Cypress Community Services

*Family Home Provider*

*Application Packet*

Cypress Community Services

Dear Applicant,

Thank you for your interest in joining our team at Cypress Community Services as a Family Home Provider (FHP). We are seeking the best of caregivers who want to provide long term care and support to some of the most enjoyable individuals possible in their family home!

At Cypress Community Services our FHP’s are independent contractors, contracted to support individuals through our agency. We have very high standards for our caregivers and expect the vest best for the individuals in which we serve. If you think providing care in your own home for one of our exceptional individuals is the right fit for you, please complete the attached application packet. Attention to detail is key in this position so please be detailed in your application. If you do not complete all sections of this application completely, legibly, and as instructed then your application will not be considered.

Please do not phone our office to repetitively check on your application. We are bringing on new contractors as needed. Someone from our hiring committee will contact you to discuss the potential opportunities available, if we feel your skills and abilities would be a match for our team. Prior to any hiring we do require an in-home assessment to be completed by our Compliance Team to ensure the home meets our expectations, adequate space for you, your family currently residing with you and any clients you wish to add. We do not allow children over the age of three (3) to share bedrooms with adults. Also, no more than three (3) children can share a bedroom. All members of the family must have bedrooms.

Thank You,

Tara Bowen

Program Director

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- | --- |
| 1. Do you presently lease or own the home you reside in? | Lease Own |
| 1. Is the home you presently live in the home you plan to provide FHP services in?  * If you do not currently lease or own a home that is of an adequate size to provide FHP services in, please do not complete this application at this time. Instead, once you have acquired and are actively living in a home of adequate size to provide FHP services, we invite you to come in and apply. | Yes  No |
| 1. How long do you plan to live in your current home? **Please only select one!** | Less than 1 year  1-2 years  2-5 years  5 years or more |
| 1. Please list the first name of everyone residing with you and their age. Use the pack of the page if you require more spaces. |  |
| 1. How many bedrooms exist in your residence |  |
| 1. How many full bathrooms (rub, shower, toilet, sink) exist in your residence? |  |
| 1. Do you have at least 2 safety grab bars in each shower/bathtub in your home? | Yes  No |
| 1. Do you have a slip resistance shower mat in each shower/ bathtub in your home? | Yes  No |
| 1. How many partial bathrooms (sink, toilet) exist in your residence? | Yes  No |
| 1. Does every bedroom in your residence contain a working smoke detector? | Yes  No |
| 1. Do you have at least one carbon monoxide detector in your home | Yes  No |
| 1. Do you have working smoke detectors in strategic locations throughout your home OTHER THAN your bedrooms? | Yes  No |
| 1. Do you have a minimum of 2 working fire extinguishers in your home, one of which is rated 1A10BC | Yes  No |
| 1. Have you drawn an emergency evacuation plan for your home? | Yes  No |
| 1. Do you have a closet or area, equipped with a locking door to use as medication storage? | Yes  No |
| 1. Do you have individual locking medication boxes for each individual you wish to support? | Yes  No |
| 1. Do you have any firearms or ammunition in your home|? | Yes  No |
| 1. How many individuals do you anticipate supporting in your home in addition to the number of people already residing in your home? | 1  2  3 |
| 1. Do you have full sets of bath linens (towel, hand towel, wash cloth) for each person you anticipate supporting in your home? For example, if you want to support 2 individuals and you have a family of four already in your home then you has a total of 6 individuals in your home. 6 x 2 sets of linens each = 12 full sets. **FHP’s are responsible for providing these items not the individuals.** | Yes  No |
| 1. Do you h ave enough plates, cups, and silverware to accommodate the total number of individuals you plan to have living in your home? **FHPs are responsible for providing these items, not the individuals** | Yes  No |
| 1. Do you have a working washer and dryer in your home that is accessible to everyone living in your home? | Yes  No |
| 1. Do you have a working home telephone line (not a cell phone)? 2. If you answered no, are you willing to obtain one prior to any potential individuals visiting and considering moving in? | Yes  No |
| 1. Do you have basic cable television or satellite TV in the living room and each bedroom you anticipate supporting an individual in? 2. If you answered no, are you willing to obtain this service prior to any potential individuals visiting and considering moving in. | Yes  No |
| 1. Are all entrances/exits fully accessible to your home? (This includes front, back, side, garage, basement, etc.) | Yes  No |
| 1. Do you understand it is your responsibility to make required adaptations as needed for any participant in your care? Examples include but are not limited to: installing a handrail, wheelchair ramp, safety gate, modified fire alarm. | Yes  No |
| 1. Do you have a working computer, laptop, or tablet device in an in-home internet connection which is necessary to complete all required documentation? | Yes  No |
| 1. Do you have a dependable reliable vehicle that is able to accommodate the number of individuals you anticipate supporting and any adaptive equipment they have? | Yes  No |
| 1. Our agency requires anyone over the age of 18 who resides in the home or visits and stays in the home a period of 14 days or longer to submit a criminal background check, drug screening, TB screening, nurse aid registry check, and central registry check of any state they have lived in or working in during the previous 12 monthls. Do you agree to abide by this? | Yes  No |
| 1. Our agency requires anyone over the age of 18 residing in the home to complete all aspects of training for all individuals in the home, even if said person is not the main caregiver. Do you argree to abide by this? | Yes  No |
| 1. Our agency requires every FHP to maintain a minimum of 2 fully trained Relief Workers for their home to aid with any emergency or time off for the FHP. Do you agree to this? | Yes  No |

**Mandatory References**

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| **Name** | **Phone Number** | **Email Address** | **Relationship** |
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*Applicants must submit copies of the following documents along with the completed application packet in order to be considered for any open positions with Cypress Community Services.*

* Kentucky Driver’s License: Due to the nature of the position ONLY Kentucky Driver’s Licensure is acceptable. NO OUT OF STATE LICENSE WILL BE PERMITTED.
* Social Security Card or Valid Work Permit
* High School Diploma, GED or College Degree (or over the age of 21)
* Current Automobile Insurance: Must list the applicant on the insurance card OR on the policy as a driver
* First Aid Training Card if previously completed
* CPR training Card if previously completed

Cypress does require anyone over the age of 18 residing in the FHP home to complete all application documentation, background checks, and training prior to placement of any participants.

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*LAST FIRST MIDDLE*

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE:\_\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALTERNATE PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

START DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SALARY REQUIREMENT:\_\_\_\_\_\_\_\_\_

Have you ever worked for Cypress? □ Yes □ No If yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a citizen of the U.S.? □ Yes □ No If not, are you legally allowed to work in the U.S.? □ Yes □ No

Employment Desired: □ Full Time □ Part Time □ Temporary

Have you ever pled “guilty”, “no contest”, or been convicted of a crime? □ Yes □ No

Please provide dates and details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Answering “yes” to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.)

Driver’s License Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **EDUCATION** |

High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Years Completed:\_\_\_\_\_\_\_\_\_ Did you Graduate: □ Yes □ No GPA:\_\_\_\_\_\_

College/University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Years Completed:\_\_\_\_\_\_\_\_ Did you Graduate: □ Yes □ No Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA:\_\_\_\_\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Years Completed:\_\_\_\_\_\_\_\_ Did you Graduate: □ Yes □ No Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA:\_\_\_\_\_\_\_\_

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| **REFERENCES** |

*(Please furnish the names, addresses, and telephone numbers of two people to whom you are not related and by whom you have not been employed)*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Have you lived out of the State of Kentucky within the last 2 years? □ Yes □ No

If Yes, list the State(s), last address and dates lived there:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PREVIOUS EMPLOYMENT (begin with most recent)** |

Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To\_\_\_/\_\_\_/\_\_\_ Position Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibilites:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your Title:\_\_\_\_\_\_\_ Starting Salary:\_\_\_\_\_\_\_\_\_\_ Ending Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this employer for a reference? □ Yes □ No

Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To\_\_\_/\_\_\_/\_\_\_ Position Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibilites:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Title:\_\_\_\_\_\_\_ Starting Salary:\_\_\_\_\_\_\_\_\_\_ Ending Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this employer for a reference? □ Yes □ No

Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To\_\_\_/\_\_\_/\_\_\_ Position Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibilites:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Title:\_\_\_\_\_\_\_ Starting Salary:\_\_\_\_\_\_\_\_\_\_ Ending Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this employer for a reference? □ Yes □ No

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*I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.*

*In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

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

OFFICE USE ONLY

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| COMMENTS: |

**Participant Support Preferences for FHPs**

Please review the list below regarding various support needs for potential participants. Please mark only the support needs which you are interested in potentially providing support to in your home. This list is not an all-inclusive list and will be utilized to match participants with potential FHPs. The more specific your request the fewer potential participants we will be able to match you with.

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| Area of Support | Type of Support need |
| Gender | Only Females Only Males Male’s or Females |
| Age Range | Any Age  18-29 30-39  40-49 50-59  60-69  70 and older |
| Intellectual Disability | Any  Mild IDD (IQ 50-70)  Moderate IDD (IQ 35-55)  Severe IDD (IQ 20-40)  Profound IDD (IQ 25 or less) |
| Mental Illness/Psychiatric Diagnosis | Yes  No  Willing to Consider |
| Mobility | Any  Full Mobility, No Assistance Needed  Minimal Physical Assistance Needed Partial Mobility With Use Of Aids Such As A Walker, Cane, Staff Hand For Stability  Use Of A Wheelchair |
| Stairs | Participants That Can Climb Stairs  Participant Who Cannot Climb Stairs |
| Meal Time | Any  Participant Fully Independent  Participant Needs Assistance Cutting UP Food  Participant Needs Prompting To Prevent Choking  Participant Requires Staff To Feed Them  Participant Requires Altered Textures Such As Puree, Ground, Honey Thick…Etc. |
| Toileting | Any  Participant Toilet’s/Cleanses Self Independently Participant Needs Hygiene Care From Staff After Toileting Incontinent Of Bladder  Incontinent Of Bowl  Incontinent Of Bowel And Bladder  Incontinent During Sleeping Hours Only |
| Dressing | Any  Independent  Verbal Prompting  Some Physical Assistance  Total Physical Assistance |
| Household Maintenance | Participant Can Perform Routine Cleaning of Their Environment  Participant Can Perform Light Housekeeping with Minimal Assistance  Participant is Unable to Perform Any House Keeping |
| Behavioral Support Needs | Yes  No  Willing to Consider |

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

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| What Does Being A Family Home Provider Mean To You? |
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| Why Are You Interested In Providing FHP Services |
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| Do You Personally Know Anyone Affected By an Intellectual Disability? Describe How This Impacted You |
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| What Strengths Would You Offer in the Role of a FHP? |
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| What Weaknesses Do You Think You Would Need to work on in the role of a FHP? |
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| What do you feel will be the most challenging about providing FHP services |
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| Describe What you think it means to be an “independent contractor” versus an “employee” Do not give the definition from the internet or dictionary. |
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| On a scale of 1-10, with 1 being a terrible cook and 10 being a professional chec, how would you rate your ability to make a home cooked, nutritious meal? Give an example of a breakfast meal, a lunch meal, and a dinner meal you would make. |
| Breakfast:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Lunch:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supper:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Describe what it means to be involved in the community. |
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| How would you ensure individuals living with you were provided choices? Please provide examples. |
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| How would you teach individuals living with you to be more independent? |
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| If you personally needed an FHP to provide care for you, what qualities would you look for in an FHP? |
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| If the individual you are supporting refuses to bathe, how would you handle this? |
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| If the individual you are supporting says they do not wish to attend their day program that day, how would you handle this? |
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| If the individual you are supporting wants to have their significant other or friends visit them at the home, how would you handle this? |
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| If the individual you are supporting wants to attend a specific church rather than the church you and your family attend, how would you handle this? |
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Dear Applicant,

Please sign but **DO NOT DATE** the following background check form and central registry form. These are time sensitive and can delay your joining Cypress Community Services if they are pre-dated.

Thank You!

College of Direct Supports-Permission to Access

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Four of Social:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of SCL Agency Previously Worked For:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select one of the following:

I currently work for other SCL agency (s) in addition to Cypress Community Services.

I do not currently work for other SCL agency(s) but may have an account under an agency that I previously worked for or have applied at.

I have never applied at or worked for an SCL agency.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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