within the last ten years?

Primary Lifesharer: yes no Alternate Lifesharer: yes no Other adult(s): yes no

Were you or any others living in the home treated for Substance Abuse or Addictions in the last ten years?

Primary Lifesharer: yes no Alternate Lifesharer: yes no Other adult(s): yes no

Are you involved with any judicial proceedings and are there any criminal charges against you now pending? (Omit minor traffic violations and anything prior to your 18th birthday).

Primary Lifesharer: yes no Alternate Lifesharer: yes no Other adult(s): yes no

If yes to any of the above questions, please give details on a separate sheet of paper and provide us with a copy of the docket. Conviction of a criminal offense will not necessarily prohibit you from becoming a provider in all cases. Each case is considered on its own merits.

Have you or any other adult living in the home had a *Restraining Order* issued against them?

Primary Lifesharer: yes no Alternate Lifesharer: yes no Other adult(s): yes no
If yes, please give details on a separate sheet of paper.

A Criminal History Clearance (or FBI Clearance for non-Pennsylvania residents) and a Child Abuse Clearance will be completed as part of the application process.

Would you consent to us contacting local police for a reference? yes no

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Agreement

_____ The information on this application is true to the best of my knowledge. I understand that any false statement or omission of material/fact may disqualify me from further consideration from becoming a Lifesharer.

_____ I understand the information shared on this application is solely for the purposes of matching compatibility and determining eligibility as a Lifesharer.

_____ I understand that this application is not for agency employment purposes and only for purposes of a potential contract with the agency as a provider of Lifesharing services.

_____ I understand that completion of this application does not constitute an agreement for authorization to provide services in your home.

_____ I agree to allow a study and inspection to be made of my home to ascertain my qualifications and compliance with Lifesharing Program requirements.

_____ I understand that the Lifesharing agency or the applicant can discontinue the application process at any time.

Primary Lifesharer		Date		Alternate Lifesharer		Date
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All information received on this application will be handled with the utmost care and confidentiality.