



LifeSharing

Provider Application

Thank you for your interest in LifePath and our LifeSharing Program. The following application will assist us in evaluating your ability to successfully facilitate a LifeSharing Home. We do understand that some of the information asked for is very personal and delicate; however, it is required in order to appropriately process your application. We ask that you fully complete all sections of the application and do so truthfully. There are no "right" or "wrong" answers to any of the below questions, nor does any one question automatically disqualify you from being considered as a LifeSharing Provider. All information in this application is considered confidential and will not be released without your authorization. Your application will remain in your personnel file, which is locked in our office.

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone#: _____

Email Address: _____

Best time to reach you: _____

For Lehigh and Northampton Counties return to Receptionist at 3500 High Point Blvd. Bethlehem PA 18017

For Bucks and Montgomery Counties return to Receptionist at 2 Life Mark Drive Sellersville PA 18960

Educational Background

Circle highest level of education completed:

High School GED Some College College Graduate Post Graduate

Degree/Diploma

Major / Discipline

Do you have any type of specialized training? Please list (RN, LPN, Medication Administration Certified, etc): _____

Are you currently trained in CPR? YES NO

Employment History

Please list your last three (3) places of employment:

1. Company: _____

Date Started: _____ Date Ended: _____

Job Title: _____

Supervisor's Name: _____

Phone number: _____

Responsibilities: _____

Reason for Leaving: _____

2. Company: _____

Date Started: _____ Date Ended: _____

Job Title: _____

Supervisor's Name: _____

Phone number: _____

Responsibilities: _____

Reason for Leaving: _____

3. Company: _____

Date Started: _____ Date Ended: _____

Job Title: _____

Supervisor's Name: _____

Phone number: _____

Responsibilities: _____

Reason for Leaving: _____

A work reference is required. May we contact your current employer? YES NO

Please provide the name, number, and position of the individual we may contact:

Additional Questions

Are you 18 or older? YES NO

Are you a U.S. Citizen? YES NO

Do you have a valid driver's license? YES NO

Do you have reliable transportation? YES NO

Can you lift up to 50 lbs? YES NO

Are you currently licensed to provide day care in your home? YES NO

Are you currently licensed to provide foster care services to either adults or children? YES NO

Have you ever applied for a daycare license? YES NO

Do you have any boarders for pay in your home? YES NO

Is any member of your household currently an inmate of a penal or correction institution or on parole or probation? YES NO

Has any member of your household ever been convicted of a crime other than a minor traffic violation? YES NO

Do you have any animals in your home? YES NO

If YES, please list: _____

Is this your first time providing LifeSharing services? YES NO

If NO, please list which agency you previously utilized these services through:

How long did you provide LifeSharing services with this agency? _____

Why did you stop providing services with your previous LifeSharing agency?

Do you currently provide Respite Services for any other agency? YES NO

If YES, which agency do you provide these services through? _____

Are you currently providing LifeSharing services to an individual in your home? YES NO

Please answer the following questions to give us a better idea of the type of individual you would enjoy sharing your home with.

How did you first learn about the LifeSharing Program? (Circle one)

Word of Mouth Relative Friend I am a LifePath Employee

Other: _____

I would like to share my home with a: Man Woman Doesn't matter

I am able to assist individuals who require the use of adult diapers: YES NO

Please list a few of your own hobbies or interests: _____

Do you have experience working with people who have a developmental disability? _____

If YES, in what capacity?

If a client is not available at the time of application, would you consider being a respite provider?

YES NO

Description of Home

Please check which type of home you currently live in:

Apartment_____ Single Home_____ Row Home_____ Duplex_____ Condo_____

How many floors are in your home including basement and attic? _____

How many bedrooms do you have in your home? _____

How many bathrooms do you have in your home? _____

Please list the approximate size of each UNOCCUPIED bedroom in your home (ex. 10'x13'):

- 1. _____ 2. _____
- 2. _____ 4. _____

Do you have an available bedroom on the first floor? YES No

How many smoke detectors do you have in your home? _____

Do you have a LAN line telephone? YES NO

Would your home be accessible to a person in a wheelchair? YES NO

Which applies to your home?

I own it _____ I am in the process of owning _____ I rent _____ Lease to buy _____

How long have you occupied your present home? _____

Type of heating in your home: Gas _____ Oil _____ Coal _____ Electric _____

Fireplace _____ Pellet stove _____ Space Heater(s) _____

Do you have a pool on your property? YES NO

If YES, is it above ground or in-ground? _____

If you do have a pool on your property, do you have a locked gate around it? YES NO

Is there another ADULT who would be available to provide care for the individual in case of an Emergency? Please list their name, address, telephone number and your relationship to them:

Household Information

The financial status of the LifeSharing Provider's home must be secure. The Provider must have supplemental income outside of the monthly stipend received in order to adequately care for the needs of the individual in their home. Please furnish the following information using monthly figures. Again, all information herein is kept confidential and is not disclosed without your permission.

Monthly Household Income:

Employment (monthly take-home) _____

Other sources of income (specify source- i.e. Social security, retirement, spousal support etc.)

Source _____ Amount _____

Monthly Household Expenses (estimates):

Rent/Mortgage Payment: \$_____

Loan payments (car, charge cards, school): \$_____

Utilities: \$_____

Insurance (car, health etc.): \$_____

Total expenses: \$_____

Others residing in your household

Name:	Relationship:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Motivation

Please explain why you would like to become a LifeSharing Provider:

Please provide the following information for three (3) non-related personal references. A letter may be sent asking them to respond to a few questions. Their response will be needed before approval can be made of your application.

Name	Address	Relationship	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LifePath, Inc.
Disclosure Statement

Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13 of 1997 & Residency Statement

I swear/affirm that I have NOT been convicted of one or more of the offenses contained in Act 169 of 1996 as amended by Act 13 of 1997. Prohibitive offenses are listed attached to the LifeSharing Application.

I understand that a conviction of any of the listed offenses may prohibit my ability to qualify as a LifeSharing Provider with LifePath per these regulations.

Please check the correct Statement

_____ I **have** been a resident of the State of Pennsylvania for the past 24 consecutive months

_____ I **have not** been a resident of the State of Pennsylvania for the past 24 consecutive months. I understand that I must submit the appropriate fingerprint card for FBI Clearance prior to the start of providing any LifeSharing services (LifePath will assist you in this process).

Please Provide the below information so that a Criminal Background Check can be completed:

Your First, Middle, Last Name _____

Maiden Name _____ Date of Birth: _____ Race: _____

Social Security Number: _____

Please use the space below to provide the same information for anyone else over the age of 18 in your home:

The information provided in this application is true to the best of my knowledge. I understand that if any of the information provided is not accurate that I may be ineligible to become a LifeSharing Provider. I agree to allow an inspection of my home to be made by LifePath staff, personnel and/or management. I also understand that this is a necessary step to ensure that my home meets the qualifications and regulations required of a LifeSharing program. I am also aware that permanent placement of a client is dependent on an individual being available for placement, as well as it being that individual's choice to want to live in my home. I further understand that being a LifeSharing Provider does not make me an employee of LifePath, but rather a contracted provider.

Signature Date

Code	Prohibitive Offense	Type of Conviction
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502B	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	Any one (1) Felony or Two (2) Misdemeanors Within the 3900 Series(CC3901- CC3934)
CC3921	Theft by Unlawful Taking	
CC3922	Theft by Deception	
CC3923	Theft by Extortion	
CC3924	Theft by Property Lost	
CC3925	Receiving Stolen Property	
CC3926	Theft of Services	
CC3927	Theft by Failure to Deposit	
CC3928	Unauthorized Use of a Motor Vehicle	
CC3929	Retail Theft	
CC3929.1	Library Theft	
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	
CC3929.3	Organized Retail Theft	
CC3930	Theft of Trade Secrets	
CC3931	Theft of unpublished Dramas or Musicals	
CC3932	Theft of Leased Properties	
CC3933	Unlawful use of a Computer	
CC3934	Theft from a Motor Vehicle	
CC4101	Forgery	Any
CC4114	Securing Execution of Documents by Deception	Any
CC4114	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C	Obscene or Other Sexual Materials to Minors	Any
CC5903D	Obscene or Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any
CS13A12	Acquisition of Controlled Substance by Fraud	Felony
CS13A14	Delivery by Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A35(i),(ii),(iii)	Illegal Sale of Non-Controlled Substance	Felony
CS13A36	Designer Drugs	Felony
CS13Axx*	Any other Felony Drug Conviction Appearing on a PA	Felony