



Lifesharing Application

C.A.R.E.S.-Inc. Community and Residential Empowerment Services
105 West Broad St. Suite 200, Tamaqua PA 18252
Phone: 570-225-7360 Fax: 570-225-7361

Primary 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: _____

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: _____

Referral:(If Applicable)

Where/Whom did you hear about Lifesharing/Respite from?



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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: _____



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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	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
African-American	<input type="checkbox"/>	Caucasian-Amer.	<input type="checkbox"/>
Oriental	<input type="checkbox"/>	Other.	<input type="checkbox"/>

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 _____
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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?



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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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