

## Elite Disability Services of Nebraska SLP Application

Dear Potential, Shared Living Provider (SLP),

Thank you for your interest in serving as a Shared Living Provider (SLP) with Elite Disability Services of Nebraska (EDS). We are a non-profit provider that works with individuals with developmental disabilities. We do sometimes have individuals who can display difficult behavioral challenges. Enclosed is an intake packet/application that we would like you to complete in order to begin the process of becoming an SLP with EDS. The process includes the following:

- Complete the Intake Packet/Application accurately and in its entirety.
  - You may mail or bring the packet back to EDS when it has been completed.
  - Please address the packet as: Attention SLP Supervisor
- If you are deemed by the SLP Supervisor to be a good fit for our program, we will contact you to set up an interview to get to know you better and understand what kind of individual would be the best fit for the individual, you, and your family.
- Upon completion of the interview, and assuming your background check(s) come back without issue, you will be notified, and you can then begin the SLP training process with EDS. Training includes but is not limited to:
  - CPR/First Aid
  - Medication Aide Training (Class/Competency Test)
  - MANDT Training
  - Training test
- The SLP supervisor will be required to complete the following before approval:
  - 'Walk-thru/Initial Check' of your residence
  - Home Study

This process often takes some time to complete before you can accept an individual into your home. Please be patient with us and we will walk through the process with you.

Thank you again for your interest. Please contact us with any questions.

Shared Living Program Coordinator  
Elite Disability Services of Nebraska  
(402) 671-2041  
[ashley.hayes@elitedds.org](mailto:ashley.hayes@elitedds.org)

### **Walk-In Hours:**

Monday-Friday 8am-5pm  
12231 Emmet St, Omaha, Neb 68164

## Elite Disability Services of Nebraska SLP Application

### SLP Subcontractor Responsibilities

#### Summary:

Shared Living is a community-based living option for individuals with an intellectual or developmental disability. A Shared Living Provider (SLP) supports a person who comes to live in their home with daily living skills. SLPs have basic home support and related responsibilities, which include providing/supporting nutritional meals, providing transportation to all appointments, to/from day services and recreational activities, providing/supporting access to community activities, cultural and religious services, if appropriate, and providing up to 24-hour supervision and supports as outlined in the individual's ISP (Individual Support Plan). The SLP runs individualized programming on a daily basis, including Behavior Support Plans and Habilitative Plans, as developed by EDS staff. The SLP is expected to model acceptable behaviors and how to manage daily household duties. The SLP will work collaboratively with EDS staff, as well as part of the individual's IPP team, which includes the DD Service Coordinator and guardian. The SLP is expected to be organized and completes online documentation on a daily basis.

#### Required knowledge, skills, and abilities:

- Must be 21 years or older
- High School diploma or equivalent
- At least 3 years of work experience in the human service field (developmental disabilities, social work, counseling/guidance, psychology, sociology, human development, mental health, or a closely related human service field)
- Valid Nebraska Driver's license
- Ability to travel by means of dependable transportation; and to maintain adequate car insurance
- Ability to communicate clearly and effectively with the individual served, as well as team members, including Elite Disability Services staff, DD Service Coordinators, guardians, nurses, etc.
- Ability to accept feedback from team members and implement changes in programming and/or the home, when recommended
- Ability to record accurate information in Therap as part of daily documentation

#### Major Responsibilities:

- Establish a familial environment with the individual in the home while maintaining confidentiality
- Run programming daily with the client as written by EDS staff
- Complete online documentation for programs and medications on a daily basis
- Recognize emergency situations and be able to apply MANDT and the individual's safety plan
- Learn and use teaching strategies as appropriate, including modeling, role playing, positive praise, etc.
- Attend and participate in team meetings for the individual
- Assist the individual with financial and medical services as needed
- Attend all mandatory trainings with EDS

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### SLP Application Checklist

The following items are necessary to complete your SLP application. The application process cannot be completed without each of these items. Please wait until you have all documents completed prior to turning in your application. Thank you.

- Application (one per household)
- Personal History Questionnaire (one per adult applicant- *anyone over the age of 13*)
- Support Staff Application (one for each potential support staff)

**The following forms must be completed by each adult** (*anyone over the age of 13*) **in the home** (Any adult that will have regular contact with clients will also need to complete these forms):

- APS/CPS background check
- Sex Offender Registry check
- Nebraska Department of Motor Vehicles check form
- Independent Contractor Criminal History Release
- e-Verify Background check
- Copy of Driver's license, Social Security Card, and Vehicle insurance

Any person you wish to help support you by providing transportation, care, or anyone you expect to have contact with the client in your home, must complete the following:

- Support Person Personal History Questionnaire
- APS/CPS Background Check
- Sex Offender Registry check
- Nebraska Department of Motor Vehicles check form
- Independent Contractor Criminal History Release
- e-Verify Background check
- Copy of Driver's license, Social Security Card, and Vehicle insurance

## What to expect as an SLP

### 1. Monthly Site Review

- SLP Coordinator will be in your home monthly to visit with you and the client to ensure that you have everything you need to be successful in providing continuing care for the individual served.

**a. Basic to High will receive 3 visits a month. Two of these visits are unscheduled.**

**b. Advanced to Risk will receive 6 visits a month. Four of these visits are unscheduled.**

### 2. Behavior and Habilitation Plans

- You will be expected to run Behavior Programs in order to decrease negative behaviors of the individual in your home. This is to your benefit. Please know that the SLP Coordinator is here to help ensure your success.
- You will also be expected to work on Habilitation Tasks with the individual(s) in your home. These plans are designed to teach the individual(s) skills to be more independent. Plans can include, but are not limited to: helping to cook a meal, doing laundry, money management, social skills, etc.

### 3. Accurate and Timely Data Collection

- You will be expected to collect data on medication administration, behavior and habilitation plans, financial transactions, and medical appointments, on a daily basis. This is completed on a computer-based system, so internet is required. Timeliness is essential in providing this documentation.
- Data should reflect verbal reporting that has been provided to the SLP Coordinator.

### 4. Keep and transport individual served to all appointments

- It is the SLP's responsibility to ensure that the individual served makes it to all scheduled appointments (this may include family visits).

### 5. Manage Financial Ledger

- Ledger should be maintained on our computer-based system, and all receipts should be kept in the individual's file. This is done to protect you so there is never a question of where the individual's money is being spent.

### 6. Trainings are maintained

- Training will be ongoing. EDS will ensure that notifications of required training are sent in a timely fashion and tracked in our training log. These trainings will be given to keep you up to date on the regulations that govern how we are expected to work with the individual served.

### 7. Familial Environment

- We expect that the individual in your home is treated as a family member and is afforded all the rights that any other person in your family receives.

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Application for Shared Living Providers

Applicant Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Preferred method of contact (Circle all that apply): Cell Home Work Email

How did you hear about our program (Circle all that apply):

Friend Family Flyer/Brochure Facebook LinkedIn

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

Children or other household members:

Name	DOB	Grade/Occupation	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does anyone living in the home, smoke? Y N

Do you have any pets Y N If Yes, please list: \_\_\_\_\_

Are they licensed and current on vaccinations? Y N

Do they have a history of causing any type of injury? Y N

If yes, please explain: \_\_\_\_\_

Support System:

Are family members supportive of your decision to become a Shared Living Provider? Y N

Which family members can assist and support you? \_\_\_\_\_

Are they willing to submit background checks and follow SLP training procedures? Y N

If no, please explain: \_\_\_\_\_

Are there others in the community who can provide support to you? Y N

If yes, please explain: \_\_\_\_\_

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Would you be comfortable attending a religious ceremony outside of your religion, if the individual required supervision for the event?    Y        N

If no, please explain: \_\_\_\_\_

**Comfort Level:**

How comfortable would you be working with an individual that has the following characteristics or behaviors on a scale of 1-5?

Very Comfortable	1
Somewhat Comfortable	2
Neutral	3
Somewhat Uncomfortable	4
Very Uncomfortable	5

Characteristic	Rate
Child (ages 0-12)	
Adolescent (ages 13-18)	
Adult (ages 19-100)	
Male	
Female	
Physically handicapped or disabled	
Poor vision or hearing problems (blind or deaf)	
Special dietary needs (possibly due to medical conditions)	
Has a diagnosis of an intellectual disability	
Has a diagnosis of a severe and persistent mental illness	
<b>Requires Physical Assistance for:</b>	
Bathing	
Toileting	
Brushing Teeth/Washing Face	
Utilizing adaptive devices	
Eating	
Needs money monitored	
Administering medications	
<b>Requires Continuous Prompting for:</b>	
Personal hygiene	
Meal prep	
<b>Behaviors</b>	
Drinks alcoholic beverages	
Smokes	
Requires 1:1 staffing	
Requires awake hours line of sight supervision	
Engages in verbal aggression (name calling, cussing, etc.)	
Engages in physical aggression (kicking, hitting, etc.)	
Engages in property damage (breaks items or property)	
Engages in elopement (runs away or leaves staff's sight)	

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Engages in self-harm (head-banging, cutting, etc.)	
Handling of fecal matter	
Has a history of sexually inappropriate behaviors	
Registered sex offender	
Stealing/Theft of property	

What are your “deal breakers” which would make it difficult to work with an individual (e.g. – “It is a deal breaker if an individual cusses at me)? \_\_\_\_\_

\_\_\_\_\_

What type of individual would not be appropriate for your home? \_\_\_\_\_

\_\_\_\_\_

How do you plan to assimilate an individual into your family home? \_\_\_\_\_

\_\_\_\_\_

**Relationship**

Are you currently married?    Y        N                      Date of Marriage: \_\_\_\_\_

Describe how decisions are made within the relationship, particularly in the areas of finance and parenting: \_\_\_\_\_

\_\_\_\_\_

What are the most common conflicts in your relationship and how are they resolved? \_\_\_\_\_

\_\_\_\_\_

Describe your partner’s personality: \_\_\_\_\_

\_\_\_\_\_

What are your partner’s strengths? \_\_\_\_\_

\_\_\_\_\_

What are your partner’s weaknesses? \_\_\_\_\_

\_\_\_\_\_

What would your partner say your strengths are? \_\_\_\_\_

\_\_\_\_\_

**Your Background**

Please describe your strengths and qualities that help you succeed and get along with others: \_\_\_\_\_

\_\_\_\_\_

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Describe your weaknesses: \_\_\_\_\_  
\_\_\_\_\_

Describe your personality: \_\_\_\_\_  
\_\_\_\_\_

Describe your current state of health: \_\_\_\_\_

What was the date of your last physical examination? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

Do you have any medical/mental/physical issues which would limit your ability to provide care for an individual? \_\_\_\_\_

Have you received mental health care in the past (including but not limited to individual or family therapy, psychiatric, or psychological evaluations or appointments, inpatient hospitalizations, etc.)?

Y      N      If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

How often do you drink alcohol?      Daily      Weekly      Monthly      Other: \_\_\_\_\_

How much do you drink? \_\_\_\_\_

Have you ever used illegal drugs?      Y      N

Have you ever had problems as a result of your drug/alcohol use?      Y      N

If yes, please explain: \_\_\_\_\_

Have you ever received treatment for the use of drugs and/or alcohol?      Y      N

If yes, please explain: \_\_\_\_\_

Have you ever been arrested, charged, or convicted of a criminal offence; been placed on probation or parole, or in any way been subject to the criminal justice system (*please note that this includes instances where you were ticketed but not charged, were fingerprinted for any reason and instances that the crime was expunged from your record*)?      Y      N

Please detail any tickets, arrests, convictions, etc. (*please include dates and circumstances of the event*)

\_\_\_\_\_

Have you lived outside of the state of Nebraska within the last 5 years?      Y      N

If yes, please list where and dates: \_\_\_\_\_  
\_\_\_\_\_

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**List at least 3 personal references (name, address, and phone): Don't use your support staff.**

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

The information disclosed above is true and accurate to the best of my knowledge.

\_\_\_\_\_

(Signature) (Date)

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Personal History Questionnaire

All adult individuals in your household must complete this form completely in order to begin the process of applying to become an SLP.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Alias or Maiden Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact (Circle all that apply): Cell Home Work Email

Education:

What is the highest level of education you have achieved?

GED \_\_\_\_\_ High School Diploma \_\_\_\_\_ Some College \_\_\_\_\_ Associate' Degree \_\_\_\_\_

Bachelor's Degree \_\_\_\_\_ Master's Degree \_\_\_\_\_

Name of location of school: \_\_\_\_\_

Degree Received: \_\_\_\_\_

Employment:

What is your current occupation and place of employment?

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address and Phone #: \_\_\_\_\_

Length of employment there: \_\_\_\_\_

Do you have any experience working with individuals with intellectual disabilities or mental illness? Y N

List at least 3 personal references (name, address, and phone): Don't use your support staff.

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

The information disclosed above is true and accurate to the best of my knowledge.

\_\_\_\_\_

(Signature)

(Date)

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Support Staff/Back-up Staff Questionnaire

Support Staff Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Alias or Maiden Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact (Circle all that apply):      Cell      Home      Work      Email

**Education:**

What is the highest level of education you have achieved?

GED \_\_\_\_\_ High School Diploma \_\_\_\_\_ Some College \_\_\_\_\_ Associate' Degree \_\_\_\_\_

Bachelor's Degree \_\_\_\_\_ Master's Degree \_\_\_\_\_

Name of location of school: \_\_\_\_\_

Degree Received: \_\_\_\_\_

**Employment:**

What is your current occupation and place of employment?

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address and Phone #: \_\_\_\_\_

Length of employment there: \_\_\_\_\_

Do you have any experience working with individuals with intellectual disabilities or mental illness? Y N

**List at least 3 personal references (name, address, and phone): Don't use your support staff.**

4.) \_\_\_\_\_

5.) \_\_\_\_\_

6.) \_\_\_\_\_

The information disclosed above is true and accurate to the best of my knowledge.

\_\_\_\_\_

(Signature)

(Date)