



Lifesharing Provider Application

Brians House Inc. is an EEO (Equal Employment Opportunity) Employer. Brians House does not discriminate on the basis of race, color, religion, sex (including gender, gender identity, sexual orientation, and pregnancy), national origin, age, political or union affiliation, marital or veteran status, or the presence of non-job related medical conditions or disability.

LIFESHARING PROVIDERS ARE CLASSIFIED AS CONTRACTORS THRU BRIAN'S HOUSE INC.

Date of Application: ____/____/____

PRIMARY LIFESHARING PROVIDER:

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____

CITY, STATE, ZIP _____

COUNTY _____ TOWNSHIP _____

PHONE _____ ALTERNATE PHONE _____

EMAIL ADDRESS _____

BACKUP LIFESHARING PROVIDER: (spouse, household member, etc – must be over 18 years old)

LAST NAME _____ FIRST NAME _____ MI _____

Check here if address is the same as above

ADDRESS _____

CITY, STATE, ZIP _____

COUNTY _____ TOWNSHIP _____

PHONE _____ ALTERNATE PHONE _____

EMAIL ADDRESS _____

CHILDREN/OTHER ADULTS LIVING IN THE HOME:

| First and Last Name | Relationship | Age |
|---------------------|--------------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |

HAVE YOU EVER BEEN EMPLOYED BY BRIANS HOUSE, WOODS OR ANY OF ITS AFFILIATES? (LEGACY, ALLIES, TABOR, ARCHWAY) YES NO

IF YES, GIVE AGENCY NAME AND DATE(S) _____

TRANSPORTATION

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO IN WHAT STATE _____

DO YOU HAVE A WORKING VEHICLE? YES NO

DO YOU HAVE VEHICLE INSURANCE? YES NO

ARE YOU WILLING TO TRANSPORT THE INDIVIDUAL TO MEDICAL APPOINTMENTS, COMMUNITY OUTINGS, AND OTHER ACTIVITIES? YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY DRIVING-RELATED OFFENSES? YES NO
 IF YES, EXPLAIN _____

(A VALID DRIVER'S LICENSE, VEHICLE, PROOF OF INSURANCE, AND ACCEPTABLE DRIVING RECORD ARE REQUIRED FOR LIFESHARING)

CARE AND SUPPORT

HAVE YOU EVER BEEN A LIFESHARING PROVIDER? YES NO

IF YES, WHEN AND THROUGH WHAT AGENCY? _____

| WORK EXPERIENCE: (Most recent first) | | |
|---|------------------------|-----------------------------|
| Primary Lifesharer | Work Experience | Alternate Lifesharer |
| | Occupation | |
| | Employer | |
| | Address | |
| | Usual Hours of work | |
| | Length of employment | |

| Primary Lifesharer | Work Experience | Alternate Lifesharer |
|---------------------------|------------------------|-----------------------------|
| | Occupation | |
| | Employer | |
| | Address | |
| | Usual Hours of work | |
| | Length of employment | |

Including work and volunteering how many years of experience, do you have in the field of intellectual and developmental disabilities? _____

EDUCATION FOR PRIMARY PROVIDER

High School:

Name of School _____

Undergraduate college:

Name of School _____

Years Completed 1 2 3 4 Graduated? YES NO

Major _____ Degree _____

Graduate/Professional:

Name _____

Years Completed 1 2 3 4 Graduated? YES NO

Major _____ Degree _____

List any Professional Liceses _____

List any Relevant Certifications _____

DESCRIPTION OF HOME AND NEIGHBORHOOD

Single _____ Twin _____ Townhouse _____ Apartment _____ Row home _____ Other _____

Total Rooms _____ How long have you lived at the current address? _____

of bathrooms _____ # of bedrooms _____ # of floors _____ (include basement, attic, but not crawl space)

Own _____ Buying _____ Renting _____ If renting, lease expiration _____

Do you have current Homeowners' or renters insurance? Yes _____ Company Name _____

Please describe your neighborhood: _____

Do you have any pets? _____ What kind? _____ How many? _____

What would the bedroom/sleeping arrangement be for the individual with disabilities living with you?

Type of Heating: _____

If oil, when is the last time the heater was inspected? _____

If you use a fireplace or wood-burning stove, when was the chimney last cleaned? _____

CRIMINAL HISTORY/CHILD ABUSE CLEARANCE

Have you resided in Pennsylvania for the last two years? ? YES NO

If not when did you move to Pennsylvania? _____

Have you ever been investigated, disciplined, or discharged by an employer for client abuse or neglect?

YES NO If yes please explain: _____

Have you ever pleaded guilty or been convicted of any crime? YES NO

If yes please explain: _____

Do you have the legal right to be employed/provide contract work in the United States? YES NO

Do you have documentation to support the above? YES NO

A Criminal History Clearance (or FBI Clearance for non-Pennsylvania residents) and a child abuse clearance will be completed as part of the application process

REFERENCES

Please give the following information for three non-related personal references. A letter will be sent asking them to respond to some questions

| Name and Address | Phone Number | Relationship | Length of time known |
|------------------|--------------|--------------|----------------------|
| | | | |
| | | | |
| | | | |

Please give the following information for one work-related professional reference. A letter will be sent asking them to respond to some questions

| Name and Address | Phone Number | Relationship | Length of time known |
|------------------|--------------|--------------|----------------------|
| | | | |

AGREEMENT

_____ The information on this application is the truth to the best of my knowledge. I understand that any false statement or omission of material/fact may disqualify me from further consideration for becoming a lifesharer.

_____ I understand the information shared on this application is solely for the purposes of matching compatibility and determining eligibility as a lifesharer.

_____ I understand that this application is not for agency employment purposes and only for purposes of a potential contract with the agency as a provider of Lifesharing services.

_____ I understand that the completion of this application does not constitute an agreement for the authorization to provide services in your home.

_____ I agree to allow a study and inspection to be made of my home to ascertain my qualifications and compliance with lifesharing program requirements.

_____ I understand that the Lifesharing agency or the applicant can discontinue the application process at any time.

_____ I understand that by signing below I am applying to the agency as a contracted Lifesharing provider and not one particular home or individual.

Signature of Applicant _____ Date _____

Alternate Lifesharer (If applicable) _____ Date _____

AGENCY USE ONLY

Primary Lifesharer

| Document Collected | Date Collected | Status |
|---|----------------|--------|
| Child Abuse Clearance | | |
| Criminal History Check | | |
| Current Driver's License | | |
| Physical Dated within the past 12 months | | |
| Copy of Lease if applicable | | |
| Reference checks | | |
| New provider Orientation | | |
| 24 hours of training prior to the start date, including CPR/First Aid | | |
| Any other documents listed: | | |

Alternate Lifesharer (if applicable)

| Document Collected | Date Collected | Status |
|--|----------------|--------|
| Child Abuse Clearance | | |
| Criminal History Check | | |
| Current Driver's License | | |
| Physical Dated within the past 12 months | | |
| New provider Orientation | | |
| 24 hours of training prior to the start date including CPR/First Aid | | |
| Any other documents listed | | |