



Erie Homes For Children & Adults

LIFE SHARING PROVIDER APPLICATION

Date: \_\_\_\_\_

I am applying to become a provider for:

A NON-RELATIVE

A RELATIVE

Name of potential client (If known) \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

County: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Are you currently employed?  Yes  No

Do you have a valid driver's license?  Yes  No

Have you or anyone in your household ever had a DUI?  Yes  No

If yes, when: \_\_\_\_\_

Have you ever been convicted of a crime? If yes, please explain.  Yes  No

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

Have you ever had involvement with OCY? If yes, please explain and provide the date of involvement.  Yes  No

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



All persons living in the home:

Person's Name	Age	Gender	Requires care due to disability or health-related condition

**Physical Site:**

Please check the appropriate box for the demographic location of your home:

- Rural
  Suburban
  Urban

Please check the appropriate box for the home's status:

- Own
  Renting
  Leasing

If renting or leasing when is your contract expired? \_\_\_\_\_

Please describe the type of living space available for a person:

- 1<sup>st</sup> Floor
  2<sup>nd</sup> Floor
  3<sup>rd</sup> Floor  
 Single Bedroom
  Shared Bedroom  
 Shared Bathroom
  Private Bathroom

Please provide two personal references:

NAME	RELATIONSHIP	PHONE NUMBER

\_\_\_\_\_  
Potential Life Sharing Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by

\_\_\_\_\_  
Date