

Applicant Information

Name		Date	
Address		Social Security No	
City		State , Zip	
Mailing Address		E-mail	
City		State , Zip	
Telephone		Cell Phone	

Transportation

Do you have reliable transportation?	Yes	No
Do you have a valid driver's license? Driver's license Number	Yes	No

Applicant History

This is not an Application for employment. You will be considered an Independent Contractor; therefore, it will be necessary for you to answer some personal questions regarding your household, family and yourself. These questions will assist us in making the best possible decision in providing quality services and support to all parties involved. Your honest and candid response is appreciated.

1. How long have you lived at the address indicated above?		If less than 3 years, please give	
Previous address.			
2. What is your current occupation?			
3. How many hours do you work weekly?			
4. What are your plans regarding your current employment, if you become a Provider?			
5. Do you own or rent your home?			
6. Please indicate home type	Single Family	Multi Family	Mobile Home
7. Please describe your home :			
8. What changes would have to be made to your home to accommodate this type of living situation?			
9. Please write the adult(s) names, date of birth and relationship to the applicant who are residing in the home.			
Name	DOB	Social Security Number	Relationship to Applicant
10. Please write the children name(s), date of birth and relationship to the applicant who is residing in the home.			
Name	DOB	Relationship to Applicant	

Applicant History Continue

Name		Date	
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11. Do you have pets?	Yes	No	
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If yes please list the type of pet ,breed

Type	Breed	Documented Current Vaccinations (Yes or No)

Please circle the frequency of use of the following substances within your home

Tobacco: Never Once a Month Weekly Daily Hourly

Alcohol: Never Once a Month Weekly Daily Hourly

Educational Background

School Name	Address	Number of Year (s) Completed	Diploma/ Degree

Other Trainings or Certificate

Name	Trainer/Agency/School	Date

Other specialized training/ educational experience relevant to contracted services



Contractual Provider Application

Name		Date		
Professional Reference				
Name	Telephone	No Yrs Known		
Affiliation	Address			
Name	Telephone	No Yrs Known		
Affiliation	Address			
Name	Telephone	No Yrs Known		
Affiliation	Address			
Personal Reference				
Name	Telephone	No Yrs Known		
Affiliation	Address			
Name	Telephone	No Yrs Known		
Affiliation	Address			
Name	Telephone	No Yrs Known		
Affiliation	Address			
Employment History				
Employer Information	Employment Information		Describe Duties and Responsibilities	
Employer Name	Dates Employed			
Telephone	From	To		
Employer Name	Dates Employed			
Telephone	From	To		
Employer Name	Dates Employed			
Telephone	From	To		
Applicant Citizenship				
Do you have legal right to reside and work in the U.S.?			Yes	No
Have you ever pled "guilty or "no contest" to or been convicted of a crime?			Yes	No
If yes, please explain				
Have you ever been administratively determined by a federal, state or local government agency to have committed abuse or neglect?			Yes	No
If yes please explain when, where and nature of the case.				
What, if any, is your experience working with children/adults with developmental disabilities? If yes, please explain.			Yes	No



Contractual Provider Application

Interests and Viewpoints			
Name		Date	
How did you learn about Support Solutions and this opportunity?			
Why are you interested in becoming a Provider?			
Do you have any limitation that would restrict your ability to provide services 24 hours a day , seven days per week ? (Physical, medical, commitment to others etc.)			
What is the reaction of other family members to your decision to become a Provider?			
Please describe your experiences in the human services field including education and work with individuals with disabilities.			
What are your hobbies and interests?			
Please describe the characteristics of the person you would be willing to share your home with.(Male, Female, activity level)			
In what way would you be willing to provide support? (Personal care, lifting, challenging behavior etc..)			
How would you help this individual become involved in the community?			



Contractual Provider Application

Interests and Viewpoints

Would you support an individual with a different lifestyle than yours? Such as, religion, sexual preferences, culture etc.

What are your expectations and reservations on becoming a Provider?

Please provide any other information you think would be helpful.

Are you 25 years of age or older?

I acknowledge that the information I have supplied is correct to the best of my knowledge and belief. I understand that any falsification, misrepresentations or omissions of fact may be grounds for rejection of my application for an Independent Contractor through Support Solutions, Inc.

I understand that consideration for an Independent Contractor is contingent on the results of references, medical clearance letter and background checks including but not limited to a driver's record check and conviction check through the State Bureau of Identification. I authorize Support Solutions to investigate all statements made on my application. I further authorize Support Solutions to contact any listed reference.

Signature of Applicant

Date