



125 John Roberts Rd. Ste 12  
South Portland, ME 04106  
An Equal Opportunity Employer  
www.portresources.org

### Application for Shared Living Option Provider

- I am interested in applying to be a Shared Living Option Provider only.
- I am interested in applying to be a Shared Living Option Provider and I am interested in providing respite services while I wait for an individual to be placed in my home.
- I am interested in applying to be a Shared Living Option Respite Provider only.

**REFERENCE CHECK AUTHORIZATION:** I agree to allow Port Resources to contact the people I have listed as references and supervisors on this application. I also agree not to hold any references listed on this application liable for damages relating to any truthful information they provide regarding my qualifications for contracted services with Port Resources.

**CONTRACTOR STATUS:** I understand that nothing in this application has created a contract relationship. I also understand that if I contract with Port Resources, my contract can be terminated for reasons cited in my contract.

**BACKGROUND:** A criminal conviction record will not result in an automatic bar from consideration. Port Resources will only take into consideration conviction records that are timely and related to the duties of Shared Living Option (SLO) Provider. A criminal background check will be conducted on all adults who reside in your household.

**CONTRACT ELIGIBILITY:** To comply with the federal Immigration Reform and Control Act, Port Resources requires SLO Contractors to show proof of eligibility to work in the United States. Failure to produce the required documents will cause Port Resources to terminate its contract with the provider.

#### **PERSONAL DATA**

Name (last, first, middle)	Today's Date
Address (street, city, state, zip)	Social Security
Telephone Number	Cell Number

#### **EDUCATION & TRAINING**

Name & location	Years completed/Degree/Major
High School _____	
College _____	
Other _____	
Special Skills/Training _____	

**Please describe your professional/educational/personal experience in the social services field:**

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**WORK HISTORY please list employment beginning with your most recent positions**

Company Name and Address	Telephone Number
Employed From To	Job Title
Name of Supervisor	May we contact? [ ] yes [ ] no
Reason for leaving	Job Responsibilities
For HR use only: Date verified	Person verified with

**If currently employed, what are the hours you work weekly? What are your plans regarding your employment if you should become a Shared Living Provider?**

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**WORK HISTORY**

Company Name and Address	Telephone Number
Employed From To	Job Title
Name of Supervisor	May we contact? [ ] yes [ ] no
Reason for leaving	Job Responsibilities
For HR use only: Date verified	Person verified with

**WORK HISTORY**

Company Name and Address	Telephone Number
Employed From To	Job Title
Name of Supervisor	May we contact? [ ] yes [ ] no
Reason for leaving	Job Responsibilities
For HR use only: Date verified	Person verified with

**HOME ENVIRONMENT**

Please briefly describe the physical setup of your house/apartment:

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What changes would have to be made to your home to prepare for an individual to live with you?

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Please list any person (s) living in your home:

<b>Name:</b>	<b>Under 18/Over 18</b>	<b>Relationship to you:</b>
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Do you have any pets? If so, what kind and how many: \_\_\_\_\_

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Is smoking permitted in your home? \_\_\_\_\_

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**Why are you interested in becoming a SLO Provider?**

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**Do you have any factors that may impact your ability to become a SLO Provider (physical, medical, interfering commitment to others, lack of support from family members)? What would be your plan to address these factors?**

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**How do you spend your leisure time?**

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**Please describe characteristics of a person that you would be willing to share your home with (male/female, activity level).**

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**How would you help this individual be a part of the community?**

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**ADDITIONAL DATA**

Have you ever been employed by Port Resources? If yes, when?	[ ] no	[ ] yes
Are you legally eligible for employment in the United States?	[ ] no	[ ] yes
Have you ever been convicted of a crime?	[ ] no	[ ] yes
Have you ever been substantiated for violating client rights?	[ ] no	[ ] yes
Have you or any adult living in your home ever been banned from providing Maine Care/Medicaid or Medicare services?	[ ] no	[ ] yes

**PERSONAL DRIVING RECORD**

Do you have a valid driver's license? [ ] no [ ] yes	Driver's License Number
How long have you been licensed?	Issuing State
Within the past three years have you had a vehicle accident?	
Within the last three years have you been cited for a moving violation?	
Within the past three years have you been convicted of reckless driving or operating under the influence?	

**PROFESSIONAL REFERENCES (Please list 3)**

<b>1.</b> Name	Job Title	Company
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Address	Telephone Number	Relation of reference to you
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<b>2.</b> Name	Job Title	Company
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Address	Telephone Number	Relation of reference to you
<hr/>		
<b>3.</b> Name	Job Title	Company
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Address	Telephone Number	Relation of reference to you
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**APPLICANT: Please read and sign below**

The information provided by me in this application to be an SLO Provider is true and complete to the best of my knowledge. I understand that if I enter into a contract with Port Resources, any false statements may result in immediate termination of the contract.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_