



Goodwill Industries of Greater Nebraska

Shared Living Provider Application

Services Interested in Providing:	<input type="checkbox"/> Shared Living Sub-Contractor	<input type="checkbox"/> Back-Up Shared Living Provider <input type="checkbox"/> In Own Home <input type="checkbox"/> In Sub-Contractor's Home
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(1 applicant per form; If applicant is a current Goodwill employee, the following sections are not needed: Education/ Experience, Employment History, Violations, References)

Name: _____ Date of Birth: _____

Address: _____ City, State: _____ Zip Code: _____

Phone (H): _____ (W) _____

Email _____

Place of Employment: _____

Address: _____

Occupation/Military: _____

Hours & Days Worked: _____

Hobbies/Special Interests/Membership of Clubs and Organizations:

Have you been a care provider before? Yes No

If yes, please give dates and details:

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

Would you be willing to provide local transportation for outings, doctor appointments, etc.? Yes No

Do you rent or own your own home? _____

If renting, name of landlord: _____

Address: _____ Phone #: _____



Household Members

Name	Date of Birth	Occupation	Relationship

Physical Description & Health

Do you have any medical/mental/physical disability which would limit your ability to provide care? Yes No

If yes, please describe the condition:

List current medications taken by Applicant:

Education/Experience

	Name and City, State of School	Years Completed	Did You Graduate?	Subject Study/Degree
High School		1 2 3 4	Y N	
College		1 2 3 4	Y N	
Post-College		1 2 3 5	Y N	

What experience (schooling and/or work skills) do you have that would enhance your ability to care for an individual with a developmental disability?



Employment History

(list of last 4 employers starting with most recent)

Month and Year	Name and City, State of Employer	Work Title	Responsibilities
From			
To			
From			
To			
From			
To			
From			
To			

Additional information if applicable:

Violations

Have you ever been arrested for anything other than a minor traffic violation? Yes No

If yes, please explain (please provide brief descriptions and dates)



Living Arrangements

What would the living arrangements be for the individual?

Would you accept an individual who: (Please check)

- _____ A) Requires help with personal hygiene (bathing, shaving, incontinence, etc.)
- _____ B) Has poor vision or hearing
- _____ C) Is physically handicapped – non-ambulatory, uses prosthetics
- _____ D) Smokes tobacco
- _____ E) Alcoholic beverages
- _____ F) Requires your assistance to administer/monitor their medication
- _____ G) Is diabetic (special diet)
- _____ H) Is unable to be left alone
- _____ I) Exhibits behavioral problems

How many individuals do you wish to care for? _____

Do you have a gender preference? _____ Age preference? _____

Please list any other consideration:



References

(List 3 personal references that are non-relatives)

Name	Address & Phone #	Relationship	Years Acquainted

Application Consent

In completing my application to become a Shared Living Sub-Contractor or Back-Up Shared Living Provider at Goodwill Industries of Greater Nebraska, it is understood that I have read and agree to the terms set forth in the Shared Living Procedures Manual. Furthermore, I:

- Give the Agency permission to contact law enforcement personnel and references about his/her character and background as it affects the provision of care for individuals with developmental disabilities.
- Have completed studies equivalent to or have graduated from an accredited 12 year educational program.
- Have earnings/income sufficient to meet the needs of self/family members.
- Understand that approval from the agency is not a State license or certification and does not exempt me from having to obtain appropriate State licenses or certification as required by law.
- State that any information given in my application is true and correct to the best of my knowledge.

I hereby apply to be an approved subcontractor/provider for Goodwill Industries of Greater Nebraska.

Signature

Date