AccessPoint RI
Empowering People. Changing Lives.

Shared Living Provider Application

Applicant:		Date:
Social Security # - -		Date of Birth:
Co-Applicant:		
Social Security # - -		Date of Birth:
Address:		
City:	State:	Zip:
Home Phone: ( ) -	Work Phone: ( ) -	Cell: ( ) -

Do you live in a: ☐ House ☐ Condo ☐ Apartment ☐ Mobile/Modular ☐ Other

Do you: ☐ Rent ☐ Own Do you have renter's or homeowner's insurance? ☐ Yes ☐ No

Do you have landlord approval to have a non-related individual move into your home? ☐
Yes ☐ No ☐ Haven't Asked Yet

How long have you lived at your current address?

Total number of rooms in your home: Number of bedrooms:

Do you have a valid driver's license? ☐ Yes ☐ No

Do you have the minimum vehicle insurance required by the State of Rhode Island? ☐ Yes ☐ No

If you do not drive, how would you ensure transportation for an individual? Please be specific as you will be responsible for most transportation.

Applicant: _____ Co-Applicant: _____

Applicant – Education

Please complete and attach a copy of an updated resume. Please include any information you feel is relevant concerning your education (I.E., workshops, in-service trainings, etc.)

Name & Location	**Dates Attended**	**Major**
High School:		
College:		
Other:		

Interest: Why do you want to be a Shared Living Provider?

Personal Characteristics: What personal qualities do you possess that you believe will assist you to be effective as a Shared Living Provider?

Applicant: _____ Co-Applicant: _____

Skills and Qualifications: Please describe any skills, qualifications and training acquired from employment and/or other experiences that may assist you to be effective as a Shared Living Provider.

Is there any additional information about you and/or your family that you would like us to consider?

Values: Please list the most important values held by you and your family.

1.

2.

3.

4.

Applicant: _____ Co-Applicant: _____

Challenges: What do you foresee to be the greatest challenges involved in welcoming an adult with disabilities into your household? Please be specific.

Have you considered the possibility of lifestyle changes your family may need to make in order to welcome an adult with disabilities into your household? ☐ Yes ☐ No

Are you and your family willing to make lifestyle changes if necessary to accommodate a particular individual? ☐ Yes ☐ No ☐ Not Sure

Personal References:

Please provide the following information for four (4) character references. **Please note,** at least one reference must be a relative, and at least two must be a non-relative who you have known for more than five years.

Name	Address	Phone (& area code)	Relationship
1.		( ) -	
2.		( ) -	
3.		( ) -	
4.		( ) -	

Applicant: _____ Co-Applicant: _____

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

Company Name:			
Address:	City:	State:	Zip:
Telephone: ( )	Supervisor:		
Job Title/Description of Duties:			
Reason for Leaving:			
Employment Dates: From:	To:		

Company Name:			
Address:	City:	State:	Zip:
Telephone: ( )	Supervisor:		
Job Title/Description of Duties:			
Reason for Leaving:			
Employment Dates: From:	To:		

Company Name:			
Address:	City:	State:	Zip:
Telephone: ( )	Supervisor:		
Job Title/Description of Duties:			
Reason for Leaving:			
Employment Dates: From:	To:		

Company Name:			
Address:	City:	State:	Zip:
Telephone: ( )	Supervisor:		
Job Title/Description of Duties:			
Reason for Leaving:			
Employment Dates: From:	To:		

Applicant: _____ Co-Applicant: _____

- **Applicant – Members of Household:**

Please list all adults and children residing in your home at this time. All of these people will be part of the interview process; all adults must complete a criminal record check and will receive reference checks.

Name	Relationship	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Do you have any frequent visitors/overnight guests? ☐ Yes ☐ No

Please describe your experience with individuals with disabilities. This may include volunteer experiences and providing respite care.

Part 11 – Applicant History

Please answer the following questions in detail. All of this information will be discussed on an individual basis during the personal interview.

Please provide the name and contact information for your primary care physician. Your physician will be asked to complete a simple form providing his or her opinion on your ability to become a Shared Living Provider based on your physical health.

Physician's name	Address	Phone
		( )

Applicant: _____ Co-Applicant: _____

Describe any major medical problems you have had treatment for in the past 10 years.

List any medication you are currently taking:

1.
2.
3.
4.

Do you drink alcoholic beverages? ☐Yes ☐ No
If yes, how many drinks do you usually have in a week?

Have you or any member of your household ever been treated for, or had a drug or alcohol–related concern? ☐Yes ☐ No

If yes, please explain.

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

Do you have pets? ☐Yes ☐ No
If yes, please list the type of animal, name and their temperament:
1.
2.
3.

Have you or any member of your household ever been engaged in counseling, psychiatric or psychological treatment? ☐Yes ☐ No

If yes, please explain:

Applicant: _____ Co-Applicant: _____

Have you had any motor vehicle violations (including accidents) 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 an individual who has been physically or sexually abused? ☐Yes ☐ No

If yes, please explain.

Have you ever been 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 or any member of your household ever had a charge of abuse or neglect substantiated against you/them? ☐Yes ☐ No

Have you or any member of your household been convicted of a misdemeanor or felony in any jurisdiction within or outside the state of Rhode Island? ☐Yes ☐ No

If yes, please explain.

Applicant: _____ Co-Applicant: _____

Do you have any friends or relatives who are Shared Living Providers? ☐Yes ☐ No

If yes, please explain.

Have you ever been a Shared Living Provider or Foster Care provider before? ☐Yes ☐ No

If yes, please explain.

Please describe your interests and hobbies.

Would you be willing to provide respite care, which is a temporary, shorter term living arrangement?
☐Yes ☐ No

Applicant: _____ Co-Applicant: _____

Do you understand that as a contracted Home Provider, you will not be an employee of AccessPoint RI, and will not be entitled to healthcare or other benefits afforded to agency employees? ☐Yes ☐ No

You may have a job outside the home, but you will have specific obligations as a home provider, as stated in a contract between you and AccessPoint RI. You will have the opportunity to review the contract prior to making any decision.

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

I authorize full review and verification of my experience/education as well as verification of any and all information provided by me or any member of my household for purposes of advancing to the next step in the process of becoming a Shared Living Home Provider with AccessPoint RI. 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. I understand that AccessPoint RI will conduct the following clearance checks on all members of my household who are over the age of 18:

- Criminal (BCI)
- Dept. of Motor Vehicle
- Office of the Inspector General (OIG)
- DCYF Clearance

I have read and understand the above.

_____ _____

Signature of Applicant Date

Return your completed application to Jeff McGuinness, Shared Living Coordinator:
- By email to jmcguinness@accesspointri.org OR
- By mail to Jeff McGuinness, Shared Living Coordinator
  AccessPoint RI, PO Box 20130, Cranston, RI 02920 OR
- Deliver to AccessPoint RI, 111 Comstock Pkwy, Cranston, RI 02921
  Attn: Jeff McGuinness