



Lifesharing Provider Application

All information provided is confidential and used solely for the purpose of provider screening.

Email completed applications to NEPALifesharingproviders@rhd.org.

Applicant Information

Full Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

County of Residence: _____

Cell Phone: _____

Home Phone: _____

Email: _____

U.S. Citizen: ☐ Yes ☐ No

Have you lived in PA for the last 2 years? ☐ Yes ☐ No If no, what state(s): _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Education Level: ☐ High School ☐ Associate ☐ Bachelor's ☐ Master's ☐ Other: _____

Current Employment: ☐ Full Time ☐ Part Time ☐ Per Diem ☐ Self-Employed ☐ Retired ☐ N/A

Employer / Type of Work: _____

Schedule: _____

Have you ever been employed by RHD? ☐ Yes, Name of Program: _____ ☐ No

Provider Interest & Qualifications

Why do you want to become a Lifesharing Provider?

Experience working with Individuals with Disabilities:

Specialized Training (check all that apply):

☐ CPR Certified: Date _____

☐ First Aid Certified: Date: _____

☐ Medication Admin Certified: Date: _____

☐ Nursing License (RN or LPN)

☐ Insulin Certified: Date: _____

☐ Other _____

Have you ever provided Foster Care services in the past? ☐ Yes ☐ No

Have you ever provided Lifesharing services in the past? ☐ Yes, Name of Agency: _____ ☐ No



Alternate Support Person Information

Full Name:

Date of Birth:

Social Security Number:

Address:

County of Residence:

Cell Phone:

Email:

Occupation:

U.S. Citizen: ☐ Yes ☐ No

Family/Home Dynamic

Do you own or rent your home? ☐ Own ☐ Rent

Type of residence: ☐ House ☐ Apartment ☐ Townhouse

Who currently lives in the home (include age & relationship):

- Adults (18+):

- Children (under 18):

Neighborhood Description:

Proximity to Public Transportation: ☐ Walking Distance ☐ Short Drive ☐ Not Accessible

Do you have pets? ☐ Yes ☐ No If yes, list type and number:

List a few hobbies or family activities you do on a routine basis:

How many individuals are you interested in supporting? ☐ One ☐ Two

What level would the individual's bedroom be located on?

What level would the individual's bathroom be located on?

Would the individual's bathroom be shared? ☐ No ☐ Between 2 individuals ☐ With whole house

References

Name:

Phone Number:

Email:

Relationship:

Name:

Phone Number:

Email:

Relationship:



Background Disclosure

Have you ever been convicted of a criminal offense? ☐ Yes ☐ No

If yes, please explain:

Have you ever been involved in a founded report of child abuse or neglect? ☐ Yes ☐ No

If yes, please explain:

Do you have a valid driver's license? ☐ Yes ☐ No

Have you ever had a driving offense (e.g., DUI, reckless driving, suspended license)? ☐ Yes ☐ No

If yes, please explain:

Acknowledgments and Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false or misleading information may result in disqualification from the application process or termination of services.

I authorize Resources for Human Development to conduct background checks including criminal, child abuse, and driver's background checks, government sanction database check and to contact the references provided above.

I understand this application does not constitute an agreement to contract with RHD or to provide services. I may withdraw this application at any time. I understand the information provided will be used to assess compatibility for potential individual placement.

- _____ (please initial) A Criminal History Clearance, FBI Clearance for non-Pennsylvania residents, and a Child Abuse Clearance (if applicable) will be completed as part of the application process.
- _____ (please initial) a PA residency attestation form will be completed as part of the application process.
- _____ (please initial) A Driver's Record Check will be completed as part of the application process.
- _____ (please initial) An EPStaffCheck sanction report will be completed as part of the application process

Applicant Signature

Date

Equal Opportunity Statement

Resources for Human Development is an equal opportunity employer and service provider. We do not discriminate on the basis of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, gender identity, or disability. We are committed to fostering an inclusive and welcoming environment for all individuals.