

# Lifesharer Application

Applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability.

## General Information

Date of application: \_\_\_\_\_

Primary Lifesharer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Township: \_\_\_\_\_ School District: \_\_\_\_\_

County: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have been a resident of PA for at least 2 years? \_\_\_\_\_ Have you ever filed for bankruptcy? \_\_\_\_\_

### Alternate Lifesharer: (May be spouse, household member, or neighbor.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Township: \_\_\_\_\_ School District: \_\_\_\_\_

County: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have been a resident of PA for at least 2 years? \_\_\_\_\_ Have you ever filed for bankruptcy? \_\_\_\_\_

### Children/Other Adults Living in the Home:

| <u>First and Last Name</u> | <u>Age</u> | <u>Date of Birth</u> | <u>Relationship</u> | <u>Social Security #</u> |
|----------------------------|------------|----------------------|---------------------|--------------------------|
| _____                      | _____      | _____                | _____               | _____                    |
| _____                      | _____      | _____                | _____               | _____                    |
| _____                      | _____      | _____                | _____               | _____                    |
| _____                      | _____      | _____                | _____               | _____                    |
| _____                      | _____      | _____                | _____               | _____                    |

If you are the caregiver, parent, or guardian of any other individual (child or adult) not living in your home, please list in the space provided below.

| <u>First and Last Name</u> | <u>Age</u> | <u>Address (city and state)</u> | <u>With Whom Does S/He Live?</u> |
|----------------------------|------------|---------------------------------|----------------------------------|
| _____                      | _____      | _____                           | _____                            |
| _____                      | _____      | _____                           | _____                            |
| _____                      | _____      | _____                           | _____                            |

**Personal Information**

| <i>Primary Lifesharer</i>    | <b>Date of Birth</b>                    | <i>Alternate Lifesharer</i>  |
|------------------------------|---|------------------------------|
| Month ___ Day ___ Year _____ | _____                                   | Month ___ Day ___ Year _____ |
| _____                        | <b>Social Security Number</b>           | _____                        |
| ___ Yes ___ No               | <b>U.S. Citizen</b>                     | ___ Yes ___ No               |
| _____                        | <b>Marital Status</b>                   | _____                        |
| _____                        | <b>Date of Marriage</b>                 | _____                        |
| _____                        | <b>Religious Affiliation (optional)</b> | _____                        |

**Education**

|       |                                |       |
|-------|--------------------------------|-------|
| _____ | <b>Highest Grade Completed</b> | _____ |
| _____ | <b>College Major</b>           | _____ |
| _____ | <b>College Degree</b>          | _____ |
| _____ | <b>Other Training</b>          | _____ |

**Work Experience**

Apart from the recent jobs listed above, have you ever worked in human services including child/adult service systems? \_\_\_ yes \_\_\_ no

Please describe position, employer, city and state, length of service, and reason for leaving in the Table.

| <b>Position</b> | <b>Employer</b> | <b>City</b> | <b>State</b> | <b>Length of Service</b> | <b>Reason for Leaving</b> |
|-----------------|-----------------|-------------|--------------|--------------------------|---------------------------|
|                 |                 |             |              |                          |                           |
|                 |                 |             |              |                          |                           |
|                 |                 |             |              |                          |                           |
|                 |                 |             |              |                          |                           |

| Work Experience (Cont'd)     |                               |                             |
|------------------------------|-------------------------------|-----------------------------|
| (begin with the most recent) |                               |                             |
| <i>Primary Lifesharer</i>    |                               | <i>Alternate Lifesharer</i> |
| _____                        | <b>Occupation</b>             | _____                       |
| _____                        | <b>Employer</b>               | _____                       |
| _____                        | <b>Address</b>                | _____                       |
| _____                        | <b>Usual Hours of Work</b>    | _____                       |
| _____                        | <b>Length of Employment</b>   | _____                       |
| _____                        | <b>Monthly Take Home Pay</b>  | _____                       |
| _____                        | <b>Job Description/Duties</b> | _____                       |
| _____                        | <b>Reason for Leaving</b>     | _____                       |

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|                           |                               |                             |
|---------------------------|-------------------------------|-----------------------------|
| <i>Primary Lifesharer</i> |                               | <i>Alternate Lifesharer</i> |
| _____                     | <b>Occupation</b>             | _____                       |
| _____                     | <b>Employer</b>               | _____                       |
| _____                     | <b>Address</b>                | _____                       |
| _____                     | <b>Length of Employment</b>   | _____                       |
| _____                     | <b>Monthly Take Home Pay</b>  | _____                       |
| _____                     | <b>Job Description/Duties</b> | _____                       |
| _____                     | <b>Reason for Leaving</b>     | _____                       |

*Primary Lifesharer*

*Alternate Lifesharer*

**Occupation**

**Employer**

**Address**

**Length of Employment**

**Monthly Take Home Pay**

**Job Description/Duties**

**Reason for leaving**

**Related Training/Volunteer Experiences**

Please list any other schooling, experience, volunteer work, training, or certification which relates to the lifesharer role including experience in the fields of Mental Health, Mental Retardation, Medical Care, Child Care, Physical Disabilities, or other Human Service Occupations?

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**Health**

*Primary Lifesharer*

*Alternate Lifesharer*

**How would you describe your general physical health?**

**Do you have a chronic health problem? If yes, please describe.**

**Are you free from contagious disease?**

**Have you been vaccinated for Hepatitis B?**

**Mental Health Services received (including counseling & inpatient services with dates**

**Do you provide healthcare for a family or household member?**

**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))

Owner \_\_\_\_\_ Buying \_\_\_\_\_ Renting \_\_\_\_\_ If renting, lease expiration \_\_\_\_\_

Do you have current Homeowner’s or Renter’s insurance)? \_\_\_\_\_ yes \_\_\_\_\_ no

Any current lien on your home? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

If applicable, describe your yard or available outdoor property: \_\_\_\_\_  
 \_\_\_\_\_

Please describe your neighborhood: \_\_\_\_\_

How do you think your neighbors would react about a person with disability living in your home?

Do you have any pets? \_\_\_\_\_ What kind? \_\_\_\_\_ How many? \_\_\_\_\_

Planned occupancy (Please indicate the names and other information of people who you expected to move in or out of the home. (e.g., aging parent, student returning from school, family member returning from active duty)

| First and Last Name | Age | Move In/Move Out | Expected Move Date | Needs In-Home Care (Yes/No) |
|---------------------|-----|------------------|--------------------|-----------------------------|
|                     |     |                  |                    |                             |
|                     |     |                  |                    |                             |
|                     |     |                  |                    |                             |
|                     |     |                  |                    |                             |

What would be the bedroom/sleeping arrangement for the person with disability living with you?

\_\_\_\_\_

Type of heating: \_\_\_\_\_

If oil, when was the last time the heater was inspected? \_\_\_\_\_

Do you have a backup heating system? \_\_\_ yes \_\_\_ no

If yes, please explain: \_\_\_\_\_

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

Is this automobile owned or leased? \_\_\_ yes \_\_\_ no

If yes, what is the make, model and year? \_\_\_\_\_

Do you have current car insurance? \_\_\_\_yes \_\_\_\_ no Date of expiration \_\_\_\_\_

Are you willing to transport a individual to necessary appointments? \_\_\_\_\_

Is there any public transportation available in the area? \_\_\_\_ yes \_\_\_\_ no

If yes, what type and how close? \_\_\_\_\_

Describe the volume of traffic on your road: \_\_\_\_\_

Are there sidewalks for pedestrians near your house? \_\_\_\_\_

What is the name of the hospital closest to you and how far away is it? \_\_\_\_\_

Do you have a support network (i.e. family, friends) who would be willing to provide back-up care for the person with disabilities who lives with you? Please describe.

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

Why would you like to become a Lifesharer?

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

What are the benefits of working with the natural family?

\_\_\_\_\_

Are you now or have you ever in the past provided residential/ foster care in your home for children or adults? \_\_\_\_ yes \_\_\_\_ no

If yes, please give dates, names of agencies, number and type of children and/or adults served:

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

Are you willing to allow this provider agency to get a letter of reference from the above named agencies?  
\_\_\_\_ yes \_\_\_\_ no

Please give the following information for 3 non-related personal references. A letter will be sent asking them to respond to some questions.

| <u>NAME AND ADDRESS</u> | <u>PHONE NUMBER</u> | <u>RELATIONSHIP</u> | <u>LENGTH OF TIME KNOWN</u> |
|-------------------------|---------------------|---------------------|-----------------------------|
|                         |                     |                     |                             |
|                         |                     |                     |                             |
|                         |                     |                     |                             |

Please give the following information for 1 work related professional references. A letter will be sent asking them to respond to some questions.

| <u>NAME AND ADDRESS</u> | <u>PHONE NUMBER</u> | <u>RELATIONSHIP</u> | <u>LENGTH OF TIME KNOWN</u> |
|-------------------------|---------------------|---------------------|-----------------------------|
|                         |                     |                     |                             |

**Criminal History/Child Abuse Clearance**

Were you or any other adult living in the home ever convicted of a criminal offense (including drug or alcohol related driving under the influence (DUI) anywhere (i.e. city, country, or any other locale)?

Primary Lifesharer:  yes  no      Alternate Lifesharer:  yes  no      Other adult(s):  yes  no

Were you or any others living in the home psychiatrically hospitalized within the last ten years?

Primary Lifesharer:  yes  no      Alternate Lifesharer:  yes  no      Other adult(s):  yes  no

Were you or any others living in the home treated for Substance Abuse or Addictions in the last ten years?

Primary Lifesharer:  yes  no      Alternate Lifesharer:  yes  no      Other adult(s):  yes  no

Are you involved with any judicial proceedings and are there any criminal charges against you now pending? (Omit minor traffic violations and anything prior to your 18th birthday).

Primary Lifesharer:  yes  no      Alternate Lifesharer:  yes  no      Other adult(s):  yes  no

If yes to any of the above questions, please give details on a separate sheet of paper and provide us with a copy of the docket. Conviction of a criminal offense will not necessarily prohibit you from becoming a provider in all cases. Each case is considered on its own merits.

Have you or any other adult living in the home had a *Restraining Order* issued against them?

Primary Lifesharer:  yes  no      Alternate Lifesharer:  yes  no      Other adult(s):  yes  no  
If yes, please give details on a separate sheet of paper.

**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.**

Would you consent to us contacting local police for a reference?

**Agreement**

\_\_\_\_\_ The information on this application is true to the best of my knowledge. I understand that any false statement or omission of material/fact may disqualify me from further consideration from 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 completion of this application does not constitute an agreement for authorization to provide services in your home.

\_\_\_\_\_ I agree to allow a study and inspection to be make 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.

\_\_\_\_\_  
Primary Lifesharer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alternate Lifesharer

\_\_\_\_\_  
Date

All information received on this application will be handled with the utmost care and confidentiality.