

# Riverside Community Care

Leading the Way in Behavioral Healthcare & Human Services

## Provider Application

### Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status (circle one): Married Single Separated Divorced Widowed

Telephone: (Home) \_\_\_\_\_ (Cell): \_\_\_\_\_

Occupation: Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

Current Job Title: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_

Would you be available during the day if someone placed in your home was unable to attend his/her day program/job?  Yes  No

### Other Household Members:

<u>Name</u>	<u>Age</u>	<u>Relationship to Care Provider</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Descriptions of Home:** (Number of stairs to enter the home, number of bedrooms, location of available bed room, composition of home, number of bathrooms; etc.)

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

**I agree to a home study evaluation, which includes an inspection and photos of my home, to determine my eligibility to provide shared living services.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**General Questions:**

1. Do you have paying boarders? \_\_\_\_\_  
If yes, on what basis? Private \_\_\_\_\_ State \_\_\_\_\_ Other \_\_\_\_\_
2. Have you ever applied to operate a specialized care home or foster home for any public or private agency before? \_\_\_\_\_
3. How long have you occupied your present home? \_\_\_\_\_
4. Do you own or rent your present home? \_\_\_\_\_
5. Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please list type and age of pets:
6. Do you or any members in your household have any communicable diseases or disability? \_\_\_\_\_  
If yes, please provide details below:
7. Do you or any member of your household have current or past problems with the use of alcohol or drugs? Please explain:
8. Do you or any member of your household have current or past emotional problems? Please explain:
9. Do you have any physical limitations? Are you presently under the care of a physician for treatment of a condition that would prevent you from caring for a cognitively or physically disabled adult?
10. Have you or any member of your household been convicted of a crime or have outstanding charges against you/them? (Documentation may be requested) Please explain:
11. What experience have you had with the care of elderly or disabled persons?
12. Do you have any experience caring for disabled adults with medical conditions?

13. Why are you interested in this program?

14. Gender preference (circle one): Male          Female          Either

15. How do the other household members feel about having another person share their home?

16. Do you anticipate any problems that would interfere with your participation in the program for one year subsequent to the placement of a person in your home, i.e., moving, change in career or employment, change in household composition, etc.?

17. Do you own a car? \_\_\_\_\_

18. Would you be willing to provide transportation for the individual as needed?  
\_\_\_\_\_

19. Primary Care Giver: Religion: \_\_\_\_\_ Education: \_\_\_\_\_

20. Hobbies, interests or usual leisure activities:

21. Spouse:          Religion: \_\_\_\_\_ Education: \_\_\_\_\_

22. Hobbies, interests, or usual leisure activities:

23. Number of smokers in the home: \_\_\_\_\_

24. Is smoking acceptable? : \_\_\_\_\_

**Employment History:**

Dates of Employment

Name of Employer and Type of Work

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Certifications:** (CPR, FIRTAID, MAP, other relevant trainings)

Type of Training	Where	When (Date)

**References:**

Please provide names, occupations of at least three **(2) persons not related** to you and one **(1) person who has supervised your work** as a reference to be contacted.

<u>Name</u>	<u>Occupation</u>	<u>Address</u>	<u>Telephone #</u>

I certify that all information on this Shared Living application about my home and myself is true and complete to the best of my knowledge. I understand that the Director or designee may check the information and references for the screening process. I release Riverside Community Care and its representatives from liability for seeking such information and other persons for furnishing such information. I understand that this document does not constitute a contract. Any false or misleading information given here may result in cancellation of a contract. No statements during the interview or home study shall be construed as binding the agency to particular terms and conditions. All actual terms will be contained in the contract agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail Application to:** Holly Pyne, 595 Pleasant Street, Norwood, Ma. 02062

**Fax to:** 781-762-9094

**Email to:** [hpyne@riversidecc.org](mailto:hpyne@riversidecc.org)

Enter for Subject: Application