

Shared Living
Shared Living Provider Application

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*Empowering People
to improve the quality
of their lives*

Kathleen A. Ellis
Executive Director



SHARED LIVING PROVIDER APPLICATION

Applicant: _____ Date: _____

Social Security #: _____ Date of Birth _____

Address: _____

Home Phone #: _____ Work Phone # _____ Cell#: _____

Email: _____

How did you hear about Shared Living Arrangements? _____

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

Do you: Rent? Own?

Do you have homeowners/renters 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 # of Rooms in your home: _____ # of Bedrooms: _____ # of Bathrooms: _____

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

Driver's License # _____

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

Education:

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

Did you Graduate from High School or obtain a GED? _____

Character References:

Please provide the following information for 3 character references (at least one character reference must not be your relative).

Name	Address	Phone	Relationship
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1. _____

2. _____

3. _____

Employment:

Are you currently employed? Yes No

What is your annual income? _____

Please list any additional sources of income. _____

Employment History:

(*starting with present or most recent employer)

COMPANY NAME _____

Address _____

Supervisor's Name: _____ Phone Number: _____

Job Title/Description of Duties _____

Employment Dates: From _____ To: _____

Why did you leave? _____

COMPANY NAME _____

Address _____

Supervisor's Name: _____ Phone Number: _____

Job Title/Description of Duties _____

Employment Dates: From _____ To: _____

Why did you leave? _____

COMPANY NAME _____

Address _____

Supervisor's Name: _____ Phone Number: _____

Job Title/Description of Duties _____

Employment Dates: From _____ To: _____

Why did you leave? _____

Personal Statement: *In addition to answering the following questions, on a separate sheet of paper please explain, in your own words, your reasons for wanting to share a home with a person with developmental disabilities. What changes do you anticipate that this will make in your lifestyle and that of your family? Please describe what you see as the benefits as well as the disadvantages to such an undertaking.*

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

Personal Experience: Please describe your experiences with individuals with developmental disabilities. This may include volunteer experiences and providing respite care.

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.

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

Interests: What are your interests and personal hobbies?

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

Members of Household (please list all):

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

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

Personal History:

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

Physicians Name	Address	Phone

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

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

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

Are you currently receiving counseling or psychiatric treatment? Yes No
If yes, please explain: _____

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

Do you have any pets? Yes No
If yes, please list: _____

Have you ever been arrested? 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? Yes No
If yes, please explain: _____

Do you have any friends or relatives who are Shared Living Providers?

Yes No

Have you ever been, or applied to be, a Shared Living Provider or Foster Care Provider before?

Yes No

If yes, please explain:

Would you be willing to provide respite care, which is a temporary shorter-term living arrangement?

Yes No

Applicant Consent

I authorize full review and verification of the information contained in this application. I release from liability any person giving or receiving information about my application. I understand that any misrepresentation or deliberate omission on this document may be justification for refusal of consideration or termination of contract. I also understand that Avatar Residential Inc. will conduct the following clearance checks:

- Criminal (BCI)
- Division of Motor Vehicle
- Credit History
- Character References
- Professional References
- Physician's reference

I have read and understand the above.

Signature of Applicant

Date

Thank you for taking the time to fill out this packet completely; please remember to attach your Personal Statement. A representative from Avatar will be contacting you regarding your application. Please do not hesitate to call our office at 401 826-7500 with any questions.

