

Application For Respite Services

| | |
|-------------------------|-------------------------|
| Phone Number () | Date: / / |
| Name | |
| Street Address | |
| Mailing Address | |
| Town, State, Zip | |

Are you legally eligible for employment in the United States? YES NO

Are you able to provide documentation of legal eligibility? YES NO

Do you have: a valid driver's license YES NO

Minimum vehicle insurance required by the State of Vermont? YES NO

Have you had any traffic violations in the last three years? YES NO

If yes, explain _____

Have you ever been convicted of a Felony? YES NO

If yes, explain _____

Have you every 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, 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 the public welfare, in any jurisdiction whether within, or outside of, the State of Vermont: YES NO

If yes, explain: _____

Education

| Name and location of school | Course of Study | # of years | Diploma or Degree |
|-----------------------------|-----------------|------------|-------------------|
| | | | |
| | | | |

List any Certifications / Training / Experience that may be relevant

List Membership in professional or civic organizations; (exclude those which may disclose your race, color, religion or national origin) as well as personal areas of interest.

Employment: Start with present or most recent employer.

| | |
|-----------------------------------|-----------------------|
| Company Name & Address | |
| Telephone Number | |
| Name of Supervisor | |
| Job Title | |
| Employment Date (Month/Year) | From: _____ To: _____ |
| Description of Duties | |
| Reason for Leaving | |

| | |
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| Reason for Leaving | |

I will contact the employers listed above unless you indicate otherwise.

References: Please list at least two former supervisors/professional and one personal reference.

| Name | Address and Phone Number | Relationship |
|------|--------------------------|--------------|
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To the best of my knowledge all information included in this application is accurate and true. I give my consent to contact the above references. I authorize any review of my experience / education and verification of all data given in this application, related papers or oral interview. I release from liability any person giving or receiving such information. I understand my name will be submitted to the State Adult Abuse Registry, the Vermont Criminal Information Center, the Department 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 individuals. I have read and understand the above.

Signature of Applicant

Date

Please answer the following questions in order to help us determine a match of individuals for you and your family.

Check the following circumstances you are willing to work with and accept in your home with support and training.

- A person with physical limitations (i.e. blind, wheelchair-bound, bed-ridden)
- A person who needs assistance with all personal care needs (bathing, toileting, etc)
- A person who needs assistance with special medical procedures
- A person who needs assistance with eating
- A person with a history of medical problems.
- A person who needs assistance with medication
- A person who is constantly in need of attention
- A person who is unable to talk
- A person who may need assistance with a communication devise
- A person who is aggressive to people and/or animals
- A person who is self-abusive
- A person who has a history of being disrespectful (swearing or being rude)
- A person who exhibit hyperactive behaviors
- A person who has difficulty sleeping, or nightmares
- 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 needs to be taught through slow, regular, constant repetition of each simple task
- A person who has been a victim of physical, sexual or emotional abuse
- A person who is sexually active
- A person who is a sex offender or a potential sex offender

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

How many people reside in your home? What are their age ranges?

Please describe your home. Are you able to accommodate an individual in a wheelchair? Do you have a downstairs bathroom and bedroom?
