



UNION FOR HELPING AND SUPPORTS RESPECT - SUPPORTS - RIGHTS

Shared Living/Respite Shared Living Provider Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Place of Employment: _____

Occupation _____

Work Schedule _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been arrested for anything other than a minor traffic violation? YES NO If yes, please include brief description(s) and date(s)

Hobbies/Special Interests/Membership of Clubs and Organizations:

Have you been a care provider before? Yes No

Do you have a valid driver's license? Yes No

Do you have a valid car insurance? Yes No

Are you able to provide local transportation for outings, doctor appointments, etc.? Yes No

Do you rent or own your own home? If renting, name of landlord: _____

Phone #: _____

Do you have any medical/mental/physical disability which would limit your ability to provide care? Yes No

If yes, please describe the condition:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Household Members

Name	Date of Birth	Occupation	Relationship	Back Up/Respite Provider(yes/no)

Living Arrangements

What would the living arrangements be for the individual?

Is your home wheelchair accessible?

Is your home accessible for an individual who has difficulty with stairs? Would they be able to access all areas of your home?

Would you accept an individual who:

- Y N Requires help with personal hygiene (bathing, shaving, incontinence, etc.
- Y N Has poor vision or hearing
- Y N Is nonverbal or has difficulty communicating
- Y N Has physical disability – non-ambulatory, uses prosthetics
- Y N Uses wheelchair
- Y N Smokes tobacco
- Y N Alcoholic beverages
- Y N Requires your assistance to administer/monitor their medication
- Y N Has diabetes (special diet)
- Y N Is insulin-dependent
- Y N Has G-tube
- Y N Uses oxygen
- Y N Uses ventilator
- Y N Is unable to be left alone
- Y N Exhibits challenging behaviors (aggression, property destruction, elopement, etc...)
- Y N Has a pet
- Y N Has a service/support animal

How many individuals do you wish to care for(Maximum is 3) ?

Do you have a gender preference?

Age preference?

Please list any other considerations:

Application Consent

In completing my application to become a Shared Living Sub-Contractor or Back-Up Shared Living Provider at UNION FOR Helping and Supports (UHS LLC), it is understood that I have read and agree to the terms set forth in the Shared Living Provider Manual.

Furthermore, I:

- Give the Agency permission to contact law enforcement personnel and references about my character and background as it affects the provision of care for individuals with intellectual and/or developmental disabilities
 - . • Have completed studies equivalent to or have graduated from an accredited 12 year educational program
 - . • Have earnings/income sufficient to meet the needs of self/family members.
 - Understand that approval from the agency is not a State license or certification and does not exempt me from having to obtain appropriate State licenses or certification as required by law
 - . • State that any information given in my application is true and correct to the best of my knowledge.
- I hereby apply to be an approved subcontractor/provider for UHS LLC .

Signature_:

Date: