



# Innovative Service

Of New Hampshire, Inc

## Application For Shared Living Provider

Full Name(s):

Are you over 18?

Address:

Email:

Tel. #:

How did you hear about this position:

Referred by:

Prospective Provider's maiden name and/or any previous names used.

Choose the demographic you are interested in providing services to:

- ❖ Male
- ❖ Female

Do you have an age range preference?

*The information gathered on this form will help us learn more about you and your family.*

***Please note*** this is not an application for employment. In Order to be considered as an independent contractor to provide services, it will be necessary to answer some very personal questions regarding yourself and members of your household. All information is kept confidential. Some of these questions are guided by state regulations. If necessary, attach extra sheets to complete your answers.

Members of household (children, relatives, roommates, other):

NAME	BIRTHDATE	RELATIONSHIP	OCCUPATION

## Physical Information

**Type of Home:**

- ❖ Own House      Rent House      Rent Apartment      Multiple Family      Other
  - ❖ How long have you lived at your present address?      If less than 3 years give previous.
  - ❖ address:
  - ❖ Are you willing to relocate?      Yes      No      If yes, how far?
  - ❖ How would you best describe your neighborhood (for example, young families, retired persons, single family homes, apartments, or a mixture?)
  - ❖ Please describe your home:
  - ❖ Has this home been certified through BDS?      Yes      No
  - ❖ Is this home currently certified through BDS?      Yes      No
  - ❖ If yes, has the license/certification ever been revoked?      Yes      No
  - ❖ Please list five words that best describe your home.
  - ❖ How many rooms are in your house.
  - ❖ How many bedrooms      How many bathrooms
  - ❖ Would the child/adult(s) be sharing a room?      Yes      No  
If so, with whom?
  - ❖ Is there anything about your home or yard that might be considered special?
  - ❖ What problems, if any, do you have in getting to the grocery store, doctor, school, church, etc.?
  - ❖ Describe the physical accessibility:

❖ Do You have any pets? Yes No

❖ Describe your family's pets:

❖ Who is responsible for housekeeping chores?

❖ Does anyone in the home smoke? Yes No

❖ Do you have Homeowners/Renters insurance? Yes No

If yes, with whom are you insured, and can you? provide us with a copy of your insurance certificate.

### Education:

School	Name & Location	Number of Years Completed	Did you Graduate	Degree
High School				
College				
Other Specify				

### Physical Abilities

Lift/pull 50 pounds	<u>Yes</u>	<u>No</u>
Assist with pivoting and transfers	<u>Yes</u>	<u>No</u>

Assist with showers or bathing	<u>Yes</u>	<u>No</u>
Ability to operate or push a wheelchair	<u>Yes</u>	<u>No</u>
Ability to lift a wheelchair	<u>Yes</u>	<u>No</u>
Ability to complete/assist hygiene needs	<u>Yes</u>	<u>No</u>
Ability to walk off and on throughout the day with individuals	<u>Yes</u>	<u>No</u>

## Previous Employment

Company	Phone
Address	Supervisor's full name
Job Title	
Responsibilities	
Month/year Month/year From To	Reason for Leaving
May we contact your previous supervisor for a reference?	Yes No

Company	Phone
Address	Supervisor's full name
Job Title	

Responsibilities	
Month/year Month/year From To	Reason for Leaving
May we contact your previous supervisor for a reference?	<div>Yes</div> <div>No</div>

## Family Background

Describe your own family, who they are, what they were like, including your brothers and sisters, if any, and whether you stay in touch or visit each other.

(Optional Information) Ethnic Background:

## Background Checks

- ❖ Has any provider or adult household member, excluding the Individual(s), been convicted of a felony or misdemeanor?
 

Yes

No
- ❖ Has any provider or adult household member, excluding the Individual(s), had a substantiated report of abuse, neglect, or exploitation?
 

Yes

No

## PROFESSIONAL REFERENCES

Please enter the names and addresses of Four people who will comment on your skills and abilities who have known you for more than one year.

- ❖ 2 **must** be professional references.
- ❖ 2 **must** be related to you.

If you have them, please provide us with current letters of reference.

### Professional reference

Name	Address	Telephone Number and Email	Relationship to Applicant

### Friends /Family reference

Name	Address	Telephone Number and Email	Relationship to Applicant

## DISCLAIMER AND SIGNATURE

I certify that the information on this application is true, complete, and correct.

I authorize investigation of all statements contained in this application and my resume. I understand that misrepresentation or omission of facts called for is cause for dismissal.

This authorization shall be valid from the date of my signature below.

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Provider Applicant Signature

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Date

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Provider Applicant Signature

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Date