



J. Arthur Trudeau Memorial Center Shared Living

Thank you for your interest in becoming a Shared Living Contractor. You are about to take the first step toward determining whether sharing your life with an adult with a developmental disability is something that is truly right for you.

This program has the potential to significantly enrich the lives of all who participate, but it will also mean big changes for you and your family, so we have designed the application process to help you decide if this is the right choice for you. Enclosed is an application that must be completed thoroughly. Please submit the completed application to the J. Arthur Trudeau Memorial Center. In addition to the completed application, **you and each adult member of your household, 18 years old and over, must submit an original copy of a recent state and national criminal background check (BCI and NCIC)**. Please note that the Shared Living Specialists will not begin to process your application until we have received the BCI and NCIC certificates for all adult members of your household.

While this may seem like a lengthy process, it is necessary to ensure that we are making good, safe decisions about new living arrangements for the individuals we support. Once it has been determined that you and your family meet the basic safety qualifications, we will get into the fun part; learning about who you are, how you live, and who might make a mutually enjoyable and compatible addition to your household! Our complete application process include reference checks, an interview and a home study. Other documents we will need from you include copies of: driver's license, home owners/ renter's insurance, automobile insurance, CPR and First Aid cards, and High School Diploma/ GED. We will schedule a pre-service training as well as begin to introduce you to individuals who may be a good match for you and your family. Our selection and matching process is thoughtful and careful. We will work together until ultimately we find just the right person to live with your family.

Once a successful match is made, you will be asked to enter into a contract with the J. Arthur Trudeau Memorial Center where you agree to support the individual in your home for one year. If the contractor and the individual would like to continue with the shared living arrangement, the contract will be renewed annually.

Please do not hesitate to contact a Shared Living Coordinator if you have any questions regarding the application process.

This program that offers wonderful opportunities to many Rhode Islanders. Thank you for your interest, we look forward to meeting with you!

Shared Living Department
J. Arthur Trudeau Memorial Center
3445 Post Rd, Warwick, RI 02886
401-739-2700 x 250



J. Arthur Trudeau Memorial Center

Shared Living Services

To whom it may concern,

Re: National BCI for:

J. Arthur Trudeau Memorial Center's Shared Living Program requires that all applicants interested in becoming Shared Living Contractors, all members of their household 18 years and older, as well as Respite Providers must obtain a National BCI. This is to ensure the safety of the Individuals with Developmental Disabilities whom will be placed in their care.

This requirement is put forth by the State of Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) and it is a part of the Rules and Regulations in which we are to follow to ensure the safety of the individuals in our program.

These rules and regulations are promulgated in accordance with the authority contained in section 40.1-24-1 of the Rhode Island General Laws, as amended, for the purpose of establishing prevailing Licensure standards for agencies that provide services to adults with disabilities in Rhode Island.

The results should be mailed directly to the person acquiring the National BCI as it will be submitted to the agency with additional paperwork required for processing.

If you have any questions or need further verification regarding the need for this documentation, please feel free to contact the Shared Living Department at (401) 739-2700 ext. 212.

Thank you,

Shared Living & Self-Directed Services
401-739-2700 ext. 212



J. Arthur Trudeau Memorial Center

Shared Living Services

SHARED LIVING CONTRACTOR- APPLICATION

Applicant: _____ Date: _____

Social Security #: _____ Date of Birth: _____

Co-Applicant: _____

Social Security #: _____ Date of Birth: _____

Address: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Email address: _____

Are you a Citizen of the United States? Yes No

Have you previously been a Shared living Contractor? Yes No

If so, with which agency? _____

Length of time in Shared Living arrangement? _____

Name of your previous Shared Living Coordinator? _____

How did you hear about the Shared Living Program? (If referral please identify name of person whom referred you)

Do you live in a: House Condo Apartment Mobile/Modular Home Other

Do you rent or own? Do you have renter's or homeowner's insurance? _____

Do you have landlord approval to have a non-related individual move into your home? Yes No Haven't Asked

How long have you lived at your current address? _____

How many rooms are in the home? _____ How many bedrooms _____

Have you considered the possibility of lifestyle changes that your family may need to make in order to welcome an adult with disabilities in your household? Yes No

Are you and your family willing to make lifestyle changes if necessary to accommodate a particular individual? Yes No Not Sure

Personal References:

Please provide the following information for 4 character references. Only one reference may be a relative.

Name	Address	Phone #	Relationship	Email
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

APPLICANT- EMPLOYMENT HISTORY

Starting with present or most recent employer, please account for all employment.

Company Name: _____

Address: _____

Telephone: _____

Supervisor: _____

Job Title/ Description of Duties: _____

Reason for Leaving: _____

Employment Dates: From: _____ To: _____

Company Name: _____

Address: _____

Telephone: _____

Supervisor: _____

Job Title/ Description of Duties: _____

Reason for Leaving: _____

Employment Dates: From: _____ To: _____

Company Name: _____

Address: _____

Telephone: _____

Supervisor: _____

Job Title/ Description of Duties: _____

Reason for Leaving: _____

Employment Dates: From: _____ To: _____

Company Name: _____

Address: _____

Telephone: _____

Supervisor: _____

Job Title/ Description of Duties: _____

Reason for Leaving: _____

Employment Dates: From: _____ To: _____

APPLICANT- MEMBERS OF HOUSEHOLD

Please list all adults and children residing in your home at this time.

All adults living in the home must complete a state and national criminal background check.

Name	Relationship	Date of Birth
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Do you have any frequent visitors/overnight guests? Yes No

APPLICANT-HISTORY

Please answer the following questions in detail. All of this information will be discussed on an individual basis during interview.

Please provide the name and contact information for your primary care physician.

Physician's Name	Address	Phone
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Describe any major medical problems you have had treatment for in the past 10 years.

List any medication you are currently taking:

Do you drink alcoholic beverages? Yes No

If yes, how many do you usually have in a week? _____

Have you or any member of your household ever been treated for or had a drug or alcohol related concern? Yes No

If yes, please explain _____

Do you or other members of the household smoke? Yes No

If yes, please identify if you smoke in the home or outside the home: _____

Do you have any pets? Yes No

If yes, please list: _____

Have you or any member of your household ever been engaged in counseling, psychiatric or psychological treatment?

Yes No

If yes, please explain: _____

Have you had any motor vehicle violations (including accidents) in the last three years? Yes No

If yes, please explain: _____

Have you had any past experiences that may interfere with your ability to work with an individual who has been physically or sexually abused? Yes No

If yes, please explain: _____

Have you ever been debarred, excluded or otherwise ineligible for participation in any federal health care program such as Medicare or Medicaid? Yes No

If yes, please explain: _____

Have you or any member of your household been convicted of a misdemeanor or felony in any jurisdiction within or outside the State of Rhode Island?

If yes, please explain: _____

Do you have any friends or relatives who are Shared Living Contractors? Yes No

If yes, please explain: _____

Have you ever been a Shared Living Contractor or Foster Care Provider before? Yes No

If yes, please explain: _____

Please describe your interest and hobbies:

Would you be willing to provide respite care, which is a temporary living arrangement? Yes No

Do you understand that as a contracted Shared Living Contractor, you will **not** be an employee of the J. Arthur Trudeau Memorial Center, and will not be entitled to healthcare or other benefits afforded to agency employees? Yes No

Do you understand that as a potential Shared Living Contractor, there is a series of training requirements that must be met prior to contracting with the Trudeau Center and you will not receive any compensation for the training? Yes No

You may have a job outside the home, but you will have specific obligations as a provider as stated in the contract between you and the J. Arthur Trudeau Memorial Center. You will have the opportunity to review the contract prior to making any decision.

The following documentation is required in order to complete the application process:

- NCIC for potential contractor as well as each household member
- Driver's license
- Automobile insurance
- Home owner's or renter's insurance
- High School Diploma or GED
- CPR documentation
- First Aid documentation

Thank you for taking the time to fill out this application packet completely. Please read the statement below then sign and date.

I authorize full review and verification of my experience and education as well as verification of any and all information provided by me or any member of my household for purposes of advancing to the next step in the process of becoming a Shared Living Contractor with the J. Arthur Trudeau Memorial Center. I release from the liability any person giving or receiving such information. Any material misrepresentation or deliberate omission of a fact on this request for consideration may be justification for refusal of, or if contracted with, termination of said contract.

Signature of Applicant

Date