Spectrum
Community Services, Inc.

"Helping People Reach Their Potential"

APPLICATION FORM—Lifesharing through Family Living

(COMPLETE INFORMATION REQUESTED ON ALL PAGES ATTACHED)

The following information will assist us in evaluating your application to operate a Lifesharing home.

If a particular question does not apply to you, please write "none" or "N/A" in the space provided.

Date:_____Applying for Respite or Full-Time Provider:_____

Referred by:_____
        (If newspaper, please specify which paper)

Were you ever employed by Spectrum? Yes____No____ If yes, when?_____

Applicant's name: _____

Address: _____

Phone number: _____ County: _____

Other household members:

Name	Relationship	School/grade

Business and Personal Referrances

Please give the following information for three non-relative persons. They will be contacted and asked to respond to a few questions.

Name: _____ Phone number: _____

Length of time known: _____ Relationship: _____

Address: _____

Name: _____ Phone number: _____

Length of time known: _____ Relationship: _____

Address: _____

Name: _____ Phone number: _____

Length of time known: _____ Relationship: _____

Address: _____

Description of Home

1. Home type: _____ Apartment   _____ Separate home   _____ Row home
                  _____ Duplex   _____ Other (_____)

2. Construction: _____ Brick   _____ Stone   _____ Stucco
                     _____ Concrete _____ Wood   _____ Other (_____)

3. How many floors (stories) does the home have? _____

4. How long have you occupied your present home? _____

5. Type of heating? ___ gas   ___ oil   ___ electric   ___ coal   ___ other (_____)

6. How many bathrooms do you have in your home? _____

7. How many bedrooms do you have in your home? _____

8. Approximate size of bedroom for potential Lifesharer? _____

9. How many smoke detectors do you have in your home? _____
          * Lifesharing homes require 1 detector per floor
10. Do you have fire estinguishers in your home? _____
          * Lifesharing homes require 1 per floor
11. How many telephones do you have? _____

12. Would your home be accessible to a person in a wheelchair? _____

13. Which applies to your home?

    ___ I own it   _____ I rent it   _____ I am buying it

I agree to allow an inspection to be made fo my home to ascertain my qualifications and compliance with Lifesharing Program home requirements.

_____   _____
       Applicant's Signature   Date

Briefly state the main reason for your interest in becoming involves with the Lifesharing Program:
_____

_____.

Are you currently licensed to provide day care in your home? _____

Are you currently licensed to provide foster care for either adults or children? _____

Have you ever applied for a foster care license? _____

Do you have roomers or boarders for pay in your home? _____

We realize that the following questions are somewhat delicate, however, we must ask them to properly evaluate your home. Answering "yes" to any of the questions does not necessarily disqualify you from consideration for operating a Lifesharing home.

1. Is any member of your household currently an inmate of a penal or correctional institution or on parole or probation? _____
2. Has any member of your household ever been convicted of a crime other that a minor traffic violation? _____

Comments: _____

_____.

Applicant Information

Birthplace: _____

Social Security Number: _____

Are you a U.S. Citizen: _____

Education:
Grade Completed: ___ High School –Year Graduated _____
                                             ___ Grade School
                                             ___ College

Employer's Name:_____

May we contact?: Yes_____ No_____

Dates employed: from_____to_____ Position:_____

Address/Street Number:_____

City/State/Zip Code:_____

Telephone Number: (   )_____Supervisor's name:_____

Fax Number: (   )_____

Additional trainings that may be useful in providing Lifesharing services: _____

_____.

Spouse's Information (if applicable)

Birthplace: _____

Social Security Number: _____

U.S. Citizen: _____

Education:
    Grade Completed: ___ High School—Year Graduated _____
                              ___ Grade School
                              ___ College

Employer's Name:_____

May we contact?: Yes_____ No_____

Dates employed: from_____to_____ Position:_____

Address/Street Number:_____

City/State/Zip Code:_____

Telephone Number: (   )_____Supervisor's name:_____

Fax Number: (   )_____

Additional trainings that may be useful in providing Lifesharing services: _____

_____.

STATEMENT:

Completion of this form indicates your interest in becoming a Lifesharing Provider through Spectrum Community Services and we promise to give your application careful consideration.

Spectrum will investigate the information contained wherein and will disqualify applicants who falsify information contained herein.

Information provided in the application and all subsequent personnel forms are maintained in the strictest confidence.

I have read and understand the above:

_____
(signature of applicant)