



One Sky Community Services, Inc.  
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## Shared Home Care Provider Application

SECTION I: YOUR BACKGROUND INFORMATION	
Primary Care Provider Name:	
Phone:	Cell phone:
Address:	
City:	State: <span style="float: right;">Zip Code:</span>
DOB:	Marital Status (Circle): M S D SEP. W
Maiden Name:	Social Security #:
Race:	Sex: Religion: Occupation:
Contact In Case of Emergency:	
Phone Number (s):	
Relationship to you:	

Are you a US citizen?  Yes  No

Are you legally permitted to work in the U.S.?  Yes  No

Do you possess a current driver's license?  Yes  No

Do you have an automobile available to transport consumers?  Yes  No

Do you have auto mobile liability insurance?  Yes  No

Have you ever had any founded complaints for client rights violations or abuse or neglect of an adult or child?  Yes  No

Describe: \_\_\_\_\_

Have you ever been convicted of a crime (including misdemeanors, felonies, and arrest(s) which has not been annulled or expunged or sealed by a court?  Yes  No Describe: \_\_\_\_\_

\_\_\_\_\_

EDUCATION AND TRAINING			
SCHOOL	NAME/ADDRESS	COURSES TAKEN	DEGREE/CERT
High School			
Business/Vocational			
College/University			
Graduate School			
Other			

Please describe further details of your training or education which are pertinent, including licenses, certificates or special skills:

\_\_\_\_\_

What are your special interests, hobbies, clubs, organizations to which you belong? \_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT	
1. Name of Employer:	Employment Dates:
Address:	Phone:
Work Schedule (Days/Hours):	
Supervisor's name:	
Salary/Income:	
May we contact your employer?	

<b>PAST EMPLOYMENT</b>	
2. Name of Employer:	Employment Dates:
Address:	Phone:
Work Schedule (Days/Hours):	
Supervisor's name:	
Salary/Income:	
May we contact your employer?	
Reason for leaving:	
3. Name of Employer:	Employment Dates:
Address:	Phone:
Work Schedule (Days/Hours):	
Supervisor's name:	
Salary/Income:	
May we contact your employer?	

Why do you want to be a Home Care Provider provider? (What do you have to offer, what do you hope to gain?)

Have you been a Home Care Provider (HCP), Respite Provider or Foster Care Parent before? If so, how was the experience, when and with what agency?

Are you certified to administer medication?

Are there any circumstances in your past or present life that we should be aware of and that could impact your ability to provide care for an individual, such as a mental, physical health condition, etc?

<b>SECTION II: HOUSEHOLD INFORMATION:</b>	
Spouse/Roommate/Significant Other Information:	
Name:	Cell phone:
DOB	Marital Status (Circle): M S D SEP. W
Social Security #:	Maiden Name:
Race:            Sex            Religion:	Occupation:
Name of Employer:	Hire Date:
Address:	Phone:
Work Schedule (Days/Hours):	
US citizen?    Yes            No	
Legally permitted to work in the U.S.?    Yes            No	
Posses a current driver's license?    Yes            No	
Have an automobile available to transport consumers?    Yes            No	
Auto mobile liability insurance?    Yes            No	

**SECTION II: HOUSEHOLD INFORMATION Continued:**

Number of Children and/or dependents or other adult members of the household (Please list by name and D.O.B.):

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Are there any people in your life who frequently visit? \_\_\_\_\_

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What pets if any, do you have in your home? \_\_\_\_\_

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Do any household members smoke? \_\_\_\_\_

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Do any household members drink alcohol? If so, how often and under what circumstances? \_\_\_\_\_

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Would you be willing to provide the opportunity for a person living in your home to access the religion or cultural practices of their choice, even if they were different than or in conflict with your own? \_\_\_\_\_

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Are any firearms/ammunition kept in your home? \_\_\_\_\_

If so, how are they stored? (locked?) \_\_\_\_\_

Are they registered? \_\_\_\_\_

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Please describe your method of storing prescribed and over the counter medications which are present in your home: \_\_\_\_\_

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Have you or anyone in your household ever been treated for alcohol or drug dependency? If so, please describe your current regime and current status: \_\_\_\_\_

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Have you or any member of your household ever received treatment for psychiatric problems or conditions? If so, when and where? \_\_\_\_\_

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Have you or anyone in your household ever been investigated concerning child abuse or neglect? If so, please give date(s), description, agency involved and outcome: \_\_\_\_\_

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Has any member of your household ever been convicted of a felony?

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Have you or any member of your household ever been arrested or investigated for an adult or juvenile offense? If so, please explain: \_\_\_\_\_

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**SECTION III. FINANCIAL STATUS**

Please note current income from employment (include all adults contributing to the household):

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

Please note any other type of income: \_\_\_\_\_

Have you had any involvement with collection agencies or financial institutions regarding payment of outstanding bills as they relate to your living situation (i.e. telephone, electric, mortgage, etc.)? \_\_\_\_\_

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

If yes, please describe the details of each situation below: \_\_\_\_\_

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

**SECTION IV: PHYSICAL SETTING**

How long have you lived in this residence? \_\_\_\_\_

Do you own your home? \_\_\_\_ Rent? \_\_\_\_  
What is the monthly mortgage or rent amount? \_\_\_\_\_

Type of Housing: Single family dwelling \_\_\_\_ Duplex \_\_\_\_ Trailer \_\_\_\_ Apartment \_\_\_\_ other \_\_\_\_  
Description of property: \_\_\_\_\_

\_\_\_\_\_

# of rooms \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_

Water supply: Public \_\_\_\_\_ Well \_\_\_\_\_  
Sewer System: Public \_\_\_\_\_ Private \_\_\_\_\_

Physical accessibility:

What floor is the bedroom located for a client? \_\_\_\_\_

Where is the closest bathroom to that bedroom? \_\_\_\_\_

If bedroom is located upstairs, how many stairs are there? \_\_\_\_\_

Window opening size in client's bedroom? \_\_\_\_\_ X \_\_\_\_\_

How many steps lead in and out of the home that the client would use? \_\_\_\_\_

Would you consider any adaptive equipment if a client needed it, in order to live here?

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

Proximity of nearest neighbor: \_\_\_\_\_

How would you best describe the geographic area you live in? \_\_\_\_\_

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

Some clients are looking for a care provider to give support within their home. Would you be interested in this arrangement? Yes: \_\_\_\_ No: \_\_\_\_ I would need more information: \_\_\_\_\_

**SECTION IV: PHYSICAL SETTING continued**

Which of the following services do you have at your home?

Washer \_\_\_\_\_ Dryer \_\_\_\_\_ Dishwasher \_\_\_\_\_ Radio/Stereo \_\_\_\_\_ Type of phone service \_\_\_\_\_

Television \_\_\_\_\_ Cable \_\_\_\_\_ VCR/DVD \_\_\_\_\_ Internet \_\_\_\_\_

Type of heating system in your home: \_\_\_\_\_

**SECTION V: TYPE OF PERSON YOU WISH TO WORK WITH**

Explain the type of client and the level of care you would consider providing?

Age range: \_\_\_\_\_ Would you have an elderly person live with you? \_\_\_\_\_

Male \_\_\_ Female \_\_\_ either \_\_\_\_\_

Non-smoker \_\_\_\_\_ Smoker \_\_\_\_\_

Non-Drinker \_\_\_ Social Drinker \_\_\_\_\_

Physical Disability: Minimal: \_\_\_\_\_ Moderate: \_\_\_\_\_ Severe: \_\_\_\_\_

Hearing impaired: \_\_\_\_\_ Blind \_\_\_\_\_ Wheelchair user \_\_\_\_\_

Emotional or Mental Conditions: Minimal \_\_\_\_\_ Moderate: \_\_\_\_\_ Severe: \_\_\_\_\_

Behavioral Considerations: \_\_\_\_\_

\_\_\_\_\_

What is your philosophy of working with people with disabilities?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your household routine. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you like to spend your free time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION VI: REFERENCES**

Please list (3) personal references below. Be sure to include name, address and telephone number as well as your affiliation to them and length of time of your relationship.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**Certification and Agreement**

I certify that the information on this application is true, complete and correct. As an applicant to contract with One Sky Community Services, I authorize One Sky to investigate my past or present employment, character, attendance of last year worked, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications and experience. I hereby release from liability all persons, companies and corporations supplying such information. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of contract or discharge. This authorization shall be valid for one year from the date of my signature below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date