

# Champlain Community Services, Inc. Shared Living Provider Application

**Please Fill In All Spaces or Use N/A If Not Applicable**

## Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Other names you have used (i.e. maiden name): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

If you have lived outside of Vermont within the past 5 years please list  
addresses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_

## General Information

How did you learn of this position? Newspaper name, Friend, Internet,

Other (explain): \_\_\_\_\_

\_\_\_\_\_

Are you over 18 years old?

Yes                  No

Do you have the legal right to be employed in the US?                  Yes                  No

Have you worked for this agency before? Yes No  
If yes, when and where? \_\_\_\_\_  
\_\_\_\_\_

Do you have paying boarders living in your home? Yes  
No  
If yes, how so? Private State Other\_\_  
\_\_\_\_\_

Have you ever applied to operate a day care or foster home for any  
public or private agency before?  
Yes No

Have you ever applied to be a shared living/foster care provider with  
any other agency?  
Yes No  
If yes, what agency? \_\_\_\_\_  
\_\_\_\_\_

What was the outcome? \_\_\_\_\_  
\_\_\_\_\_

May we contact the agency? \_\_\_\_\_  
\_\_\_\_\_

Do you or anyone living with you smoke? Yes No  
Is alcohol consumed in your home? Yes No  
Are you willing to relocate? Yes No

Do you have any pets? If yes, what kind and where is the animal allowed  
in the home? \_\_\_\_\_  
\_\_\_\_\_

Please state the three most important values in your life, commenting  
on each one:

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

Have you had any personal experience with people with disabilities?

Please explain:

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What is your motivation for becoming a Shared Living Provider?\_\_

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Would you prefer a person who is:

Male

Female

No Preference

What age range would you be most interested in working with and why? \_\_\_\_\_

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### **Transportation**

Do you have a drivers license?

Yes

No

Drivers License #: \_\_\_\_\_

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State: \_\_\_\_\_ Expiration: \_\_\_\_\_

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Do you have 24 hour access to reliable transportation?

Yes

No

Make, model and year of vehicle: \_\_\_\_\_  
\_\_\_\_\_

Providing transportation for the individual supported is required. How far are you willing to travel from your home? \_\_\_\_\_  
\_\_\_\_\_

**Brief Description of Home**

How many people are living in your home? \_Adults\_\_\_\_\_Children

Type of home: \_\_\_\_\_ How many floors? \_\_\_\_\_  
\_\_\_\_\_

Total number of rooms: \_\_\_\_\_ Bedrooms: \_\_\_\_  
\_\_\_\_\_ Bathrooms: \_\_\_\_\_

What floor will the bedroom of the individual supported be on? \_\_\_\_  
\_\_\_\_\_

How long have you occupied your present home? \_\_\_\_\_  
\_\_\_\_\_

Do you own, rent, or lease your present home? \_\_\_\_\_  
\_\_\_\_\_

If you are renting or leasing, is your landlord aware of your interest in becoming a shared living provider for an individual with developmental disabilities? Yes No

Will any household members sleeping arrangements be altered in order to accommodate the individual?  
Yes No

Is your home handicap accessible? Yes No

Write directions to your home including landmarks if possible. \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Employment History**

Employer #1  
May we contact?                      Yes      No  
Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Title: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Current Occupation? \_\_\_\_\_ If no, reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer #2  
May we contact?                      Yes      No  
Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer #3  
May we contact?                      Yes      No  
Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Title: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Education**

High School \_\_\_\_\_ Date of

Graduation \_\_\_\_\_

College \_\_\_\_\_ Date of

Graduation \_\_\_\_\_

Other \_\_\_\_\_ Date of

Completion \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

\_\_\_\_\_

Other education or training relevant to Human Services, direct care  
and support:

\_\_\_\_\_

\_\_\_\_\_

Are you currently CPR certified?

Yes            No

Do you have working knowledge of American Sign Language?

Yes            No

What languages are spoken at home? \_\_\_\_\_

\_\_\_\_\_

**Criminal History:**

Have you ever been convicted of a felony or a misdemeanor?

Yes

No

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all the people residing with you, starting with your children first.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School or Occupation: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School or Occupation: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School or Occupation: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School or Occupation: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Please add any comments you feel are important to consider when

reviewing your application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed any false misleading or otherwise incorrect statements made on this application for or during any interviews may be grounds for my immediate discharge.

I hereby authorize Champlain Community Services to investigate my employment history, character, and qualifications, and I give my full and complete consent to all references to reveal any and all information they wish as a result of this investigation. In addition I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I (we) agree to allow a home inspection to be made of my (our) home to insure my (our) home is operable for shared living services.

I also authorize Champlain Community Services to review criminal offender record information and any source for reports of neglect or abuse to children, elders or people with disabilities. Conviction of a crime may not be an automatic bar to your employment. The following space may be used to provide us with any information which you feel could assist us in processing the results of this review.

**Signature of applicant:** \_\_\_\_\_  
\_\_\_\_\_ **Date** \_\_\_\_\_





**Each family is unique. Our goal for the following questions and our interviews is to try to make the best match for the shared living family and the individual being supported. The match should bring enrichment and happiness to the lives of all involved. We will be discussing these questions with you and your family during our interviews together.**

### **ADJUSTMENTS**

During the beginning stages of being a shared living provider for an adult with disabilities, it is likely that you, your family and the individual will go through an adjustment period before everyone is comfortable with the changes in their lives. Describe how you think your family's lives might change if you take on the responsibility and care of an individual with developmental disabilities.

1. Job: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Social lives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Freedom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Emotional Strains: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Vacations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Family Gatherings: \_\_\_\_\_

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7. Weekends/Holidays: \_\_\_\_\_

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8. Evenings after work: \_\_\_\_\_

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9. Grocery Shopping: \_\_\_\_\_

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### **DECISION MAKING:**

Every household will make decisions on a daily basis. Describe the decision making process that your household uses when making important decisions. Whether you are a couple or a single individual, indicate who in your household might be involved in the decision making process.

1. Who usually has the most influence on the outcome when decisions are being made?

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2. Once a decision is made, how can it be changed? \_\_\_\_\_

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3. What is the most important rule in your household? \_\_\_\_\_

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4. What events in your life will help you to provide a supported and healthy home care environment? \_\_\_\_\_

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## EXPRESSIVE FEELINGS:

In every household, various members experience a multitude of feelings. Anger, sadness, pleasure, frustration, happiness and love are just a few of the feelings that a person experiences at one time or another. Tell us:

1. Who would be most likely to verbally express his/her feelings? \_\_\_\_\_  
\_\_\_\_\_
2. Who would be most likely to physically express his/her feelings? \_\_\_\_\_  
\_\_\_\_\_
3. Who would be most likely to notice when another family member is upset? \_\_\_\_\_  
\_\_\_\_\_
4. Who is most sensitive to criticism? \_\_\_\_\_  
\_\_\_\_\_
5. What feelings are most often and openly expressed? \_\_\_\_\_  
\_\_\_\_\_
6. What feelings are "understood feelings" and therefore not expressed as much? \_\_\_\_\_  
\_\_\_\_\_
7. How do the adults in your household express themselves when they are angry or upset?

<input type="checkbox"/> Good shouting match	<input type="checkbox"/> Throw things
<input type="checkbox"/> Stop talking to each other	<input type="checkbox"/> Become calm, rational and discuss
<input type="checkbox"/> Directly confront the problem	<input type="checkbox"/> Other (Specify)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## LIKES AND DISLIKES

Champlain Community Services strives to match our shared living providers with individuals who have similar likes and interests. List the things you and your family enjoy doing together.

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Rate the following activities:

	Like					Dislike				
Sports: Watching	1	2	3	4	5	6	7	8	9	10
Sports: Participating	1	2	3	4	5	6	7	8	9	10
Watching television	1	2	3	4	5	6	7	8	9	10
Taking day trips	1	2	3	4	5	6	7	8	9	10
Reading	1	2	3	4	5	6	7	8	9	10
Cooking	1	2	3	4	5	6	7	8	9	10
Gardening	1	2	3	4	5	6	7	8	9	10
Building or making things	1	2	3	4	5	6	7	8	9	10
Music	1	2	3	4	5	6	7	8	9	10
Outdoor activities	1	2	3	4	5	6	7	8	9	10
Dance	1	2	3	4	5	6	7	8	9	10
Going out to the movies/theater	1	2	3	4	5	6	7	8	9	10
Going out to dinner	1	2	3	4	5	6	7	8	9	10
Learning new things	1	2	3	4	5	6	7	8	9	10





**Shared Living Provider  
SELF-DESCRIPTION**

Write a letter describing yourself to a prospective individual who may become a part of your household and life. The letter should give a good description of the kind of person you believe you are, including your personality, interests, beliefs, and attitudes that might influence your care as a shared living provider. Give information in regards to your role in your family. Explain and give reasons why you want to become a shared living provider for an individual with developmental disabilities.





### Shared Living Provider References

Supply complete references, 7 in all, 5 for yourself and 2 for your spouse/companion.

**Potential Provider references:** 3 personal and 2 professional

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Companion references:** 1 personal and 1 professional

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

