GREEN MOUNTAIN SUPPORT SERVICES

GMSS

SERVING VERMONTERS WITH DISABILITIES SINCE 1988

"Empowering Neighbors with Disabilities to be at Home in the Community"

Respite Application

Name: Year of Birth:

Address: Phone Number:

Email:

List People/animals living in your home: (Please include Age & relation)

Current Availability: Days ☐ Nights ☐ Weekends ☐

Have you ever provided respite care for an individual before? Yes ☐ No ☐

Can you pass a clean Background Check? ☐ IF No:

Valid Driver's License? ☐ Reliable Car: ☐ Valid Vehicle Insurance: ☐

Are you willing to provide care in the client's home? Yes ☐ No ☐

Are you willing to stay overnight in the clients home? Yes ☐ No ☐

Do you have the ability to provide day support inside of your home? Yes ☐ No ☐

Do you have an extra bedroom in your home for client to stay over nights? Yes ☐ No ☐

Is your home handicap accessible? Yes ☐ No ☐

Do you currently provide care in your home to any other vulnerable individuals (aged or disabled family members, foster children or agency -placed) at this time?

GREEN MOUNTAIN SUPPORT SERVICES

GMSS

SERVING VERMONTERS WITH DISABILITIES SINCE 1988

"Empowering Neighbors with Disabilities to be at Home in the Community"

Are You CPR/First Aid Certified? Yes ☐ No ☐

Do you understand while caring for individuals within GMSS, you must be able to remain Alcohol/ Drug free? Yes ☐ No ☐

Does anyone in the home smoke? Yes ☐ No ☐ Outside ☐

Are you comfortable with assisting total care to clients? Yes ☐ No ☐

Are you able to administer medications with proper training? Yes ☐ No ☐

Are you able to work with Challenging Behaviors? Yes ☐ No ☐

Are you willing to assist someone in a wheelchair? Yes ☐ No ☐

Can you lift over 75 pounds? Yes ☐ No ☐

References:
Name: Phone: Relation:

Additional Information:

I, _____ , (employee) confirm that I am age 18 or older, have a high school diploma or GED (Developmental Services only), am not the parent, step-parent, domestic partner, legal guardian, primary giver, spouse, employer or civil union partner of the individual whom I am being hired to support.

I, _____, am agreeing that Green Mountain Support Services can share the personal information I have provided today with our office staff & Shared Living Providers.

Potential Respite Provider Signature:
Date: