

**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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete and attach a copy of an updated resume. Please include any information you feel is relevant concerning your education (i.e., workshops, inservice trainings, etc.)

**Name & Location**

**Dates Attended**

**Major**

High School:		
College:		
Other:		

**Skills and Qualifications:** Please summarize special skills, qualifications and training acquired from employment and/or other experiences that may qualify you to work with our agency, including sign language, facilitated communication, etc. Attach additional sheet if necessary: \_\_\_\_\_

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List any additional information/comments you would like us to consider: \_\_\_\_\_

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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: \_\_\_\_\_  
\_\_\_\_\_

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COMPANY NAME & ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Title/Description Of Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employment Dates:

\_\_\_\_\_  
To: \_\_\_\_\_ From: \_\_\_\_\_  
\_\_\_\_\_

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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: \_\_\_\_\_

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Do you or any member of your family/household drink alcoholic beverages? You? Yes No If yes, how much in a week? \_\_\_\_\_ Family/household member? 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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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Have you or any other member of your family/household had any traffic violations in the last three (5) years? Self Yes No Other in household Yes No If yes, please explain: \_\_\_\_\_

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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: \_\_\_\_\_

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Have you or any member of your family/household 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: \_\_\_\_\_

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If yes, have either of you received counseling?

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Have you or any member of your family/household 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? Self Yes No Others in household Yes No If yes, please explain: \_\_\_\_\_

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Have you or any member of your family ever had a charge of abuse or neglect substantiated or 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? Self Yes No Household members Yes No If yes, please explain: \_\_\_\_\_

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Have you or any member of your family/household ever been convicted of a felony? Self Yes No Household members Yes No If yes, please explain: \_\_\_\_\_

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

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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? \_\_\_\_\_

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Do you have any close friends or relatives who are developmental home providers?

Yes No If yes, please explain: \_\_\_\_\_

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Have you ever been a Developmental Home Care Provider before? Yes No

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

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 Child Abuse Registry, State Adult Abuse Registry, as well as 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.*

I have read and understand the above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date