

**Respite Service Application**

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

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

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

Phone: (Home) \_\_\_\_\_ (Work): \_\_\_\_\_

(Cell): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Hours per week: \_\_\_\_\_

**Educational Background:**

High School \_\_\_\_\_

College \_\_\_\_\_

Additional Education: \_\_\_\_\_

Current Certifications: (CPR, First Aid, Sign Language, etc.)

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

Special Skills/Qualities that you would feel contribute to providing respite care:

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

Experience with developmental disabilities:

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

Other professional/Volunteer experience:

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Do you have any experience caring for disabled adults with medical conditions?  
(Please describe)

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Do you have any physical limitations? Are you presently under the care of a physician for treatment of a condition that would prevent you from caring for a cognitively or physically disabled adult?

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Have you ever been convicted of felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you own a car? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you be willing to provide transportation for the person in your care?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever worked as a Respite Provider? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you currently provide respite services for other agencies? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of agency: \_\_\_\_\_

How long have you been working for this agency? \_\_\_\_\_

**If the person will be spending any time in your home, please provide the following information:**

**Household Compositions:**

| <u>Name</u> | <u>Age</u> | <u>Relationship to You</u> | <u>Time Regularly Spent Outside of Home</u> |
|-------------|------------|----------------------------|---|
| _____       | _____      | _____                      | _____                                       |
| _____       | _____      | _____                      | _____                                       |
| _____       | _____      | _____                      | _____                                       |
| _____       | _____      | _____                      | _____                                       |

**Descriptions of Home:** (Number of stairs to enter the home, number of bedrooms, location of available bed room, composition of home, number of bathrooms; etc.)

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**I agree to a home study evaluation, which includes an inspection and photos of my home, to determine my eligibility to provide shared living respite services.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**General Questions:**

1. Do you live in (check one): \_\_\_ Own Home \_\_\_ Rented Home  
\_\_\_ Apartment \_\_\_ Other: \_\_\_\_\_
2. Do you have any pets? Yes \_\_\_ No \_\_\_  
Please list type and age of pets:
3. Number of smokers in the home: \_\_\_\_\_
4. Is smoking acceptable: \_\_\_\_\_
5. Do you or any member of your household have current or past problems with the use of alcohol or drugs? Please explain:
6. Do you or any member of your household have current or past emotional problems? Please explain:
7. How do the other household members feel about having another person share their home?
8. Please list the nearest hospital: \_\_\_\_\_

**Please List References (at least 2 professional reference):**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

I certify that all information on this Shared Living respite application about my home and myself is true and complete to the best of my knowledge. I understand that the Director or designee may check the information and references for the screening process. I release Riverside Community Care and its representatives from liability for seeking such information and other persons for furnishing such information. I understand that this document does not constitute a contract. Any false or misleading information given here may result in cancellation of a contract. No statements during the interview or home study shall be construed as binding the agency to particular terms and conditions. All actual terms will be contained in the respite contract agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail Application to:** Holly Pyne, 595 Pleasant Street, Norwood, Ma. 02062

**Fax to:** 781-762-9094

**Email to:** [Sharedliving@riversidecc.org](mailto:Sharedliving@riversidecc.org)

Enter for Subject: Application