



# LIFESHARING PROVIDER APPLICATION

## Mission

The mission of Person Directed Supports is to provide an opportunity for people and their families to learn about a larger world and to make decisions about how they choose to experience and contribute to the resources, joys and traditions of the community. Through a person centered planning process, comprehensive supports coordination, and best practice treatment and habilitative approaches; people will learn, grow and enjoy a wide array of new experiences, relationships and activity.

Our mission is to support people to create and enjoy happy meaningful lives.



## LIFESHARING PROVIDER APPLICATION

PERSON DIRECTED SUPPORTS, INC (PDS) IS AN EEO (EQUAL EMPLOYMENT OPPORTUNITY) EMPLOYER. PDS DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX (INCLUDING GENDER, GENDER IDENTITY, SEXUAL ORIENTATION, AND PREGNANCY), NATIONAL ORIGIN, AGE, POLITICAL OR UNION AFFILIATION, MARITAL STATUS, DISABILITY, OR GENETIC INFORMATION.

LIFESHARING PROVIDERS ARE CLASSIFIED AS CONTRACTORS THRU PERSON DIRECTED SUPPORTS.

DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### **PRIMARY LIFESHARING PROVIDER:**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ TOWNSHIP \_\_\_\_\_

PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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### **BACKUP LIFESHARING PROVIDER:** (spouse, household member, etc – must be over 18 years old)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

Check here is address if the same as above

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ TOWNSHIP \_\_\_\_\_

PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

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HOW DID YOU HEAR ABOUT PERSON DIRECTED SUPPORTS, INC? (PLEASE BE SPECIFIC)

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY ANY AFFILIATE OR DIVISION OF PERSON DIRECTED SUPPORTS, INC?  YES  NO

IF YES, GIVE ENTITY AND DATE(S) \_\_\_\_\_

**CHILDREN / OTHER PEOPLE LIVING IN THE HOME:**

FIRST AND LAST NAME	RELATIONSHIP	AGE

**HOME DESCRIPTION:**

- DESIRE TO PROVIDE SERVICE IN OWN HOME
- WILLING TO MOVE TO ANOTHER HOME

IF DESIRING TO PROVIDE SERVICE IN CURRENT HOME, PLEASE FILL OUT FOLLOWING:

TYPE OF HOME (circle): Detached Home      Townhome      Apartment      Row Home

TYPE OF OWNERSHIP (circle): Own      Rent      If Renting, leave expiration \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_      NUMBER OF BATHROOMS: \_\_\_\_\_

IS THE HOME WHEELCHAIR ACCESSIBLE?      Yes      No

DOES THE PROPERTY HAVE A YARD (circle):      Yes      No

DO YOU HAVE ANY PETS (circle):      Yes      No

    If yes, how many \_\_\_\_\_      Types: \_\_\_\_\_

**TRANSPORTATION:**

DO YOU HAVE A VALID DRIVER'S LICENSE?  YES  NO      IN WHAT STATE \_\_\_\_\_

DO YOU HAVE A WORKING VEHICLE?  YES  NO

DO YOU HAVE VEHICLE INSURANCE?  YES  NO

ARE YOU WILLING TO TRANSPORT THE INDIVIDUAL TO MEDICAL APPOINTMENTS,  
COMMUNITY OUTINGS, AND OTHER ACTIVITIES?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF ANY DRIVING RELATED OFFENSES?  YES  NO

IF YES, EXPLAIN \_\_\_\_\_

(A VALID DRIVER'S LICENSE, VEHICLE, PROOF OF INSURANCE, AND ACCEPTABLE DRIVING RECORD ARE REQUIRED FOR LIFESHARING)

**CARE AND SUPPORT:**

HAVE YOU EVER BEEN A LIFESHARING PROVIDER?  YES  NO

IF YES, WHEN AND THROUGH WHAT AGENCY? \_\_\_\_\_

\_\_\_\_\_

IF NO, WHY WOULD YOU LIKE TO BECOME A LIFESHARING PROVIDER? \_\_\_\_\_

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\_\_\_\_\_

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## WORK HISTORY FOR PRIMARY PROVIDER

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LIST THE NAMES OF ALL EMPLOYERS, GIVING THE MOST RECENT POSITION FIRST. PLEASE GIVE THE MONTH AND YEAR FOR EACH POSITION LISTED. IN ADDITION, BE SURE TO LIST ALL HEALTH OR HUMAN SERVICES PROVIDERS FOR WHICH YOU HAVE WORKED. IF YOU NEED ADDITIONAL, PLEASE CONTINUE ON ANOTHER SHEET OF PAPER.

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EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (        ) \_\_\_\_\_ JOB TITLE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

DATES EMPLOYED FROM (MO/YR) \_\_\_\_\_ TO (MO/YR) \_\_\_\_\_

SALARY STARTED \_\_\_\_\_ SALARY ENDED \_\_\_\_\_

DUTIES \_\_\_\_\_

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EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (        ) \_\_\_\_\_ JOB TITLE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

DATES EMPLOYED FROM (MO/YR) \_\_\_\_\_ TO (MO/YR) \_\_\_\_\_

SALARY STARTED \_\_\_\_\_ SALARY ENDED \_\_\_\_\_

DUTIES \_\_\_\_\_

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EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (        ) \_\_\_\_\_ JOB TITLE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

DATES EMPLOYED FROM (MO/YR) \_\_\_\_\_ TO (MO/YR) \_\_\_\_\_

SALARY STARTED \_\_\_\_\_ SALARY ENDED \_\_\_\_\_

DUTIES \_\_\_\_\_

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INCLUDING WORK AND VOLUNTEERING, HOW MANY YEARS EXPERIENCE DO YOU HAVE IN THE FIELD OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES? \_\_\_\_\_

HAVE YOU RESIDED IN PENNSYLVANIA FOR THE LAST TWO YEARS?  YES  NO  
IF NOT, WHEN DID YOU MOVE TO PENNSYLVANIA \_\_\_\_\_

HAVE YOU EVER BEEN INVESTIGATED, DISCIPLINED, OR DISCHARGED BY AN EMPLOYER FOR CLIENT ABUSE OR NEGLECT?  YES  NO  
IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU EVER PLEAD GUILTY OR BEEN CONVICTED OF ANY CRIME?  YES  NO  
IF YES, EXPLAIN \_\_\_\_\_

(INFORMATION REGARDING CONVICTIONS WILL NOT NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT, BUT WILL BE REVIEWED IN LIGHT OF THE DUTIES AND RESPONSIBILITIES OF THE POSITION BEING SOUGHT)

DO YOU HAVE THE LEGAL RIGHT TO BE EMPLOYED / PROVIDE CONTRACT WORK IN THE UNITED STATES?  YES  NO  
DO YOU HAVE DOCUMENTATION TO SUPPORT THE ABOVE?  YES  NO

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### EDUCATION FOR PRIMARY PROVIDER

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HIGH SCHOOL:

NAME OF SHOOOL \_\_\_\_\_

UNDERGRADUATE COLLEGE:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

YEARS COMPLETED  1  2  3  4 GRADUATED?  YES  NO

MAJOR \_\_\_\_\_ DEGREE \_\_\_\_\_

GRADUATE / PROFESSIONAL:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

YEARS COMPLETED  1  2  3  4 GRADUATED?  YES  NO

MAJOR \_\_\_\_\_ DEGREE \_\_\_\_\_

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### PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

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LIST ANY PROFESSIONAL LICENSES \_\_\_\_\_

LIST ANY RELEVANT CERTIFICATIONS \_\_\_\_\_

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\_\_\_\_\_  
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**RELATED INFORMATION**

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PLEASE LIST ANY OTHER QUALIFICATIONS, PROFESSIONAL ORGANIZATIONS, AND/OR VOLUNTEER EXPERIENCES THAT ARE APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING. YOU MAY EXCLUDE ANY WHOSE NAME WOULD INDICATE THE RACE, RELIGION, CREED, COLOR, NATIONAL ORIGIN, OR ANCESTRY OF ITS MEMBERS.

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**AUTHORIZATION AND RELEASE OF INFORMATION**

I hereby give Person Directed Supports, Inc. hereafter known as PDSI, and any of its affiliates and divisions, the right to thoroughly investigate my past employment, education, police record, activities, and I release from all liability all persons, companies, and corporations supplying such information. I indemnify PDSI against any liability which might result from conducting such an investigation. I understand that any false answers or statements or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between PDSI and myself for either employment, contract work, or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon PDSI unless made in writing by the President and Chief Executive Officer. I acknowledge by signing below that I fully understand that I am applying to the agency as a contracted Lifesharing provider and not one particular home or individual.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PERSON DIRECTED SUPPORTS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

Per the Department of Public Welfare and the Office of Aging, the following is a list of Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13 of 1997

OFFENSE CODE	PROHIBITIVE OFFICE	TYPE OF CONVICTION
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502B	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2507	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	1 Felony or 2 Misdemeanors
CC3921	Theft by Unlawful Taking	1 Felony or 2 Misdemeanors
CC3922	Theft by Deception	1 Felony or 2 Misdemeanors
CC3923	Theft by Extortion	1 Felony or 2 Misdemeanors
CC3924	Theft by Property Lost	1 Felony or 2 Misdemeanors
CC3925	Receiving Stolen Property	1 Felony or 2 Misdemeanors
CC3926	Theft of Service	1 Felony or 2 Misdemeanors
CC3927	Theft by Failure to Deposit	1 Felony or 2 Misdemeanors
CC3928	Unauthorized Use of a Motor Vehicle	1 Felony or 2 Misdemeanors
CC3929	Retail Theft	1 Felony or 2 Misdemeanors
CC3929.1	Library Theft	1 Felony or 2 Misdemeanors
CC3930	Theft of Trade Secrets	1 Felony or 2 Misdemeanors
CC3931	Theft of Unpublished Dramas or Musicals	1 Felony or 2 Misdemeanors
CC3932	Theft of Leased Properties	1 Felony or 2 Misdemeanors
CC3933	Unlawful Use of a Computer	1 Felony or 2 Misdemeanors
CC4101	Forgery	Any
CC4114	Securing Execution of Documents by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C	Obscene and Other Sexual Materials to Minors	Any
CC5903D	Obscene and Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any
CC13A12	Acquisition of Controlled Substance by Fraud	Felony
CC13A14	Delivery by Practitioner	Felony
CC13A30	Possession with Intent to Deliver	Felony
CC13A36	Illegal Sale of Non-Controlled Substance	Felony
CC13A37	Designer Drugs	Felony

I do swear / affirm that I have not been convicted of any of the offenses listed above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Provider's Individual Preference Profile**  
**Initial Questions**

Person Directed Supports (PDS) always strives to make the best match possible between a Lifesharing Provider and the individual receiving services. The following questions are to aid in fostering this match.

What gender of individual do you prefer? Female\_\_\_\_\_ Male\_\_\_\_\_ Either\_\_\_\_\_

What types of individual communication styles are you okay supporting?

Verbal\_\_\_\_\_ Non-verbal\_\_\_\_\_ Unable to effectively communicate\_\_\_\_\_

Are you comfortable assisting with toileting and bathing needs? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you comfortable supporting an individual with maladaptive behaviors?

Yes\_\_\_\_\_ No\_\_\_\_\_

Are you comfortable supporting an individual who utilizes a wheelchair?

Yes\_\_\_\_\_ No\_\_\_\_\_

Do you prefer an individual who has alone time capabilities?

Yes\_\_\_\_\_ No\_\_\_\_\_ Either\_\_\_\_\_

1. What are some activities that you like to do? (hobbies, interests)

2. What are some of your dislikes or pet peeves?

3. What is your schedule during the week, if there are any times you would be unable to provide direct support to the individual?