

Nebraska NeuroBehavioral Services

Shared Living Provider Application

Please Print Using Black or Blue Ink

Name: _____

Social Security # - -

Street address: _____

Length of time at current address: _____

City: _____ State: _____ Zip: _____

Do you _____ own or _____ rent your home?

Phone: Home (____) _____

Work (____) _____

Email Address: _____

Marital Status: _____

Date of Birth ____ / ____ / ____

Other names by which you have been known:

Please list your addresses in the past three years:

Why do you want to become an SLP? _____

What kind of individual are you interested in serving as a SLP? _____

How did you hear about us?

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Household

Family members and other adults or children who live in the household

Name	Relationship	Date of birth	Occupation	Social Security #
1. _____	_____	__ / __ / __	_____	__ - __ - __
2. _____	_____	__ / __ / __	_____	__ - __ - __
3. _____	_____	__ / __ / __	_____	__ - __ - __
4. _____	_____	__ / __ / __	_____	__ - __ - __
5. _____	_____	__ / __ / __	_____	__ - __ - __

Members of the family who do not live in the household

Name	Relationship	Date of birth	Phone Number	Address
1. _____	_____	__ / __ / __	_____	_____ _____
2. _____	_____	__ / __ / __	_____	_____ _____
3. _____	_____	__ / __ / __	_____	_____ _____
4. _____	_____	__ / __ / __	_____	_____ _____
5. _____	_____	__ / __ / __	_____	_____ _____

Frequent house guests (include all house guests who visit more than once per month)

Name	Relationship	Date of birth	Phone Number	Address
1. _____	_____	__ / __ / __	_____	_____ _____
2. _____	_____	__ / __ / __	_____	_____ _____
3. _____	_____	__ / __ / __	_____	_____ _____
4. _____	_____	__ / __ / __	_____	_____ _____

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Education

School/College attended	Location	Dates of attendance	Area of study	Was the program completed?
		Started ___/___/___ Ended ___/___/___		
		Started ___/___/___ Ended ___/___/___		
		Started ___/___/___ Ended ___/___/___		
		Started ___/___/___ Ended ___/___/___		

Employment History

Dates of employment (Start with most recent)	Company name and address	Immediate supervisor name and phone number	Position held	Reason for leaving position
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				

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Previous SLP Experience

Have you provided extended family services in the past? ___ Yes ___ No

Dates of SLP experience (Start with most recent)	Contracting Provider	Contact person and phone number	Service Coordinator name & phone number	Reason for ending foster care
Started ___ / ___ / ___ Ended ___ / ___ / ___				
Started ___ / ___ / ___ Ended ___ / ___ / ___				
Started ___ / ___ / ___ Ended ___ / ___ / ___				

Are you currently providing care of an adult or child in your home? ___ Yes ___ No

Have you applied to another child or adult placing agency in the past? ___ Yes ___ No

If yes, please list ALL agencies to which you have applied.

Date of application (Start with most recent)	Contracting Provider	Contact person and phone number	Was a home study completed?
___ / ___ / ___			___ Yes ___ No
___ / ___ / ___			___ Yes ___ No
___ / ___ / ___			___ Yes ___ No

Military History

Did you serve in the military? ___ Yes ___ No Branch of the military: _____

Dates of service: _____ Type of discharge: _____

If not honorable discharge, please provide reasons for discharge: _____

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Personal Information

Please list the organizations or groups you belong to: _____

Please list any volunteer work you do: _____

Please describe any church or religious affiliations you have: _____

Please describe some of the interests and activities of your family: _____

Do you speak or read any languages(including ASL) in addition to English? Yes No

If yes, please describe: _____

Are you or a member of your family currently being treated for a physical illness? Yes No

If yes, please describe: _____

Do you have a history of mental illness in your family? Yes No

Was treatment provided? Yes No

Are you or a member of your family currently being treated for a mental illness? Yes No

If yes, please describe: _____

Are any members of the household currently taking medication? Yes No

If yes, please describe: _____

Have you or a member of your family ever been convicted of any crime? Yes No

If yes, please describe: _____

Have you or a member of your family ever been accused of physical abuse, emotional abuse, sexual abuse or neglect of a child or adult? Yes No

If yes, please describe: _____

Do you have firearms or any other weapons in your home? Yes No

If yes, please describe: _____

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Marital History

Are you currently married or living with a significant other? ___ Yes ___ No Date of marriage: _____

Names and ages of children from current marriage _____

Have you previously been married? ___ Yes ___ No Dates of marriage: _____

If yes, reason for termination of marriage: _____

Names and ages of children from previous marriage _____

Have you previously been married more than once? ___ Yes ___ No Dates of marriage: _____

If yes, reason for termination of marriage: _____

Names and ages of children from previous marriage _____

Emergency Contact

Person to notify in emergency: _____ Phone number: (____) _____

Transportation

Do you own a car? ___ Yes ___ No If yes, Year of Car : _____

Automobile License Plate Number: _____ Make of Car : _____

State: _____ Model of Car: _____

Your Driver's License Number: _____ Current Insurance Policy: _____

State: _____ Insurance Policy Number: _____

Schools or Parks in your neighborhood

Grade levels

Distance from your home

Schools or Parks in your neighborhood	Grade levels	Distance from your home

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References

Professional References: Please list three people who have worked with you or observed you working in a professional setting. If you have worked in a care-giving role with adults or children, please list those references first. You must include your most recent supervisor. Do not include relatives.

Name	Relationship	Address, City, and Zip	Phone number
1.	Most recent supervisor		()
2.			()
3.			()

Personal References: Please list three people who have known you for at least three years. Please include at least one male, one female and one relative.

Name	Relationship	Address, City, and Zip	Phone number
1.	Relative (Please specify and include year's known) _____		()
2.	Female reference (Please specify and include year's known) _____		()
3.	Male reference (Please specify and include year's known) _____		()
4.	Additional reference (Please specify and include year's known) _____		()
5.	Additional reference (Please specify and include year's known) _____		()

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I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for dismissal.

I also authorize investigations of all statements contained in the application.

I understand and agree that false statements and/or omissions regarding past conduct and/or present situation may be grounds for denial of the application to provide services and that refusal to inform **Nebraska NeuroBehavioral Services, LLC** of the contents of a criminal record will result in the automatic denial of the application. My signature indicates that I have read and understand the above.

I understand that I must successfully complete all background checks, including fingerprinting which will be evaluated by the Federal Bureau of Investigations and the Nebraska State Patrol, along with a registry check with the Division of Children Family Services, clear checks with the Office of the Inspector General and Sex Offender's Registry. I must also complete all Pre-Service Orientation, First Aid, CPR, Medication Aide and MANDT if necessary before I can begin subcontracting services with **Nebraska NeuroBehavioral Services, LLC**.

I understand that I can withdraw from the application process at any time before signing a subcontract for services takes place and that a subcontract will not be granted if I withdraw. I also understand that **Nebraska NeuroBehavioral Services, LLC** can stop the application process at any time the subcontract is signed.

I understand that **Nebraska NeuroBehavioral Services, LLC** has *ZERO TOLERANCE FOR ABUSE* and takes all allegations of abuse seriously. I further understand that **Nebraska NeuroBehavioral Services, LLC** will cooperate fully with the authorities to investigate all cases of alleged abuse and expects that I cooperate fully in any investigations of alleged abuse. Abuse of any vulnerable person served in my home under the subcontract with **Nebraska NeuroBehavioral Services, LLC** is grounds for immediate termination of the subcontract and possible criminal charges.

I declare that I am not a pedophile or child molester and that I have not perpetrated physical abuse, sexual abuse, emotional abuse, or neglect against a child or an adult and that I have never been accused of these acts.

Print Name of Applicant

Signature of Applicant

Date