

Date of Application \_\_\_\_\_

Referred by: \_\_\_\_\_

**Support Inc.**  
**Residential Service Application**

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

Phone: (h) \_\_\_\_\_

(w) \_\_\_\_\_

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

City, Zip: \_\_\_\_\_

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

Which County do you reside in? \_\_\_\_\_

How long? \_\_\_\_\_

Are you willing to relocate to provide services? \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_

Names of other individuals currently living in your home: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

Names: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

Names: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

**A BACKGROUND CHECK IS REQUIRED OF ALL ADULTS LIVING WITHIN A HOST HOME. IF YOU HAVE BEEN CONVICTED OF A FELONY, PLEASE INCLUDE, ON A SEPARATE SHEET, INFORMATION THAT WILL ASSIST SUPPORT, INC. IN PROCESSING YOUR APPLICATION.**

Please provide your daily schedule, including hours worked and any on-going time commitments (including classes, club meetings, etc.)

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun
Morning							
Afternoon							
Evening							

What is the primary language spoken in your home? \_\_\_\_\_

Indicate any other language you speak fluently: \_\_\_\_\_

Are you proficient in Sign Language? \_\_\_\_\_

Have you ever worked for Support Inc. before? \_\_\_\_\_ If yes, please provide dates and position \_\_\_\_\_  
\_\_\_\_\_

Have you ever worked or contracted with another agency that provides services for individuals with Development Disabilities? \_\_\_\_\_ If yes, please provide the organization name, dates and positions:

Are you currently providing service in your home for another agency? \_\_\_\_\_ If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently licensed to provide foster care/day care in your home?  
\_\_\_\_\_

Have you ever had any substantiated or unsubstantiated allegations of abuse or neglect made against you or a member of your household? If so, in the space provided, please provide specific details. Please note that to the extent possible, this will be kept confidential.

### Education & Training

1. What is the highest level of education you have completed? \_\_\_\_\_
2. Do you have special certifications in related fields? \_\_\_\_\_  
Explain: \_\_\_\_\_
3. List any training you have attended, within the past year, related to serving person(s) with Developmental Disabilities (i.e. Medication Administration, Standard First Aid, CPR, etc.) Give dates attended and be prepared to produce proof for your file. Failure to provide required proof will result in having to repeat the class.

Date	Class
_____	_____
_____	_____
_____	_____
_____	_____

Current employer \_\_\_\_\_  
How long? \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

May Support Inc. contact your current employer? \_\_\_\_ Yes \_\_\_\_ No

Please list last three employers. Please include phone number, name of supervisor and dates of employment:

**Residence Description**

___ House	___ Ranch	___ Total number of rooms
___ Apartment	___ Single-story	___ Number of bedrooms
___ Townhouse/condo	___ Two-story	___ Number of bathrooms
___ Mobile home	___ Tri-level	

Location of bedroom(s) available: \_\_\_\_\_

Is your home wheelchair accessible? \_\_\_\_\_

Would you be willing to look at adaptations to make it accessible? \_\_\_\_\_

Do you rent, lease or own in your current living situation? \_\_\_\_\_.

Would you be willing to relocate to an accessible home? \_\_\_\_\_

What hours are you available to provide support services to persons living in your home?

\_\_\_\_\_

Is any person currently living in your home receiving services from this or any other agency? \_\_\_\_\_

Please add in the space below a paragraph about your plans for the next five years, and how having an individual with a developmental disability in your home fits into those plans.

### Preferences

1. I prefer to work with the following age group(s):  
under 21      21 to 30      30 to 50      over 50      No preference
  
2. I prefer to work with the following gender:  
male      female      No preference
  
3. I would like to provide a home for:  
One person      Two people      No preference
  
4. I feel I can accommodate an individual who:  

<input type="checkbox"/> Smokes	<input type="checkbox"/> Presents a runaway risk
<input type="checkbox"/> Uses a cane or walker	<input type="checkbox"/> Is no longer working
<input type="checkbox"/> Uses a wheelchair	<input type="checkbox"/> Has self injurious behaviors
<input type="checkbox"/> Is non-verbal	<input type="checkbox"/> Has special medical needs
<input type="checkbox"/> Is sight impaired	<input type="checkbox"/> Uses adult Depends
<input type="checkbox"/> Is hearing impaired	<input type="checkbox"/> Requires assistance w/hygiene
<input type="checkbox"/> Has Special dietary needs	<input type="checkbox"/> Is loud
<input type="checkbox"/> Is no longer working	<input type="checkbox"/> Has seizures
<input type="checkbox"/> Other Considerations:	
  
5. Please note any pets that share your home: \_\_\_\_\_
  
6. Do you have young children who frequently visit your home? \_\_\_\_\_
  
7. Other information I would like considered when placing someone in my home:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Activities I frequently participate in include:  

Movies	Theater	Concerts	Travel
TV/VCR	Music	Reading	Crafts
Shopping	Restaurants	Malls	Bingo
Sports	Camping	Hiking	Swimming
Jog/walk	Fishing	Car rides	Cards & Games
Photography	Sewing	Gardening	Bowling

Church (Specify) \_\_\_\_\_

Meetings & Clubs \_\_\_\_\_

9. Activities I would like to share with another person include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References

Please provide us with **THREE** reliable and reachable business references and **two** personal references. **Please note that we will be unable to process your application without this information.**

Name	Length of	Relationship	Home Phone
Street Address	time known		Work Phone
City, State, Zip			

1.

2.

3.

4.

5.

---

Do you know anyone currently providing services through Support Inc.? \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. I understand that if any false information, omissions, or misrepresentations are discovered,

my application may be rejected and if I am already contracting with Support, Inc., my contract may be terminated at any time. I agree to abide by the organizations operating policies and procedures and to abide by the terms of my contract. I authorize investigation of all statements contained in this application as may be necessary in arriving at decision.

---

Date

---

Signature of Applicant

---

We consider applicants for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected group.

---