Lifesharing 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.

Date of Application:	
Have you or your secondary ever been employed or contracted with Access Services?	☐Yes ☐No If yes, please provide more details:
How did you hear about us?	
My preference would be to work with the following: (Please check all that apply)	☐ Lifesharing (long-term care with adults) ☐ Respite (short-term care) _____ Children _____ Adults

Primary Provider Name	
	Maiden Name, if applicable:
Street Address: City, State, Zip Code:	Township: County: School District:
Contact Information *Check your preferred method(s) of communication.* Work: Cell: Home: Email: **Why do you want to become a host family provider?**	How long have you been at this address? Are there any liens on your home? ☐Yes ☐No If answered yes, please explain: I have been a resident of PA for more than 5 years. ☐Yes ☐No If answered no, please list all states where you have lived with dates: Do you have a valid, PA state license and own a car? (required) ☐Yes ☐No

Information Regarding the Secondary Providers: ***Please note: If you do not have a secondary provider, this will not disqualify you. If you are married, the secondary must be your spouse.*

Secondary Provider Name:	
☐ Same as primary	☐ Same as primary
Street Address:	Township:
	County:
City, State, Zip Code:	School District:
Contact Information *Check your preferred method(s) of communication.*	How long have you been at this address?
Work:	I have been a resident of PA for more than 5 years. ☐Yes ☐No If no, please list all states (with dates) where you have lived:
Cell:	
Home:	
Email:	Do you have a valid, PA state license and own a car? ☐Yes ☐No

Please list ALL individuals living in your home: ***Please include ALL adult children living outside the home.*

First Name	Last Name	Age	Date of Birth	Relationship	Do they live in the home?

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.

First Name	Last Name	Age	Address (City, State)	With Whom Does S/He Live?

Description of home:

Check Type of Home:	**Planned Occupancy:** *What are the future plans concerning individuals living in the house? Will anyone be moving in/out?*
☐ Single ☐ Twin ☐ Townhouse ☐ Apartment ☐ Row Home ☐ Mobile Home ☐ Ranch	

Do you have any pets? ☐Yes ☐No **If yes, what kind and how many?** **Are you able to provide your pets' current vaccination records?** *(required)* ☐Yes ☐No If no, please explain:	**Are you willing to transport a client to necessary appointments?** ☐Yes ☐No **If no, why?**

Personal Information

Primary Provider

Date of Birth (Month, Day, Year)	
Gender	
Social Security Number	
US Citizen/Permanent Resident	☐ Yes ☐ No
Marital Status	☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Live in partner ☐ Single
Date of Marriage	
Date of Divorce	
How long have you been with your live in partner?	
Religious Affiliation (optional)	
Language(s) Spoken:	

Secondary Provider

Date of Birth (Month, Day, Year)	
Gender	
Social Security Number	
US Citizen/Permanent Resident	☐ Yes ☐ No
Marital Status	☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Live in partner ☐ Single
Date of Marriage	
Date of Divorce	
How long have you been with your live in partner?	
Religious Affiliation (optional)	
Language(s) Spoken:	

Financial Information

Primary Provider

Major source of income:	☐ Employment ☐ Disability (SSDI) ☐ Retirement funds ☐ Social Security (SSI) ☐ Unemployment ☐ Other (please explain)
Are you financially stable?	☐ Yes ☐ No

Secondary Provider

Major source of income:	☐ Employment ☐ Disability (SSDI) ☐ Retirement funds ☐ Social Security (SSI) ☐ Unemployment ☐ Other (please explain)
Are you financially stable?	☐ Yes ☐ No

Work Experience (*Please list current job)*

Primary Provider		Secondary Provider	
Occupation		Occupation	
Employer		Employer	
Address		Address	
Usual Hours of Work		Usual Hours of Work	
Length of Employment		Length of Employment	
Monthly Take Home Pay		Monthly Take Home Pay	
Job Duties		Job Duties	
Reason for Leaving		Reason for Leaving	

Previous Provider Experience

PRIMARY: Are you now or have you in the past provided residential/foster care in your home for children or adults? ☐Yes ☐No	**SECONDARY:** Are you now or have you in the past provided residential/foster care in your home for children or adults? ☐Yes ☐No
If yes, please answer the following questions. • List month/year of service and agency name. • Number of individuals placed in your care? • Who initiated the withdraw/termination? • Reason for withdraw/termination	If yes, please answer the following questions. • List month/year of service and agency name. • Number of individuals placed in your care? • Who initiated the withdraw/termination? • Reason for withdraw/termination

Health Information

Primary Provider		Secondary Provider	
Describe your general physical health		Describe your general physical health?	
Do you have any chronic medical conditions? If yes, please describe.		Do you have any chronic medical conditions? If yes, please describe.	

Criminal History/Child Abuse Clearance

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

Primary: ☐Yes ☐No	**Secondary:** ☐Yes ☐No	**Other (s):** ☐Yes ☐No

Are you involved with any judicial proceedings and are there any criminal charges against you now pending?

Primary: ☐Yes ☐No	**Secondary:** ☐Yes ☐No	**Other (s):** ☐Yes ☐No

<u>If yes to any of the above questions</u>, 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 person living in the home had a *Restraining Order* issued against them? *If yes, please give details on a separate sheet of paper.*

Primary: ☐Yes ☐No	**Secondary:** ☐Yes ☐No	**Other (s):** ☐Yes ☐No

Have you or any other person living in the home had a *Protection from Abuse* order issued by or against them? *If yes, please give details on a separate sheet of paper and provide a copy of the order(s).*

Primary: ☐Yes ☐No	**Secondary:** ☐Yes ☐No	**Other (s):** ☐Yes ☐No

Have you or any other person living in the home ever been involved with family court proceedings? *If yes, please give details on a separate sheet of paper.*

Primary: ☐Yes ☐No	**Secondary:** ☐Yes ☐No	**Other (s):** ☐Yes ☐No

As part of the application process, a PA Department of Motor Vehicles Report, PA Criminal Record Check, PA Child Abuse History Clearance, FBI Record Check, local township police and local office of children and youth check <u>will be completed</u>.

Agreement

By signing, I also give Access Services permission to run the following online clearances/searches: County Civil Court Docket Search, PA Common Pleas Court Docket Search, Megan's Law (sexual offender database), EPLS (Excluded Parties List System, checks if excluded from receiving Federal contracts, assistance, etc.), LEIE (List of Excluded Individuals/Entities, parties ineligible to participate in any federal health care program), and the Medicheck List (identifies those who are precluded from participation in the Medical Assistance Program). In addition, Access Services reserves the right to have any of the above clearances updated/rerun at any time.

I certify that all information furnished in this application is correct and complete, and I understand that any false statement or omission of material/fact may disqualify me from further consideration in becoming a Provider. I also understand that either party, applicant or Access Services, may terminate the approval/denial process of becoming a foster/host family provider at any time without obligation or justification.

Primary Provider's Signature **Date** **Spouse or Secondary's Signature** **Date**

Access Services

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

References—*Please list a minimum of 3 individuals* (no family members) *who can comment on* both the primary and secondary applicants' ability to care for the child or adults placed in the home.

Reference Name	
Phone Number	
Mailing Address	
Email Address	
Relationship	
Length of Relationship	

Reference Name	
Phone Number	
Mailing Address	
Email Address	
Relationship	
Length of Relationship	

Reference Name	
Phone Number	
Mailing Address	
Email Address	
Relationship	
Length of Relationship	

Reference Name	
Phone Number	
Mailing Address	
Email Address	
Relationship	
Length of Relationship	