

# Shared Living: Open Your Door to Ability

**triangle**

## Shared Living Home Provider Application

*Your answers to these questions do not qualify or disqualify you from being a Shared Living Home Provider with Triangle.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Other Adults (age 15+) Living in Home (if applicable)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Employment

Current or most recent occupation: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

May we contact this person? Yes No Phone Number: \_\_\_\_\_

*Previous work experience*

(1) Job Title: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

May we contact this person? Yes No Phone Number: \_\_\_\_\_

(2) Job Title: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

May we contact this person? Yes No Phone Number: \_\_\_\_\_

(3) Job Title: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

May we contact this person? Yes No Phone Number: \_\_\_\_\_

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**Education**

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

College: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Other education or training relevant to human services or direct care:

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Do you have training in the following areas?

*Triangle can support you in obtaining training in any of these areas, and others as needed.*

CPR		First Aid		Human Rights		Fire Safety		Nutrition	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Abuse Prevention/Reporting				Standard Precautions				Positive Behavior Supports	
Yes	No					Yes	No	Yes	No
ISP and Data Collection									
					Yes	No			

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## General Questions

Do you rent or own your home?    Rent    Own

If renting, would your landlord approve?    Yes    No

*You will be asked to provide proof of home owner/renter insurance & landlord approval*

What type of home do you live in, and how many floors are there?

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Do you have an open bedroom?    Yes    No

If yes, is the open bedroom furnished?    Yes    No

Are you currently employed with Triangle, Inc. in any capacity?    Yes    No

Are you currently interviewing to be a Home Provider with any other agency?    Yes    No

Have you ever been a Shared Living Home Provider? If yes, when, and with what Agency?

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Have you or any person you live with ever been reported to the Disabled Persons Protection Commission?    Yes    No

If yes, please explain with date and outcome: \_\_\_\_\_

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Do you have any plans or anticipated changes in the next two years that would interfere with your participation in Shared Living?    Yes    No

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Do any children live in the home? If so, what are their ages?

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Do you have a valid driver's license, safe vehicle, and auto insurance?    Yes    No

If no, please explain: \_\_\_\_\_



## References

*Please provide complete references. References cannot be from the same household or family members. 2 personal and 2 professional.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_