

DEVELOPMENTAL HOME CARE PROVIDER - APPLICATION

Applicant: _____ Date: _____

Social Security #: _____ Date of Birth: _____

Co-Applicant: _____

Social Security #: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Directions to house from office:

House Apartment Mobile Home Other : _____

Do you Rent Own If you rent, do you have renter's insurance? _____

Do you have landlord approval to be a developmental home care provider? _____

Do you have liability insurance on your home? _____

How long have you lived at your current address? _____

Total # of Rooms: _____ # of Bedrooms: _____

Do you have sleeping arrangements for both male and females? _____

Where will the individual sleep in your home? _____

Do you have a valid driver's license and the minimum vehicle insurance required by the State Of Vermont? Yes No

If you do not drive, how would you transport a consumer for appointments? Please be specific. You are responsible for most transportation. _____

APPLICANT – Employment History

Starting with present or most recent employer, please account for all employment. Use additional pages if needed.

COMPANY NAME & ADDRESS:

_____ Telephone: _____
 _____ Supervisor: _____

Job Title/Description Of Duties

Reason For Leaving: _____

Employment Dates:
 To: _____ From: _____

COMPANY NAME & ADDRESS:

_____ Telephone: _____
 _____ Supervisor: _____

Job Title/Description Of Duties

Reason For Leaving: _____

Employment Dates:
 To: _____ From: _____

COMPANY NAME & ADDRESS:

_____ Telephone: _____
 _____ Supervisor: _____

Job Title/Description Of Duties

Reason For Leaving: _____

Employment Dates:
 To: _____ From: _____

PART II – APPLICANT – HISTORY

Please answer the following questions in detail.

All of this information will be discussed on an individual basis during personal interview.

Describe any major medical problems you have had treatment for in the past 10 years. List any current medication you are taking:_____

Do you drink alcoholic beverages? Yes No If yes, how much in a week?_____

Have you or any member of your family/household ever been treated for, or had a drug or alcohol-related problem? Yes No If yes, please explain:_____

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

Have you had any experience working within the Special Education system (as a teacher or parent)? Yes No If yes, please explain:_____

Have you or any member of your family/household ever been treated for an emotional/psychiatric problem? Yes No If yes, please explain:_____

Have you had any traffic violations in the last three (3) years? Yes No
If yes, please explain:_____

Have you or any member of your family/household ever been in foster care or out-of-home placements? Yes No If yes, please explain:_____

Have you had any past experiences that may interfere with your ability to work with severely sexually or physically abused individuals? Yes No If yes, please explain:_____

If yes, have you received counseling?_____

Have you ever been convicted of a criminal offense related to health care or 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 ever had a charge of abuse or neglect substantiated against you or have you been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to public welfare, in any jurisdiction whether within or outside of the State of Vermont? Yes No If yes, please explain:_____

Have you ever been convicted of a felony? Yes No

Do you have any close friends or relatives who are developmental home providers?
Yes No If yes, please explain:_____

Have you ever been a Developmental Home Care Provider before? Yes No
If yes, please explain:_____

Do you have favorite interests or hobbies that you feel would appeal to a developmental home care recipient? Yes No If yes, please explain:_____

Would you be willing to do respite? Yes No

Do you understand that being a developmental home care provider for LSI, Inc. is a contracted full-time position? Yes No You may have jobs outside the home, but you will have certain obligations as a developmental home care provider, as stated in the contract. You will have the opportunity to review the contract prior to making any decision.

Which of the following circumstances are you willing to work with and accept in your home, with support and training from the agency?

- A person with a history of medical problems.
- A person who needs assistance with special medical procedures.
- A person who needs assistance with medication.
- A person with a history of school problems.
- A person with a history of trouble with the law.
- A person who has a history of stealing.
- A person who has a history of running away.
- A person who gets into fights.
- A person who has a history of being disrespectful (swearing or being rude).
- A person who is constantly in need of attention.
- A person who needs to be taught through slow, regular, constant repetition of each simple task.
- A person with a history of alcohol/drug abuse.
- A person with a history of parental neglect.
- A person who has been a victim of physical, sexual or emotional abuse.
- A person who is sexually active.
- A person who is sexually provocative.
- A person who is a sex offender or a potential sex offender.
- A person with low self-esteem.
- A person with physical limitations (i.e., blind, wheelchair-bound, bed-ridden).
- A person who needs assistance eating.
- A person who has strange food habits.
- A person who exhibit hyperactive behaviors.
- A person who has difficulty sleeping, or nightmares.
- A person with poor personal hygiene.
- A person who needs assistance with toileting.
- A person who is a bed-wetter.
- A person who is introverted.
- A person who has unusual or extreme fears.
- A person who has no/few friends.
- A person who smokes.
- A person who soils clothes or smears feces.
- A person who is self-abusive.
- A person who is aggressive to animals, objects and/or people.
- A person who is not able to understand speech or to talk.
- A person who uses a communication device, sign language, etc.

Do you prefer to work with a specific kind of person? Specific age? _____

Thank you for taking the time to fill out this application packet completely. Read the important statement below, then sign and date this page.

I authorize any review of my experience/education and verification of all data given, related papers or oral interview. I release from 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 with LINCOLN STREET INC.

I understand LINCOLN STREET INC. is required to submit my name to the State Adult Abuse Registry, also conduct a Criminal Record and Dept. of Motor Vehicle Check as well as check the Office of Inspector General's exclusion list and the General Services Administration's list of debarred contractors. I hereby authorize LINCOLN STREET INC. to do so.

Any offer of a contract by LINCOLN STREET INC. is contingent upon reports received from the State Adult Abuse Registry, any Criminal Information Center and the Department of Motor Vehicles.

I have read and understand the above.

Signature of Applicant

Date