

Nebraska Neurobehavioral Services

Dear Applicant,

Thank you for your interest in Nebraska Neurobehavioral Services as a Shared Living Provider. We are a unique SLP provider agency, as we often work with clients who exhibit difficult behavioral and mental health challenges.

Enclosed is an intake packet that we would like you to complete to begin the process of becoming an SLP with our company. The process includes the following:

- Fill out the Intake Packet/Application completely and accurately.
 - Feel free to mail or bring in the packet back to ALPHA LIFE IMPROVEMENT SERVICES when you are finished.
 - Label it: Attention R. Justice Braimah.
- If we feel 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 client 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 SLP training process with Nebraska Neurobehavioral Services.

Training includes but is not limited to the following:

- CPR/First Aid
- Medication Aide Training
- MANDT Training
- SLP overview/training
- Residence walk-through/approval

This process often takes some time to complete before you can accept a client 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!

Amanda Meyer
Executive Director
402-917-6665
amandameyers@alisnebraska.com

SLP Subcontractor Responsibilities

Summary: The Shared Living Provider functions as the primary caregiver for an individual (adult or child) with intellectual/developmental disabilities. The 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 SLP provider runs individualized programming daily, including Behavior Support Plans and Habilitative Plans, as developed by Administration. The SLP provider models acceptable behaviors and how to manage daily household duties. The SLP provider works collaboratively with Administration, as well as part of the individual's ISP team, which includes the DD Service Coordinator and guardian. The SLP provides reliable and on-time transportation of the individual to all appointments/meetings/work, etc. The SLP is expected to be well-organized and completes online documentation on time daily.

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 communicate clearly and effectively with the individual served, as well as team members, including Administration, 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
- Complete online documentation for programs and medications daily
- Recognize emergency situations and to 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 assigned

SLP Application Checklist

The following items are necessary to complete your SLP application. 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!

- Application – one per household
- Personal History Questionnaire – one for each adult applicant
- Support Staff Application – one for each potential support staff

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 clients 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, back up staffing/respice care or anyone you expect to have regular contact with the client 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 an SLP

1. Monthly home visits
 - SLP Specialists will be in your home at least monthly to visit with you and the client to ensure that the placement is a good “fit” and to help the SLP provider with any behavioral difficulties they may be experiencing.
2. Behavior & Habilitation Plans
 - You will be asked to run Behavior Programs 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 you SLP Specialist on the plan. Your SLP Specialist has lots of experience with behavior modification and they get a lot of supervision within the agency
 - You will also be asked to work on Habilitation Tasks with the individuals 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 collect data on medication administration, behavior and habilitation plans, financial transactions, and medical appointments daily. 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 is being provided to the SLP Specialist. For example, if the written data that you are providing reflects that the client is meeting their behavior goals, we would be confused if you verbally report that they are experiencing behavior difficulties.
4. Keep and transport to all appointments
 - It is the SLP provider’s responsibility to ensure that client’s appointments are made and may also include family visits.
5. Manage Financial ledger
 - Ledger should be maintained on our computer-based system and all receipts need to be maintained in the client file. This is done to protect the SLP provider so that there is never a question of where the individual’s money is being spent.
6. Trainings are maintained
7. At the onset of your work with NNBS as provider, you will be expected to complete online quizzes to demonstrate competency over each client’s habilitation programs, safety plans, medical risk protocols, and behavior intervention plans.
8. Family Home
 - Shared Living Homes are meant to be a long-term home for the individual you are serving. We expect that the individual in your home is treated as a family member and is afforded all same rights as any other human being in your home.

APPLICATION FOR EXTENDED FAMILY HOME PROVIDERS

Applicant 1 Name: _____ Gender: _____

Applicant 2 Name: _____ Gender: _____

Address: _____ City: _____

State: _____ Zip: _____

County: _____ Home: _____

Work Phone: _____ Cell Phone: _____

Email: _____

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 household members:

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

Do any members in your home smoke tobacco? _____ yes _____ no

Do you have any pets? _____ yes _____ no Please list: _____

Are all pets licensed and current on vaccinations? _____ yes _____ no

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

If yes, explain incidences:

Support System

Are family members supportive of your decision to become an SLP provider? _____ YES _____ NO

Which family members can assist and support you? _____

Are they willing to submit to background checks and the SLP 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?

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

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

Describe your weakness: _____

Describe your personality: _____

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 _____

How often do you drink alcohol?

Daily _____ Weekly _____ Monthly _____ Other _____

How much do you drink? _____

Have you ever used illegal drugs? _____

Have you ever had problems because of drug/alcohol use? _____

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

Are you currently or 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 a Nebraska driver's license? _____yes _____no (please include copy of license with application)

Are you willing to provide transportation for outings, doctor appointments, meetings, etc.? _____

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) _____

Personal History Questionnaire

All adult individuals in your household must complete this form completely to begin the process of applying to become an SLP home. If you live alone, this section can be skipped. **

Name: _____ Date of birth _____ Age _____

Alias or Maiden Name: _____

Social Security #: _____

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 place 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:

Support Staff Questionnaire

The SLP functions as the primary caregiver for an individual (adult or child) with intellectual/developmental disabilities. The SLP 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 SLP support staff/back up staff/respite care provider is meant to assist the SLP provider in their duties by supervising the individual in the SLP provider's home. These responsibilities include running individualized programming, modeling acceptable behaviors, passing medication, transporting the individual, and reporting all incidents to the SLP provider and their supervisor. The SLP support staff's pay and scheduling will be a private agreement between staff and SLP 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 methods 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 ALPHA LIFE IMPROVEMENT SERVICES

Training includes but is not limited to the following:

- CPR/First Aide
- Medication Aide Training
- MANDT Training
- 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
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- Nebraska Department of Motor Vehicles check form
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Support Staff Questionnaire

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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 & 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

Independent Contractor Criminal History Release

I, _____, authorize Nebraska Neurobehavioral Services to obtain criminal history record information checks from any law enforcement agency, including the Federal Bureau of Investigation. Upon my request, I may review a copy of the results received by Nebraska Neurobehavioral Services.

I understand that if Nebraska Neurobehavioral Services does not contract for my services or terminates my contract to provide services based on the FBI report, I must be notified and allowed the opportunity to challenge the accuracy of the information contained in the FBI identification record.

To obtain a change, correction, or updating of an FBI identification record as set forth in the Code of Federal Regulations:

“28-CFR Sec. 16.34 Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.”

Signed

Date

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 records check on me and to provide the results to Nebraska Neurobehavioral Services 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 Nebraska Neurobehavioral Services needs for verification of your eligibility work in the U.S.

Provide a copy of this page to Nebraska Neurobehavioral Services 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: Nebraska Neurobehavioral Services

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