

Please describe your home: _____

Would adaptations need to be made to your home in order to best support the individual? _

A valid driver's license and record check will be required in order to transport consumers. Do you currently hold a valid driver's license? _____

Name _____

Driver's License # _____

Signature to conduct a driving record search: _____

If anyone living in your household will be providing transportation for the individual a valid driver's license and record check will be required in order to transport the individual. Please list all others who will provide transportation.

Name _____

Do you currently hold a valid driver's license? _____

Driver's License # _____

Signature to conduct a driving record search: _____

The State of Maine requires no more than one moving violation and no OUIs within the past three years. Have you incurred any violations on your driving record in the past three years?

If yes please explain: _____

Social Security Number: _____

Current Occupation: _____

Days and hours worked weekly: _____

What are your plans regarding your current employment, if you become a Provider? _____

What experience do you have in supporting persons with disabilities such as personal, educational, or work related: _____

Do either you or any other adult living in your household have any past or pending criminal convictions or any substantiated cases with Adult Protective and/or with Child Protective Services? If so, please explain: _____

A background check of criminal convictions or any substantiated cases with Adult Protective and/or with Child Protective Services will be conducted on all adults living in your household. Please list any other persons over the age of eighteen that are currently living in your home and attain their signatures to release this information:

Name: _____
Date of birth: _____
Relationship to you: _____
Signature to authorize release of background information: _____

Name: _____
Date of birth: _____
Relationship to you: _____
Signature to authorize release of background information: _____

Please list any persons under the age of eighteen currently living in the home:

Name: _____
Date of birth: _____
Relationship to you: _____

Name: _____
Date of birth: _____
Relationship to you: _____

Name: _____
Date of birth: _____
Relationship to you: _____

Name: _____
Date of birth: _____
Relationship to you: _____

How do the people living in your household feel about your becoming a Provider? _____

Do you have pets? If so, please list type and breed if known: _____

Can you provide documentation of vaccinations? (If applicable) _____

Are alcohol and tobacco used in your household? If yes, to what extent? _____

Strong preference towards the extent of challenging behaviors? _____

Strong preference towards their religious beliefs? _____

Strong preference towards their sexual orientation? _____

Your thoughts towards community involvement and how you would support an individual with this:

Any other comments that you wish to add that may be relevant? _____

References

Name: _____
Telephone: _____
Address: _____

Relation: _____
How long have you known this reference? _____

Name: _____
Telephone: _____
Address: _____

Relation: _____
How long have you known this reference? _____

Name: _____
Telephone: _____
Address: _____

Relation: _____
How long have you known this reference? _____

Name: _____
Telephone: _____
Address: _____

Relation: _____
How long have you known this reference? _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application as may be necessary in arriving at a decision. In signing this form, I authorize a background check to be conducted of any criminal convictions or substantiated cases with Adult Protective and/or with Child Protective Services and a driving record check as well. I am also stating that I am not currently involved in any investigations or in litigation with the above stated agencies.

I do hereby authorize all my previous employers or references to furnish any information concerning my personal character, habits or employment records. I hereby unconditionally release all such persons from liability or damages incurred as a result of inquiry in furnishing this information.

I hereby understand that this application to become an Independent Contractor does not create an employment relationship between Community Partners, Inc. and myself.

In the event of contract, I understand that false or misleading information, misstatement or omission in this application of interview(s) may result in discontinuation of contract. I understand also that I am required to abide by all rules and regulations of Community Partners Inc. and DHHS.

Signature of Applicant

Date