



REJOICE LLC SHARED LIVING CONTRACTOR APPLICATION

Dear Potential Shared Living Provider,

Thank you for your interest in the Rejoice LLC Shared Living Program. We serve a population who sometimes exhibit difficult behavioral and mental health challenges. Enclosed is an intake packet that we would like you to complete in order to begin the process of becoming an Shared Living Provider with Rejoice. The process of becoming an Shared Living Provider includes the following:

- Fill out the Intake Packet/Application completely and accurately.
 - Feel free to mail or bring in the packet back to Rejoice when you are finished.
 - Please include copies of any certificates that you hold in Medication Aid, CPR, First Aid, Mandt.
 - Please include a copy of your driver's license, social security card, vehicle insurance and renter's insurance.
 - If pets are in the home, please include documentation of current vaccination records for each dog/cat.
 - Label it: Attention Estelle Dossavi Yovo, Shared Living Coordinator.
- If Rejoice determines that you are a good fit for our program, we will contact you to set up an interview in order to get to know you better and understand what kind of person may best fit in with your family.
- Once the interview is completed and your background checks come back without issues, you will be notified, and you can begin the Shared Living training process with Rejoice. Training includes but is not limited to the following:
 - CPR/First Aid
 - Medication Aide Training
 - MANDT Training
 - Relias Trainings
 - Shared Living Manual
 - Residence walk-through/approval

This process often takes some time to complete before you can accept a person supported 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 me with any questions!

Estelle Dossavi Yovo
Shared Living Coordinator
Rejoice LLC
(402) 804-9810



Shared Living Subcontractor Responsibilities

Summary: The Shared Living Provider functions as the primary caregiver for an individual (adult or child) with intellectual/developmental disabilities. The Shared Living provider welcomes the individual into his/her home with the goal being permanent placement, and is responsible for supervising, supporting, and guiding the individual who is placed in his/her home. The Shared Living Provider runs individualized programming on a daily basis, including Behavior Support Plans and Habilitative Plans, as developed by Rejoice DDS staff. The Shared Living provider models acceptable behaviors and how to manage daily household duties. The Shared Living provider works collaboratively with Rejoice DDS staff, as well as part of the individual's ISP team, which includes the DD Service Coordinator and guardian. The Shared Living provider provides reliable and on-time transportation of the individual to all appointments/meetings/work, etc. The Shared Living provider is organized and completes online documentation on a daily basis.

Required knowledge, skills, and abilities:

- Valid Nebraska Driver's license
- Ability to provide transportation 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 Rejoice DDS 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 Rejoice DDS staff
- Complete online documentation for programs and medications on a daily basis
- Recognize emergency situations and be able to apply Mandt or other related training 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 Rejoice DDS



EFH Application Checklist

The following items are necessary to complete your Shared Living application. The application process cannot be completed without all of these items. Please wait until you have all documents completed prior to turning in your application. Thanks!

- Application – one per individual living in the household
- Personal History Questionnaire – one for each adult applicant
- Support Staff Application – one for each potential support staff. **At least two support staff are required.**
- Copy of Driver's License, Social Security Card, and Vehicle insurance for each applicant
- Proof of Homeowner's/Renter's Insurance
- Copies of all current licenses for Medication Aide, Mandt Certificate, First-Aid and CPR for each applicant
- Monthly Budget Form
- Home Floor Plan
- Pet Vaccination Records

- Photos of the inside and outside of your home, including photos of what will become the client's bedroom.

The following forms must be completed by each adult in the home over the age of 12 years. Any adult that will have regular contact with persons supported will also need to complete these forms.

- APS/CPS background check form
- Sex offender registry check form
- 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 person supported in your home must complete the following:

- Support Person Personal History Questionnaire
- APS/CPS Background check form
- Sex offender registry check form
- 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 a Shared Living Provider

1. Monthly home visits
 - The Shared Living Coordinator will visit your home at least monthly to talk with you and the individual to ensure that the placement is a good “fit” and to help the Shared Living provider with any challenges they may be experiencing.
2. Behavior & Habilitation Plans
 - You will be asked to run Behavior Programs in order to decrease negative behaviors of the individual in your home. Some of the techniques we may ask you to use may be the opposite of what you would normally do. Please follow-through and work with your Shared Living Coordinator on the plan. Your Shared Living Coordinator has lots of experience with behavior modification and they get a lot of supervision within Rejoice LLC.
 - You will also be asked to work on Habilitation Tasks with the individual in your home. These plans are designed to teach the individual skills to be more independent. Plans can include things like helping to cook a meal, doing laundry, money management, social skills, etc.
3. Accurate & Timely Data Collection
 - You will be expected to document medication administration, behavior and habilitation plans, financial transactions and medical appointments **daily**. This is completed on a web-based system, so the internet is required. Timeliness is essential in providing this documentation.
 - Data should reflect verbal reporting that is being provided to the Shared Living Coordinator. For example, if the written data that you are providing reflects that the individual is meeting their behavior goals, we would be confused if you verbally report that they are experiencing behavior difficulties.
4. Schedule and transport to all appointments
 - It is the Shared Living provider’s responsibility to ensure that the individual’s appointments are made and may also include family visits.
5. Manage Financial ledger
 - A ledger should be maintained, and all receipts need to be kept in the individual’s file. This is done to protect the Shared Living provider so that there is never a question of where the individual’s money is being spent.
6. Trainings are maintained
 - At the onset of your work with Rejoice DDS as an Shared Living provider, you will be provided with online quizzes. It is the Shared Living Program Lead Staff’s responsibility to ensure that all of the training is done by the time specified on the Training Log. The information being trained on is meant to educate you on regulations in order to help you work with the individual in your home.
7. Family Environment
 - As the name indicates, you are sharing your home with an individual and this is meant to be a long-term placement for the individual you are serving. 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 is.



APPLICATION FOR SHARED LIVING PROVIDERS

Services You are interested in providing:

Shared Living Sub- Contractor Back-Up Shared Living Provider

Applicant Co-applicant

Applicant Name: _____ Gender: _____

Date of Birth: _____ Social Security # _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Do you live in a: House Condo Apartment Mobile/Modular Home Other

Have you been a care provider before? Yes No

If yes, please give dates and details:

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

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

Friend Family Flyer/Brochure Facebook Twitter LinkedIn

Other: _____



Children or other people living in your home:

<i>Name</i>	<i>DOB</i>	<i>Grade/ Occupation</i>	<i>Relationship (parent, bio, adopt, step, etc.)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you rent or own your home? _____

If renting, please give name and phone # of landlord:

Name: _____ Phone: _____

If renting, do you have approval to have a non-related individual move into your home?

Yes No

Total number of rooms in your home: _____ # of bedrooms _____ # of bathrooms _____

How long have you lived at your current address? _____

Do you have any frequent visitors or overnight guests? Yes No

If yes, please provide names and DOBs for those individuals:

Does anyone living in the home smoke? _____

Do you have a monthly income level requirement that you are expecting for serving as a Shared Living

Provider? _____



Pets

Do you have any pets? Yes No

Please list:

Are they licensed and current on vaccinations? _____ yes _____ no

Do they have a history of causing any type of injury? _____ yes _____ no

If yes, explain: _____

Living Arrangements

Do you have a bedroom available specifically for the individual you would provide care for that is not shared with another individual?

Yes No

Please describe the living arrangements for the individual _____

Support System

It is required that the Shared Living Providers identify two individuals that can serve as back-up staff if the primary caregiver(s) have an unplanned emergency, want to take a trip without the individual being served, or they just need a break or night out.

Please list two individuals that can serve as your backup staff. These individuals will need to complete paperwork for background checks and participate in the required Rejoice DDS training:

1. _____

2. _____

Are family members supportive of your decision to become a Shared Living provider?

Which family members can assist and support you?



Are they willing to submit to background checks and the Shared Living training procedures?

_____yes _____no if no, please explain: _____

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

Would you be comfortable attending a religious ceremony outside of your religion if the client required supervision for the event? _____ yes _____ no if no, 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	
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	
Requires Physical Assistance for:	
Bathing	
Toileting	
Brushing Teeth/Washing face	
Utilizing adaptive devices	
Eating	



Administering medications	
Requires Continuous Prompting for:	
Personal hygiene	
Meal prep	
Behaviors	
Drinks Alcoholic Beverages	
Smokes	
Requires 1:1 staffing	
Requires awake hours line of sight supervision	
Engages in verbal aggression (name calling, cussing, threats)	
Engages in physical aggression (kicking staff, hitting staff, spitting on staff)	
Engages in property damage (breaks items in household or other property)	
Engages in elopement (runs away or purposefully leaves staff line of sight)	
Engages in self-harm (head-banging, skin-picking, using objects to poke or cut self)	
Has a history of sexually inappropriate behaviors (inappropriate masturbation, explicit language)	
Registered sex offender	

What are your “can’t stands” which would make it difficult to work with an individual client? For example, “I can’t stand when a person drools.”

What type of client would not be appropriate for your home?

How many individuals do you wish to care for in your home? _____

Do you have a gender preference? _____ Age preference? _____]

Please list any other considerations we should be aware of in order to provide you with a good match:



Relationship

Are you currently married? _____yes _____no 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? _____

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

Your Background

Why do you want to be a Shared Living Provider?

What personal qualities do you possess that you believe will assist you to be effective as a Shared Living Provider?



Please list the most important values held by you and your family (including religious and cultural values):

1. _____
2. _____
3. _____
4. _____

Please describe your experience working with individuals with intellectual or developmental disabilities:

What do you foresee as the greatest challenges involved in welcoming an adult with disabilities into your household?

What are your personal interests and hobbies?

Have you considered the possibility of lifestyle changes your family may need to make in order to welcome an adult with disabilities into your household? Yes No



Are you and your family willing to make lifestyle changes, if necessary, to accommodate a particular individual? Yes No

Describe your current state of health _____

What was the date of your last physical examination? _____

What was the outcome of the physical? _____

Do you have any medical/mental/physical issue which would limit your ability to provide care for a client? _____

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.) ?

Yes _____ No _____ if yes, please explain _____

Are you currently receiving counseling or psychiatric treatment? Yes No

Do you drink alcoholic beverages? Yes No

If yes, how often?

Daily _____ Weekly _____ Monthly _____ Other _____

How much do you drink? _____

Have you ever used illegal drugs? _____

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

Have you ever received treatment for the use of drugs or alcohol? _____

Are you currently or have you in the past 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. _____yes _____ no

Please detail any tickets, arrests, convictions, etc. Please include the date and circumstances of the event. _____

Have you lived outside of the state of Nebraska within the last 5 years? If so, list where and dates _____



Vehicle

Do you have a working, licensed, and insured vehicle? _____ yes _____ no (please include copy of insurance with application)

Do you have any infractions against driver’s license within the last 5 years? Yes _____ No _____

If yes, please explain _____

List at least 3 personal references (name, address, phone,):

1) _____

2) _____

3) _____

List at least 3 professional references (name, address, phone,):

1) _____

2) _____

3) _____

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 EFH home.

Name: _____ Date of birth _____ Age _____

Alias or Maiden Name: _____

Education

What is the highest level of education you have achieved?

GED _____ High School Diploma _____ Some College _____ Associate’s 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 & Phone #: _____

Length of employment there: _____

Describe work schedules, hours, and flexibility: _____

Do you plan on continuing employment if a client is placed in your home _____yes _____ no?

If yes, is your employer aware of your pursuit of being an EFH provider? _____yes _____no

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

_____yes _____no

Please explain: _____

Do you have current certificates for any of the following?

_____ First Aid/CPR. _____ MANDT _____ Nebraska Med Aide License

Do you have any friends or relatives who are Shared Living Providers? Yes No

Have you ever provided foster care before? Yes No

Would you be willing to provide respite care, which is a temporary or shorter-term living arrangement?

Yes No

Do you understand that as a contracted Home Provider, you will not be an employee of Rejoice DDS, and will not be entitled to any benefits that may be afforded to agency employees?

Yes No



Support Staff Questionnaire

The Extended Family Home Provider functions as the primary caregiver for an individual (adult or child) with intellectual/developmental disabilities. The EFH provider welcomes the individual into his/her home with the goal being permanent placement, and is responsible for supervising, supporting, and guiding the individual who is placed in his/her home. The EFH support staff is meant to assist the EFH provider in their duties by supervising the individual in the EFH provider's home. These responsibilities include running individualized programming, modeling acceptable behaviors, passing medication, transporting the individual, and reporting any and all incidents to the EFH provider and their respective EFH specialist. The EFH support staff's pay and scheduling will be a private agreement between staff and provider.

Required knowledge, skills, and abilities:

- Valid Nebraska Driver's license
- Ability to travel by means of dependable transportation; and to maintain adequate car insurance
- Ability to record accurate information in Therap as part of daily documentation
- Recognize emergency situations and be able to apply de-escalation method and the individual's safety plan
- Learn and use teaching strategies as appropriate, including modeling, role playing, positive praise, etc.
- Attend all mandatory trainings with Rejoice LLC

Training includes but is not limited to the following:

- CPR/First Aide
- Medication Aide Training
- Mandt Training
- Relias Training
- Extended Family Home Manual
- Therap Training

The following items are necessary to complete your EFH support staff. The application process cannot be completed without all these items. Please wait until you have all documents completed prior to turning in your application. Thanks!

- Support Person Personal History Questionnaire
- APS/CPS Background check form
- Sex offender registry check form
- 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



- Copies of all current licenses for Medication Aid, Mandt Certificate, First-Aid and CPR for each support staff

Support Staff Questionnaire

Education

What is the highest level of education you have achieved?

GED _____ High School Diploma _____ Some College _____ Associate's 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 & Phone #: _____

Length of employment there: _____

Describe work schedules, hours, and flexibility: _____

Do you have any experience working with individuals with intellectual disabilities or mental illness?
_____yes _____no

Please explain: _____

List at least 3 personal references (name, address, phone):

1.) _____

2.) _____

3.) _____

All information herein is, to the best of my knowledge, truthful.

Signature

Date



Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State) Previous Address From:

(Mo/Yr) (Street) (City) (Zip/State) Previous Address From:

(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby _____ authorize Rejoice LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, or its agents. _____ I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

_____ and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:



Please check the box below if you wish to receive a copy of a consumer report that is requested. C] I wish to receive a copy of any Background Check Report on me that is requested.

Nebraska Department of Motor Vehicles Records Check

Please include a quality copy of your driver's license along with this document.

I hereby authorize the Nebraska Department of Motor Vehicles to conduct a records check on me and to provide the results to Rejoice LLC Human Resources Coordinator.

Printed Name

Nebraska Driver's License #

Signature

Date

E-Verify Cheat Sheet

E-Verify is a federal background check process that verifies that an individual is a legal U.S. Citizen. Please complete the steps below in order to obtain your verification. The process is free and will only take approximately 5-10 minutes. If you need a computer to complete this, your local library has computer/internet access.

Go to: www.uscis.gov/everify

On the left-hand side of the page, there are USCIS links. Choose E-Verify Self Check.

Choose "Get Started".

You must agree to the terms and conditions by clicking the box near the bottom of the page. After marking this box, you may continue in your preferred language.

Fill in your information and click Continue.



Read over your information to ensure accuracy and choose Confirm Information.

You will come to a page titled What Happens Next. Choose Continue.

Complete the quiz as given and Continue.

Enter your Citizenship Status and Document Type (most choose Social Security number) and Continue.

****When you arrive at the page titled Work Authorization Confirmed, PRINT THIS PAGE!**

This page is what Rejoice DDS needs for verification of your eligibility work in the U.S.

Provide a copy of this page to Rejoice DDS with the rest of your application and background check releases.

Thank you!



Sexual Offenders Registry Check

Please provide a copy of your Social Security card along with this completed document

Requested by: Rejoice LLC

Date of Request: _____

Reason for Request: _____

_____ Initial _____ Annual _____ Other

Request for check on:

Name: _____

Address: _____

Street

City

State

Zip

Date of Birth: _____ SS# _____



Results of Check

_____ No Match _____ Match: Information Attached

EFH Floor Plan

Please Print or draw out the floor plan for each level of your home to include the names of the rooms, please illustrate the room you have available to support in your home, exits, entrances, evacuation plan, location of smoke detectors and shelter area.