



LifeSharing Inquiry

Name: _____

Date: _____

Address: _____

City: _____

State: ____ Zip: _____

Phone: (H) _____ (C) _____

Best Time to Reach You: _____

Do you have an available bedroom?

Yes

No

Do you have the ability to take someone to appointments/day services, etc?

Yes

No

Are you currently providing or have you ever provided Personal Care/ Foster Care or Day Care in your home?

Yes

No

Which Agency? _____

Do you receive a steady source of income that meets your family's needs?

Yes

No

How many people over the age of 18 live in the home?

Do you have pets in the home? If yes, how many?

Yes

No

Cats? ____ Dogs? ____ Other? _____

Have you ever provided Lifesharing services before?

Yes

No

Which Agency? _____

Briefly explain your experience, if any, with individuals with intellectual disabilities?

How did you hear about our program? _____

Are you interested in becoming a full time Lifesharing Sponsor or a part time Substitute Care Provider ?

Are you interested in 1 or 2 individuals? You would prefer to have male or female individuals in your home?

By my signature below, I understand that this information will be used for the purposes of matching compatibility and determining my eligibility to provide Lifesharing. Neither Lifesharing Sponsors nor Substitute Care Providers are employees of Brian's House, Inc.

Person Completing the Form _____

Please download this form and return it by either email or mail:

Email: sbartley@brianshouse.org

Mail: Brians House Inc 757 Springdale Drive Exton Pa 19341 Attn: Stephanie Bartley