

Lifesharing Home Study Supplement For New Household Members

Home Study Professional Information

Name _____

Address _____

Phone _____ Email _____

Date of Addendum _____ Date of Addendum _____



NEW Household Members Information

<u>First and Last Name</u>	<u>Social Security Number</u>	<u>Date Moving into Household</u>	<u>Age/Date of Birth</u>	<u>Current Job/Schooling</u>	<u>Relationship of Household Members</u>

Does the new household member receive or require in-home care? Please describe.

What are the attitudes of the new household member regarding the idea of living with an individual with disabilities?

How does the new household member feel about agency and government representatives being involved with the family and visiting the home?

Describe briefly the new household members' work schedule.

Describe the background of the new adult household member including where he/she was born and raised, number of siblings by birth, order, parent information, marriage information, and state of current family ties.

Is the new household member expected to share support responsibilities for persons living in the home?

How does the new household member handle conflicts?

How do you see the new household member relating to an individual with a disability?

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)?

yes no

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

yes no

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

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?

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? yes no