

Riverside Community Care

Leading the Way in Behavioral Healthcare & Human Services

Provider Application

Applicant:

Name: _____

Address: _____

Email Address: _____

Birth Date: _____ Social Security #: _____ - _____ - _____

Marital Status (circle one): Married Single Separated Divorced Widowed

Telephone: (Home) _____ (Cell): _____

Occupation: Name of Company: _____

Address: _____

Telephone: _____

Current Job Title: _____

Hours Per Week: _____

Would you be available during the day if someone placed in your home was unable to attend his/her day program/job? Yes No

Other Household Members:

<u>Name</u>	<u>Age</u>	<u>Relationship to Care Provider</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.)

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

Signed: _____ Date: _____

General Questions:

1. Do you have paying boarders? _____
If yes, on what basis? Private _____ State _____ Other _____
2. Have you ever applied to operate a specialized care home or foster home for any public or private agency before? _____
3. How long have you occupied your present home? _____
4. Do you own or rent your present home? _____
5. Do you have any pets? Yes _____ No _____
Please list type and age of pets:
6. Do you or any members in your household have any communicable diseases or disability? _____
If yes, please provide details below:
7. Do you or any member of your household have current or past problems with the use of alcohol or drugs? Please explain:
8. Do you or any member of your household have current or past emotional problems? Please explain:
9. 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?
10. Have you or any member of your household been convicted of a crime or have outstanding charges against you/them? (Documentation may be requested) Please explain:
11. What experience have you had with the care of elderly or disabled persons?
12. Do you have any experience caring for disabled adults with medical conditions?

13. Why are you interested in this program?

14. Gender preference (circle one): Male Female Either

15. How do the other household members feel about having another person share their home?

16. Do you anticipate any problems that would interfere with your participation in the program for one year subsequent to the placement of a person in your home, i.e., moving, change in career or employment, change in household composition, etc.?

17. Do you own a car? _____

18. Would you be willing to provide transportation for the individual as needed?

19. Primary Care Giver: Religion: _____ Education: _____

20. Hobbies, interests or usual leisure activities:

21. Spouse: Religion: _____ Education: _____

22. Hobbies, interests, or usual leisure activities:

23. Number of smokers in the home: _____

24. Is smoking acceptable? : _____

Employment History:

Dates of Employment

Name of Employer and Type of Work

Current Certifications: (CPR, FIRTAID, MAP, other relevant trainings)

Type of Training	Where	When (Date)

References:

Please provide names, occupations of at least three **(2) persons not related** to you and one **(1) person who has supervised your work** as a reference to be contacted.

<u>Name</u>	<u>Occupation</u>	<u>Address</u>	<u>Telephone #</u>

I certify that all information on this Shared Living 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 contract agreement.

Signature: _____ Date: _____

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

Fax to: 781-762-9094

Email to: hpyne@riversidecc.org

Enter for Subject: Application