



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Office of Aging and Disability Services
State House Station 11
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Augusta, Maine 04333
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Shared Living Provider Questionnaire

Contractor Information and Qualification Questions:

Business Name (may be your personal name):	
Address:	
Years at current address:	Prior address:
Phone #:	Cell phone #:
Email Address:	
Names of other adults (over 18) living in the home:	
How did you learn about being a Home Provider or Respite Provider?	
<input type="checkbox"/> Newspaper/Advertisement <input type="checkbox"/> Agency contact <input type="checkbox"/> Word of Mouth/Relative or Neighbor <input type="checkbox"/> Other Source (please specify):	

1. Do you understand that you and the other adults living in your home will be subject to multiple types of background checks before completing this process? () Yes () No
2. Are you a legal resident of Maine or the United States? () Yes () No
3. Do you have a valid Maine Driver's License? () Yes () No
4. Do you have an automobile and insurance for the automobile? () Yes () No
5. Have you ever been investigated for abuse/neglect to children or other individuals?
() Yes () No (If yes, explain below on this page)
6. Have you ever had a license or certification, to operate a residential care facility denied or placed on conditional status? () Yes () No (If yes, explain below on this page)

7. Are you currently a home provider or has your home ever been certified? () Yes () No
If so what agency certified your home? (If yes, explain below on this page)

8. Have you, or anyone in the household, been convicted of any crime? () Yes () No (If yes, explain below on this page)

9. Has anyone in the household ever been the subject of an investigation by a State agency involving the rights, abuse or exploitation of someone in their care/custody? () Yes () No (If yes, explain below on this page)

10. Are you on the Medicare Exclusion list with the Office of the Inspector General?
() Yes () No (If yes, explain below on this page)

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Personal References (Other than family members. Do not include work relationships)

- 1) Name _____ Phone # _____
Address _____ Relationship _____

- 2) Name _____ Phone # _____
Address _____ Relationship _____

- 3) Name _____ Phone # _____
Address _____ Relationship _____

May OACPDS or a contracting agency contact the above references? () Yes () No

Contractor Living Situation, Home Environment and Physical Plant

Do you own your home (___) or rent (___)? (check one)

Do you have Home Owners / Renters Insurance? () Yes () No

Do you see any changes in your current living situation in the next year? () Yes () No

Do you understand that you may be required to update your home to meet certification standards in order to be eligible for this program? () Yes () No

Experience, Educational and Training History

Do you have a High School Diploma or a GED? () Yes () No From where?: _____

Are you certified as a CRMA / DSP/ BHP / CNA / PSS / First Aid / CPR (circle all that apply)

Please list other educational experiences, trainings and certifications:

What prompted you to pursue becoming a residential provider for a person with disabilities?

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Professional History

Most Recent Work: (please list at least 3, Homemaker is acceptable to list)

- a) Business/Company Name: _____
Address: _____
Phone: _____ Supervisor: _____
Dates of service: _____ Position: _____
Reason for leaving: _____
- b) Business/Company Name: _____
Address: _____
Phone: _____ Supervisor: _____
Dates of service: _____ Position: _____
Reason for leaving: _____
- c) Business/Company Name: _____
Address: _____
Phone: _____ Supervisor: _____
Dates of service: _____ Position: _____
Reason for leaving: _____

May DHHS-OADS or a contracting agency contact the above individuals or entities for references regarding your ability to care for people? () Yes () No

Have you received a copy of the Shared Living Handbook? () Yes () No

Please describe your experience with people with disabilities or other human services below:

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PLEASE NOTE! In order to be considered as an independent contractor to provide MaineCare services, it will be necessary to answer some very personal questions regarding yourself and members of your household.

The process for engaging as a Shared Living Home Provider consists of, at a minimum, the following steps:

- ◆ Obtain and review the Shared Living Option Handbook issued by the State.
- ◆ Complete the Shared Living Questionnaire.
- ◆ Submit this questionnaire to any (and every) Administering Agency that provides oversight to Shared Living Option services. A list can be found on the DHHS-OADS website, providers are listed by counties.
http://www.maine.gov/dhhs/OACPDS/DS/resource_directory/index.shtml
- ◆ As a Shared Living Home Provider you must meet the following basic requirements of MaineCare, the Shared Living program and the Section 21 Waiver program:
 - Background checks for you and those that live with you over the age of 17.
 - Meet with each agency you may hope to contract with.
 - Have a home inspection performed by each agency.
 - Training requirements must meet State requirements and be within certain time frames depending on the training, which are:
 - Shared Living Option Medication course or CRMA
 - Direct Support Professional (DSP)
 - Other trainings as required by the individual's team.

If you are certified as a Shared Living Home Provider, additional questions will be asked of you to assist the individual, their family, their team members, case worker and the Administering Agency in making the best possible decision/match in order to provide quality supports for each individual. When a match is made, the Administering Agency and you will enter into a formal contract for you to provide Shared Living services as an independent contractor.

Thank you for your honest and candid responses.

Signature

Date

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