



Primary Providers Information:

Demographic Information:

 County: _____
 Home Phone: _____
 Cell Phone: _____
 Date of Birth: _____
 E-mail: _____
 Social Security: _____
 U. S. Citizen: _____
 Male: Female:
 Smoker: Non-Smoker:
 Marital Status: _____
 Race: _____
 Religious Affiliation: _____

Education / Employment Information:

Employer: _____
 Position: _____
 Contact: _____
 Work Phone: _____
 Schedule / Hours: _____
 Length of Employment _____
 Work Address _____

 Armed Forces:

Medical Information:

List any major illness or surgeries you've had:

 Are you currently taking any medication:
 List medications: _____

Spouse/Alternate Providers Information:

Demographic Information:

Name: _____
 Address: _____

 County: _____
 Home Phone: _____
 Cell Phone: _____
 Date of Birth: _____
 E-mail: _____
 Social Security: _____
 U. S. Citizen: _____
 Male: Female:
 Smoker: Non Smoker:
 Marital Status: _____
 Race: _____
 Religious Affiliation: _____

Education / Employment Information:

Employer: _____
 Position: _____
 Contact: _____
 Work Phone: _____
 Schedule / Hours: _____
 Length of Employment _____
 Work Address: _____

 Armed Forces:

Medical Information:

List any major illness or surgeries you've had:

 Are you currently taking any medication:
 List medications: _____



General Information:

List your hobbies, pastimes, recreational activities, civic involvement, religious activities, Etc: _____

Please Provide any other pertinent information you would like to share with us:

Please list your children including any over the age of 18 who are currently NOT living with you:

Primary Provider:

Child's name: _____
 Age: _____
 Location: _____
 Child's name: _____
 Age: _____
 Location: _____
 Child's name: _____
 Age: _____
 Location: _____

Spouse Alternate:

Child's name: _____
 Age: _____
 Location: _____
 Child's name: _____
 Age: _____
 Location: _____
 Child's name: _____
 Age: _____
 Location: _____

Household Member Information:

Name: _____
 Date of Birth: _____
 Relationship: _____
 School & Grade _____
 Name: _____
 Date of Birth: _____
 Relationship: _____
 School & Grade: _____
 Name: _____
 Date of Birth: _____
 Relationship: _____
 School & Grade: _____
 Name: _____
 Date of Birth: _____
 Relationship: _____
 School & Grade: _____

Household Member's Physicians:

Doctors name and address _____
 Phone number _____
 Household member _____
 Doctors name and address _____
 Phone number _____
 Household member _____
 Doctors name and address _____
 Phone number _____
 Household member _____

Names of people who stay on a regular basis:

Do you have any paid boarders in your home?

Name: _____
 Relationship: _____
 Phone Number: _____
 Name: _____
 Relationship: _____
 Phone Number: _____

CARES, Main Office:

139 W. Broad Street, Suite 102, Tamaqua, Pa. 18252 Phone 570-225-7360 Fax 570-225-7361

Branch Office:

1188 Route 940, Pocono Lake Pa. 18347 Phone 570-355-2273 Fax 570-355-0103

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570-225-7360

General Information:

Who would be responsible for the consumer when you are not home?

Please name an individual (other than yourselves) who would most likely be available to provide care for the individual in your absence i.e. short term sitter service:

Name: _____
Address: _____
Phone: _____
Relationship: _____

How did you learn about the lifesharing program?

The following information is of special importance regarding matching Consumer(s) to your home. We understand that your situation will be assessed on an individual basis.

Number of adults your home desires:

1 2

Sex- Male Female Either

Cultural Considerations:

No preference Hispanic
African-American Caucasian-Amer.
Asian Other.

Additional handicapping conditions: Y N

Have you ever made application to or contracted to operate a specialized residential program for any other agency before. Y N

If Yes:

What Agency _____
What Capacity _____

Do you receive a steady source of income that you feel is adequate to meet the family's needs?

Y N

Are you able to complete 24 hours of unpaid training and 24 hours of training annually?

Y N

I/we can attend daytime trainings? _____

I/we can attend nighttime trainings? _____

Do you have ready access to a car or public transportation?

Y N

Are you currently providing Domiciliary Care, Foster Care, or Day Care in your home?

Y N

We realize that the following questions are somewhat delicate, however, we must ask them to properly evaluate your home. Answering Yes to any of the questions does not necessarily disqualify you from consideration for operating a lifesharing home.

Have you or any member of your household ever been convicted of a felony?

Y N

If yes, please explain:

Is any member of your household currently an inmate of a penal or correctional institution or on probation or parole?

Y N

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

Y N

If yes, please explain:

Has any member of your household ever been convicted of a crime other than a minor traffic violation?

Y N

If yes, please explain:

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Please tell us why you are interested in becoming a lifesharing provider?

References

Please give the following information for three non-related personal references.

A letter will be sent asking them to respond to a few questions.

Their responses will be needed before approval can be made.

Name: _____
 Address: _____
 Length of time: _____
 Relationship: _____
 Phone/Contact Numbers: _____

Name: _____
 Address: _____
 Length of time: _____
 Relationship: _____
 Phone/Contact Numbers: _____

Name: _____
 Address: _____
 Length of time: _____
 Relationship: _____
 Phone/Contact Numbers: _____

Primary Provider: Please supply a reference from your place of employment. Do you have any objection to your employer being contacted in the future?

Y N

Spouse/Alternate: Please supply a reference from your place of employment. Do you have any objection to your employer being contacted in the future?

Y N

Name _____
 Address _____
 Length of time known _____
 Phone/contact number _____

Name _____
 Address _____
 Length of time known _____
 Phone/contact number _____

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Primary Providers Employment History

(Please begin with your current or most recent job)

Employer _____
 Location _____
 Employed from _____ to _____
 Job Title _____
 Full or Part time _____
 Description of duties _____

 Reason for leaving _____

Employer _____
 Location _____
 Employed from _____ to _____
 Job Title _____
 Full or Part time _____
 Description of duties _____

 Reason for leaving _____

Employer _____
 Location _____
 Employed from _____ to _____
 Job Title _____
 Full or Part time _____
 Description of duties _____

 Reason for leaving _____

Employer _____
 Location _____
 Employed from _____ to _____
 Job Title _____
 Full or Part time _____
 Description of duties _____

 Reason for leaving _____

Spouse / Alternate's Employment History

(Please begin with your current or most recent job)

Employer _____
 Location _____
 Employed from _____ to _____
 Job Title _____
 Full or Part time _____
 Description of duties _____

 Reason for leaving _____

Employer _____
 Location _____
 Employed from _____ to _____
 Job Title _____
 Full or Part time _____
 Description of duties _____

 Reason for leaving _____

Employer _____
 Location _____
 Employed from _____ to _____
 Job Title _____
 Full or Part time _____
 Description of duties _____

 Reason for leaving _____

Employer _____
 Location _____
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 Job Title _____
 Full or Part time _____
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Section II – Household Information

Description of the home where the individual would reside. (Please check appropriate box)

- Apartment Single family home
- Duplex Other

Do you own or rent your home _____

If renting, lease expiration date: _____

Owners Name _____

Address _____

Phone Number _____

How many floors (stories) does your home have?

How long have you occupied your present home?

Type of heating:
Gas Oil Coal
Electric Other _____

Do you use supplemental space heaters?
Y N

If yes, what type (electric, kerosene, etc)

How many bathrooms do you have in your home? _____

How many bedrooms do you have in your home? _____

Approximate size of bedroom(s)

Floor _____ Number of Beds _____
Occupants _____

Floor _____ Number of Beds _____
Occupants _____

Floor _____ Number of Beds _____
Occupants _____

Do you have an available bedroom with a bed that has a clean mattress and foundation, a chest of drawers, and closet space for use by the lifesharing individual?

Smoke detectors on each floor? _____

Fire extinguishers in your kitchen and on each floor? _____

How many telephones do you have?
Landline Cell

Would your home be accessible to a person in a wheelchair?
Y N

The following questions are asked in order to give us a general impression of how you might handle routine situations which might arise in Lifesharing. Please write your answers in the space provided, but use additional paper if necessary.

Describe your personality:

Describe your spouse/alternate's personality?

What methods of discipline do you use?



Lifesharing Application

C.A.R.E.S.-Inc. Community and Residential Empowerment Services
105 West Broad St. Suite 200, Tamaqua PA 18252
570-225-7360

How do you handle your own anger?

Please list the activities which your family does for fun:

What can you offer a lifesharing member?

How often does your family go on vacation?

Where do you typically go for a family vacation?

What is your religious affiliation?

How long do you stay and what accommodations do you make?

Please list your place of worship?

Are you an active member with regular attendance?

Do you have a second home, condominium or vacation home?

The following questions are asked in order to provide us with more detailed information about your household. We may discuss your answers more fully during future home visits.

How would you describe your family's routine for both weekdays and weekends?

If applicable please list the address of your family's vacation residence.

Please list any hobbies that your family shares;

Please list the pets, if any that your family has:

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Have you ever taken care of a family member or a friend with developmental disabilities or a mental illness? (if so please describe your experience)

Have you ever worked in the Human Service field?

Describe your attitude towards natural family involvement. Specifically, how will a consumer become part of your family:

Regarding your attitudes toward sex, (male and female relationships, contraception, and sexual orientation), are you opposed to pre-marital sex and the use of contraceptives?

The information on the application is true to the best of my knowledge. I agree to allow a study and inspection to be made of my home to ascertain my qualifications and compliance with the Lifesharing home requirements.

Applicants Signature _____

Date _____

Spouse / Alternate _____

Date _____

The following three items will be filled out by C.A.R.E.S.

Summary of family's lifestyle and routines.

1) Describe family's routines for meals, play, work, religion, & extra-curricular activities, hobbies, etc.

2) Describe typical work week and weekend day

3) Describe day care needs

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Section III – Financial Information

The financial status of Lifesharing homes must be secure; there must be some definite income which is adequate to care for the family’s needs. Please furnish the following information, using monthly figures.

Please supply copies of the following documents:

1. Proof of income
2. Previous month’s paid utility bills (electric, gas, etc.)
3. Previous month’s paid telephone bill
4. If renting, copy of lease agreement

Monthly Household Income:

Employment (monthly take home)

Applicant: \$ _____

Spouse / Alternate: \$ _____

Other monthly income (please specify)

Sources such as Social Security, retirement income, VA benefits, etc.)

\$ _____ Source _____
 \$ _____ Source _____
 \$ _____ Source _____

Total Monthly Income: \$ _____

Monthly Household Expenses:

Housing, monthly rent or property payment

\$ _____

Electric \$ _____
 Water/Sewer \$ _____
 Phone \$ _____
 Cable \$ _____
 Garbage \$ _____
 Heating \$ _____
 Groceries \$ _____
 Auto \$ _____
 Other \$ _____

Total monthly expenses \$ _____

I hereby apply for contract and approval to operate a lifesharing home	
Lifesharing Providers Signature _____	Date _____
Co-applicants Signature _____	Date _____

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