



374 River Street, Springfield, VT 05156
802-886-1833
www.lincolnstreetinc.org

HOME PROVIDER APPLICATION

Please note: This application must be completed jointly by both the primary applicant and their spouse/domestic partner.

We are applying for: Home Provider Respite Provider

How did you hear about the position?

Newspaper Ad

Community Board

Current Employee: _____

Other _____

| Primary Applicant | Spouse/Domestic Partner |
|----------------------------------|-------------------------|
| Name: | Name |
| Mailing Address: | |
| Physical Address (if different): | |
| Home Phone:/Cell Phone | Cell Phone: |
| Email Address | Email Address |

Your Home

Is your home wheelchair accessible? Yes No

Is your home a: House Apartment/ Condo Mobile Home Other

If you rent, do you have your landlord's permission to care for an additional person in your home? Yes No

How long have you lived at this address: _____ Years _____ Months

Total Number of Bedrooms: _____ Total Number of Bathrooms: _____

Are there any pets in your home: Yes No

If yes, please explain:

Are there any firearms in your home: Yes No

If yes, how are they stored:

Are alcoholic beverages kept in your house: Yes No

Are prescription or over-the counter medications kept in your house: Yes No

Driver Record Information

| Primary Applicant | Spouse/Domestic Partner |
|--|--|
| Do you currently have a valid driver’s license? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>State of :</u> | Do you currently have a valid driver’s license? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>State of :</u> |
| Do you have the minimum vehicle insurance required by the State of Vt. <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have the minimum vehicle insurance required by the State of Vt. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had any violations in the past 8 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you had any violations in the past 8 years? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes Please Explain: | If yes Please Explain: |

Have you or any other adult living in your home ever been arrested, charged and/or convicted of any violation of the law. Yes No

If yes, please explain _____

Have you or any other adult living in your home ever been the subject of any investigation into allegations of child or elder abuse, neglect or exploitation?

Yes No If yes, please explain _____

Have you ever been convicted of a Felony? • YES • NO

Have you ever been convicted of any of the offenses listed below? YES NO

Has your Spouse/Domestic Partner and/or anyone residing in your home ever been convicted of any of the offenses listed below? YES NO

Vermont State Licensing Regulations prohibit this Agency from having on staff a person who has:

- A substantiated record of abuse, neglect, or exploitation of a child as determined by DCF
- A substantiated record of abuse, neglect or exploitation of a vulnerable adult
- Been excluded from participation in Medicaid or Medicare services or programs, or from facilities, as reflected in databases maintained by the federal government to include Department of Health and Humans Services’ Office of Inspector General List of Excluded Individuals/Entities (LEIE) System for Award Management or the Department of Vermont Health Access.
- A criminal conviction including the following:
 - Abuse, neglect or exploitation of a child or vulnerable adult
 - Extortion
 - Lewd and lascivious conduct
 - Homicide, including murder or manslaughter
 - Assaults
 - Stalking
 - Unlawful restraint
 - Cruelty to children or animals
 - Recklessly endangering another
 - Kidnapping
 - Frauds, including forgery
 - Possession of child pornography
 - Larceny including thefts and robbery
 - Arson
 - Burglary
 - Drug-related
 - Embezzlement
 - DUI

Your Household

Please list all individuals living in your home (children and adults):

| Name | Age | Relationship to you |
|------|-----|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Have you or your children ever been involved in school counseling or special education?

Yes No If yes, please explain: _____

Have you or any member of your family/household ever been in foster care or any out-of-home placement? Yes No

If yes, please explain: _____

Have you ever applied (LSI or elsewhere) to adopt, provide foster care or to be a home provider? Yes No

If yes, please explain: _____

Individuals that may visit the home frequently:

| Name | Age | Relationship to you | Frequency of visits |
|------|-----|---------------------|---------------------|
| | | | |
| | | | |
| | | | |

Hobbies and Interests

| <u>You</u> | <u>Spouse/Domestic Partner</u> | <u>Others</u> |
|------------|--------------------------------|---------------|
| | | |
| | | |
| | | |
| | | |

Character Strengths:

| <u>You</u> | <u>Spouse/Domestic Partner</u> |
|------------|--------------------------------|
| | |
| | |
| | |
| | |

Character Weaknesses:

| <u>You</u> | <u>Spouse/Domestic Partner</u> |
|------------|--------------------------------|
| | |
| | |
| | |
| | |

Education:

| Name & Location of School | Course of Study | # of Years | Diploma or Degree |
|---------------------------|-----------------|------------|-------------------|
| | | | |
| | | | |
| | | | |

Spouse/Domestic Partner:

| Name & Location of School | Course of Study | # of Years | Diploma or Degree |
|---------------------------|-----------------|------------|-------------------|
| | | | |
| | | | |
| | | | |

Anything else about your household and home which you would like to share:

Professional & Personal References

We ask that both the primary applicant and the spouse/ domestic partner list at least 3 professional and 2 personal references.

| Primary applicant | Spouse/Domestic Partner |
|--|--|
| Employer Name: Reference Name: Address: Phone Number: | Employer Name: Reference Name: Address: Phone Number: |
| Employer Name: Reference Name: Address: Phone Number: | Employer Name: Reference Name: Address: Phone Number: |
| Employer Name: Address: Phone Number: | Employer Name: Address: Phone Number: |
| Personal Ref. Name: Address: Phone Number: | Personal Ref. Name: Address: Phone Number: |
| Personal Ref. Name: Address: Phone Number: | Personal Ref. Name: Address: Phone Number: |

Employment History

Please indicate your current employment status, and list your three most recent employers, beginning with your current employer. **YOU MUST LIST YOUR 3 MOST RECENT EMPLOYERS.**

| Primary applicant | Spouse/Domestic Partner |
|---|---|
| I am currently: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed and looking for work <input type="checkbox"/> Working at home | I am currently: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed and looking for work <input type="checkbox"/> Working at home |
| Employer: | Employer: |
| Address: | Address: |
| Phone: | Phone: |
| Job Title: | Job Title: |
| Supervisor's Name: | Supervisor's Name: |
| Dates of Employment: | Dates of Employment: |
| Reason for Leaving: | Reason for Leaving: |
| Employer: | Employer: |
| Address: | Address: |
| Phone: | Phone: |
| Job Title: | Job Title: |
| Supervisor's Name: | Supervisor's Name: |
| Dates of Employment: | Dates of Employment: |
| Reason for Leaving: | Reason for Leaving: |
| Employer: | Employer: |
| Address: | Address: |
| Phone: | Phone: |
| Job Title: | Job Title: |
| Supervisor's Name: | Supervisor's Name: |
| Dates of Employment: | Dates of Employment: |
| Reason for Leaving: | Reason for Leaving: |

| Primary Applicant | Spouse/Domestic Partner |
|---|---|
| <p>Thinking seriously about your own life experiences and current abilities, please read the following list of challenging behaviors which people we support <u>may</u> exhibit and check those you are <u>willing and able</u> to handle:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Outward expression of frustration <input type="checkbox"/> Verbal aggression towards you or others (may include using profanity, vulgar or insulting language) <input type="checkbox"/> Physical aggression toward you or others (including hitting, biting and/ or destruction of property) <input type="checkbox"/> Hurting self through pinching, biting or head banging <input type="checkbox"/> Running away <input type="checkbox"/> Depression <input type="checkbox"/> Lack of attentiveness <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Stealing things from you or others <input type="checkbox"/> Overeating or constant eating <input type="checkbox"/> Sloppiness or poor personal hygiene <input type="checkbox"/> Bedwetting <input type="checkbox"/> Constant need of attention <input type="checkbox"/> Difficulty trusting <input type="checkbox"/> Extreme withdrawal and moodiness <input type="checkbox"/> Refusing to take their medications <input type="checkbox"/> Sexual acting out behavior <p>Similarly, please read the following list of physical or medical conditions which the people we support may exhibit, and check those you would be <u>willing and able</u> to handle:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unable to communicate with words <input type="checkbox"/> Uses a wheelchair <input type="checkbox"/> Blind <input type="checkbox"/> Needs assistance with toileting and general hygiene <input type="checkbox"/> Seizures <input type="checkbox"/> Hepatitis <input type="checkbox"/> Requires periodic attention during sleeping hours | <p>Thinking seriously about your own life experiences and current abilities, please read the following list of challenging behaviors which people we support <u>may</u> exhibit and check those you are <u>willing and able</u> to handle:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Outward expression of frustration <input type="checkbox"/> Verbal aggression towards you or others (may include using profanity, vulgar or insulting language) <input type="checkbox"/> Physical aggression toward you or others (including hitting, biting and/ or destruction of property) <input type="checkbox"/> Hurting self through pinching, biting or head banging <input type="checkbox"/> Running away <input type="checkbox"/> Depression <input type="checkbox"/> Lack of attentiveness <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Stealing things from you or others <input type="checkbox"/> Overeating or constant eating <input type="checkbox"/> Sloppiness or poor personal hygiene <input type="checkbox"/> Bedwetting <input type="checkbox"/> Constant need of attention <input type="checkbox"/> Difficulty trusting <input type="checkbox"/> Extreme withdrawal and moodiness <input type="checkbox"/> Refusing to take their medications <input type="checkbox"/> Sexual acting out behavior <p>Similarly, please read the following list of physical or medical conditions which the people we support may exhibit, and check those you would be <u>willing and able</u> to handle:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unable to communicate with words <input type="checkbox"/> Uses a wheelchair <input type="checkbox"/> Blind <input type="checkbox"/> Needs assistance with toileting and general hygiene <input type="checkbox"/> Seizures <input type="checkbox"/> Hepatitis <input type="checkbox"/> Requires periodic attention during sleeping hours |

| Primary Applicant | Spouse/Domestic Partner |
|---|---|
| <p>Please review the following list of challenges some of the people we support may face, either currently or historically, and check those you would be willing and able to handle:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Someone with a history of physical abuse <input type="checkbox"/> Someone with a history of sexual abuse <input type="checkbox"/> Someone with a history of emotional abuse <input type="checkbox"/> Someone with a history of neglect by their parents <input type="checkbox"/> Someone from a low-income family <input type="checkbox"/> Someone with low self-esteem <input type="checkbox"/> Someone who has been in trouble with the law <input type="checkbox"/> Someone who has abused alcohol <input type="checkbox"/> Someone who has used/abused drugs <input type="checkbox"/> Someone who smokes <input type="checkbox"/> Someone with medical problems <input type="checkbox"/> Someone who has a handicap other than developmental disability <p>Comments: _____ _____ _____</p> | <p>Please review the following list of challenges some of the people we support may face, either currently or historically, and check those you would be willing and able to handle:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Someone with a history of physical abuse <input type="checkbox"/> Someone with a history of sexual abuse <input type="checkbox"/> Someone with a history of emotional abuse <input type="checkbox"/> Someone with a history of neglect by their parents <input type="checkbox"/> Someone from a low-income family <input type="checkbox"/> Someone with low self-esteem <input type="checkbox"/> Someone who has been in trouble with the law <input type="checkbox"/> Someone who has abused alcohol <input type="checkbox"/> Someone who has used/abused drugs <input type="checkbox"/> Someone who smokes <input type="checkbox"/> Someone with medical problems <input type="checkbox"/> Someone who has a handicap other than developmental disability <p>Comments: _____ _____ _____</p> |
| <p>Please check those ages you are willing and able to provide care and supervision for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 18 to 30 years old <input type="checkbox"/> 31 to 40 years old <input type="checkbox"/> 41 to 50 years old <input type="checkbox"/> 50 to 65 years old <input type="checkbox"/> Over 65 years old <input type="checkbox"/> All Age Groups <p>Comments: _____ _____ _____ _____</p> | <p>Please check those ages you are willing and able to provide care and supervision for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 18 to 30 years old <input type="checkbox"/> 31 to 40 years old <input type="checkbox"/> 41 to 50 years old <input type="checkbox"/> 50 to 65 years old <input type="checkbox"/> Over 65 years old <input type="checkbox"/> All Age Groups <p>Comments: _____ _____ _____ _____</p> |

PRE-CONTRACT STATEMENT

I affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for contracting with Lincoln Street, Inc. and will be considered justification for termination of contract if discovered at a later date.

I understand that contracts can be terminated, with or without cause, at any time at the discretion of either the Agency or myself. I understand that no management official other than the Executive Director of the Agency has any authority to enter into any agreement contrary to the foregoing.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at a contract decision. I also authorize any investigation of criminal background deemed necessary by Lincoln Street, Inc.

I agree that this information is provided at my request and for my benefit. I hold any persons or organization harmless and do hereby release them from any and all liability for damage of any nature for furnishing any of the above material.

I understand that Lincoln Street, Inc. is required to submit my name to the Child Abuse Registry, State Adult Abuse Registry as well as conduct a Criminal Record Report and a Department of Motor Vehicle Check as well as check the Office of Inspector General’s exclusion list (OIG). I further understand that Lincoln Street, Inc. must prohibit the contracting with individuals with a conviction of abuse, neglect or mistreatment of a child or vulnerable adult or who have been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property. I therefor certify that I have no such history, past or pending convictions or findings against me. Any offer of a contract is contingent upon reports received.

I understand that I will be required to provide documentation of current home or renter’s liability insurance and automobile insurance as a condition of any contract. Upon any offer of a contract, I will be required to complete all mandatory in-service and pre-service trainings as well as remain current in CPR and First Aid.

Signature of Primary Applicant

Signature of Spouse/Domestic Partner

Date

Date