



Shared Living Provider Application

TODAY'S DATE: _____

I. DEMOGRAPHICS		
Last Name _____ Middle _____	First _____	Date of Birth: _____ Age: _____
Address, City, State, Zip _____	Home Phone: _____	
	Work Phone: _____	
	Cell Phone: _____	
Email Address: _____	Social Security #: _____-_____-_____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married ____ yrs I prefer persons of ages: _____ to _____ I would prefer Male Female Either		
Other Members of my household are:		
Name	Age	Relationship to Applicant
What Languages are spoken in the home? Do you have any pets? _____ If so, what are they? If no, do you mind pets? _____ If the individual has a pet, can it be brought into your home? _____		

I) DESCRIPTION OF HOME & PERSONAL PROFILE:	
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent (your present home/apartment?)	
Number of Rooms: _____. Total Bedrooms _____.	
If house is multi-leveled, is there a bedroom on the ground floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a bathroom on the ground floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home handicapped accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many insured vehicles do you have in the home? _____	
A) Have you ever been employed by us? Yes _____ No _____	
If yes, indicate position(s) held: _____	
B) Are you <u>currently</u> a Shared Living Provider or Foster Care Provider contracted with another agency? Yes _____ No _____	
If yes, with which agency and for how long? _____	
C) Have you ever been a care provider with another agency? If so, describe the length of time, which agency, and the experience? _____ _____ _____	
D) Do you have a valid Driver's License? Yes _____ No _____	
What State(s) _____	

E) Please summarize skills and experience (paid and/or volunteer) that you possess relating to the field of intellectual and developmental disabilities. _____ _____ _____ _____
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F) Why are you interested in becoming a Shared Living Provider? How do you think it will change your lifestyle? What concerns do you have regarding becoming a provider? Describe your support system that would be available if you were a provider. Do you currently work? If so, what is your schedule? What do you see as your role and responsibilities if you become a provider? How long of a commitment would you be willing to make?

Agreement

I authorize investigation of all statements on this application as is necessary in arriving at a contracting decision. I understand that misrepresentation or omission of facts called for is cause for immediate termination of any contractual agreement. Further, I consent to a CORI (Criminal Offender Record Information) investigation as part of the application process and authorize the CORI Coordinator to conduct further CORI investigations during the course of the contract.

_____ Signature of Applicant _____ Date

Are you willing to complete a Registry of Motor Vehicle Driving Record? Yes No

Please return to:

Engle Torres: etorres@venturecs.org
Venture Community Services
One Picker Road
Sturbridge, MA 01566