



**PROVIDER APPLICATION FORM**

*(Please print. Use back side if additional space is needed.)*

NAME _____		
ADDRESS _____		
CITY _____	ZIP _____	COUNTY _____
HOME PHONE _____	WORK PHONE _____	
OTHER PERSONS LIVING IN YOUR HOME		
Name: _____		
Name: _____		
Name: _____		
Name: _____		

**BACKGROUND INFORMATION**

Are you legally eligible to work in the U.S.? \_\_\_\_\_yes \_\_\_\_\_no  
(Proof may be required.)

Have you ever been convicted of a felony? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** please complete the enclosed Driving Record and CBI forms and return along with the application.

<b>EDUCATION</b>				
	NAME	LOCATION	DID YOU GRADUATE	DEGREE OR AREA OF STUDY
HIGH SCHOOL				
COLLEGE				
OTHER				

ARE YOU CURRENTLY CPR CERTIFIED? \_\_\_\_\_ FIRST AID CERTIFIED? \_\_\_\_\_  
DO YOU HAVE A MEDICATION ADMINISTRATION CERTIFICATION? \_\_\_\_\_  
DO YOU HAVE ANY OTHER LICENSES/CERTIFICATIONS? \_\_\_\_\_

## EMPLOYMENT HISTORY

Please list employers and/or service agencies you have contracted with over the course of the past ten years, including present ones.

Have you ever been employed by or contracted with ABLE?    _____yes    _____no If Yes, please list position(s), program(s), dates, supervisor/Program Director:
--

EMPLOYER/SERVICE AGENCY:	
ADDRESS:	PHONE: (    )
DATES: From _____ To _____	SUPERVISOR:
DUTIES AND RESPONSIBILITIES:	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER/SERVICE AGENCY FOR A REFERENCE CHECK? YES/NO If "NO", why?	

EMPLOYER/SERVICE AGENCY:	
ADDRESS:	PHONE: (    )
DATES: From _____ To _____	SUPERVISOR:
DUTIES AND RESPONSIBILITIES:	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER/SERVICE AGENCY FOR A REFERENCE CHECK? YES/NO If "NO", why?	

## REFERENCES

Please list a minimum of three professional references who would be willing to comment on your potential to serve someone with developmental disabilities. These could include employers/service agencies which you listed above. Letters of recommendation are also encouraged.

NAME:	RELATIONSHIP:
ADDRESS	PHONE: (   )
	KNOWN HOW LONG?

NAME:	RELATIONSHIP:
ADDRESS	PHONE: (   )
	KNOWN HOW LONG?

NAME:	RELATIONSHIP:
ADDRESS	PHONE: (   )
	KNOWN HOW LONG?

I authorize ABLE Residential to contact all employers (unless otherwise noted) and references listed. I authorize those employers, service agencies and references to share with ABLE Residential any information relevant to my application to become a host home provider.

I understand that, if accepted as a subcontractor, my status as a provider will be subject to the conditions and terms required by licensing and regulatory agencies as well as ABLE Residential policy.

I authorize ABLE Residential to investigate any statement contained within this application. I understand that any misrepresentation or omission of material fact on this application form, or in the course of the application process, may prevent me from being contracted with or, if contracted, may be cause for the immediate termination of said contract.

If previously employed or contracted by ABLE Residential, I understand that my records will be made available to the ABLE Residential staff reviewing my application and that previous supervisors/contract managers may be consulted.

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

\_\_\_\_\_  
Date

## A Better Life Experience

(For provider reference only. Do not return to ABLE)

### CHECKLIST FOR NEW HOST HOME PROVIDERS

#### **ITEMS NEEDED FOR POTENTIAL HOST HOME PLACEMENT**

- \_\_\_\_\_ TB Test or Chest X-Ray
- \_\_\_\_\_ Copy of Driver's License
- \_\_\_\_\_ Copy of Homeowner's Insurance Coverage
- \_\_\_\_\_ Copy of Automobile Insurance
- \_\_\_\_\_ Copy of Professional License Held
- \_\_\_\_\_ List of Other Individuals Living in the Home and Date(s) of Birth
- \_\_\_\_\_ CBI for Adults Living in the Home

#### **NECESSARY TRAINING PRIOR TO PLACEMENT**

- \_\_\_\_\_ CPR
- \_\_\_\_\_ First Aid
- \_\_\_\_\_ Medication Administration
- \_\_\_\_\_ Infection Control/Universal Precautions
- \_\_\_\_\_ Abuse/Neglect and Incident Reporting
- \_\_\_\_\_ Confidentiality
- \_\_\_\_\_ Introduction to Developmental Disabilities
- \_\_\_\_\_ Emergency Procedures
- \_\_\_\_\_ Rights of Individuals Served
- \_\_\_\_\_ Philosophy/Procedures for Behavior Intervention
- \_\_\_\_\_ Specific Information About Consumer(s) (*behavioral, medical, forms of communication, routines, etc.*) See individual site orientation checklist. (*Completed by Program Director At 1:1 Individual Site Orientation*)
- \_\_\_\_\_ Signed/Notarized Contract (with Social Security Number)

***Copies of all items need to be given to ABLE prior to placement.***