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
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_________________________
Do you have a valid driver’s license? Yes  No

Do have the minimum automobile insurance required by the State of Rhode Island? Yes  No

If you do not drive, how would ensure transportation for an individual? Please be specific as you will be responsible for most transportation.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

APPLICANT- EDUCATION

Applicants must provide a copy of a High School Diploma or GED. Please indicate any information you feel is relevant concerning your education, i.e. workshops, in service trainings, etc.

Name & Location            Dates Attended            Diploma Received
High School:___________________________
College:______________________________
Other:_______________________________

Interest: Why do you want to be a Shared Living Contractor?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
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__________________________________________________________________________________________________
__________________________________________________________________________________________________
**Personal Characteristics:** What personal qualities do you possess that you believe will assist you to be effective as a Shared Living Contractor?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

**Skills and Qualifications:** Please describe any skills, qualifications and training acquired from the employment and/or other experiences that may assist you to be effective as a Shared Living Contractor.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Is there any additional information about you and/or your family that you would like us to consider?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

3445 Post Road ● Warwick, RI 02886 ● Phone: 401-739-2700 ● Fax: 401-737-8907
RI Relay Access TTY Number: 1-800-745-5555
www.trudeaucenter.org
**Values:** Please list the most important values held by you and your family.

1. __________________________________________________________________________________________________

2. __________________________________________________________________________________________________

3. ________________________________________________________________________________________________

4. __________________________________________________________________________________________________

Please describe your experience with individuals with disabilities. This may include volunteer experiences and respite care.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

**Challenges:** What do you foresee to be the greatest challenges involved in welcoming an adult with disabilities into your household? Please be specific.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone #</th>
<th>Relationship</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Date of Birth</th>
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</table>
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.

<table>
<thead>
<tr>
<th>Physician’s Name</th>
<th>Address</th>
<th>Phone</th>
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</table>

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