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## Provider Application

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_  Male  Female

Social Security # \_\_\_\_\_

Occupation: Name of Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Current Job Title: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_

What hours are you available to provide supports? \_\_\_\_\_

Would you be available during the day if someone placed in your home was unable to attend his/her day program/school/job?  Yes  No

***Please respond to the following questions:***

Valid Driver's License?  Yes  No

Are you willing to provide transportation?  Yes  No

Which level(s) of formal education have you completed?  GED Certificate  
 High School Diploma  
 College

Which current certifications do you hold (if applicable)?  First Aid  
 CPR  
 Other: \_\_\_\_\_

Do you have any special skills? \_\_\_\_\_

<b>Service Type</b>
_____ Shared Living
_____ Respite
_____ Community Support
_____ Adult Foster Care
<b>Date of Application:</b> _____

***The following optional information is important for matching purposes:***

Religion: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Current Marital Status: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

***Please respond to the following questions:***

- Have you ever had any criminal charges or convictions?  
 Yes → Please explain: \_\_\_\_\_  
 No \_\_\_\_\_
  
- Have you ever been the subject of a 51A complaint or a DPPC (Disabled Persons' Protection Commission)/ DMR complaint for abuse or neglect?  
 Yes → Please explain: \_\_\_\_\_  
 No \_\_\_\_\_
  
- Do you have any chronic illnesses/medical condition?  
 Yes → Please explain: \_\_\_\_\_  
 No \_\_\_\_\_
  
- Do you have any chronic mental/emotional conditions?  
 Yes → Please explain: \_\_\_\_\_  
 No \_\_\_\_\_
  
- Do you possess a firearm(s)  
 Yes → Please submit copy of firearms Identification card and/or gun permit. Where is  
 No (are) the firearm(s) and ammunition stored? \_\_\_\_\_
  
- Why are you interested in becoming a Provider?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Do you provide care for others in your home?  
 Yes → Please indicate which type of care:  Family Day Care  Adult Day Care  
 No  Other: \_\_\_\_\_
  
- Have you ever previously been a Provider for Kennedy Donovan Center?  Yes  No
  
- Have you ever previously been a Provider for any other agency?  Yes  No

- What do you think you could offer a person with developmental disabilities?

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- What kind of activities/hobbies do you enjoy and would be willing to share?

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***Please complete the following section if you will provide care in your home:***

Other Household Members Presently Residing in Applicant's Home:

Full Name	Relationship	Sex	Date of Birth	Occupation

Any household pets?  Yes  No If yes, please list:

# Household Pet(s)	Type/Breed

Do you...

- Own your home? How long have you lived at your current address? \_\_\_\_\_
- Rent your home? How long did you live at your previous address? \_\_\_\_\_

- Has your house/apartment been screened for lead paint?

Yes → Date of screening: \_\_\_\_\_ Results: \_\_\_\_\_

No Reason for screening: \_\_\_\_\_

- Has any member of your family or household been the subject of a 51A complaint or a DPPC (Disabled Persons' Protection Commission)/ DMR complaint for abuse or neglect?

Yes → Please explain: \_\_\_\_\_

No \_\_\_\_\_

- Does any member of your family or household...

- Smoke?  Yes  No
- Use illegal drugs?  Yes  No
- Abuse alcohol?  Yes  No

- How would an Individual with developmental disabilities fit into your household?

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- What effect do you think providing care for an Individual with developmental disabilities would have on your family and your lifestyle?

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**Required Documentation**

***References***

A minimum of three (3) references is required, at least one (1) of which is from a past or present employer, at least (2) personal reference, no family members please. List references below:

Name	Address	Telephone	Relationship to Applicant

I hereby apply to be a Provider for Kennedy-Donovan Center. In so doing, I agree to participate in the training necessary to obtain certification as a Provider. I further agree to release any information necessary for this application. If I will be providing supports in my home, I will allow an inspection of my home. I understand that Kennedy-Donovan Center will make inquiries regarding any abuse/neglect complaints and/or criminal record, and that any falsification or withholding of information on this application may be grounds for denial or for later dismissal.

I understand that by signing this application I am stating that neither myself nor any members of my household have any physical or emotional problems which would interfere with the normal daily functioning and provision of appropriate care to an Individual placed in my home.

I understand that, upon my approval as a Provider, I automatically become a mandated reporter under the laws of the Commonwealth of Massachusetts, which will require me to report suspected abuse and neglect.

I understand that I am an independent contractor and not an employee of Kennedy Donovan Center; and therefore, I am not eligible for any employment-related benefits.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Do you know of anyone else who would be interested in providing supports for KDC?

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

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

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

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

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

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