



# 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.

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**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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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.

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List any medication you are currently taking:

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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 \_\_\_\_\_

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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_



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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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

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

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

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Please describe your interest and hobbies:

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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.

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Signature of Applicant

Date