KEN-CREST LIFESHARING PROGRAM INTEREST FORM Date:_____

Name: _____ Phone #:_____ Cell#: _____

Best Day and Time to reach you:_____

Address:_____City:_____State____Zip_____

County of residence:_____Township: _____

Marital Status (please check): Married_____ Single_____ Other_____

Household Members Names	*Age*	*Relationship*
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Are you over the age of 21? DOB_____ Yes_____ No_____
2. Do you consider yourself in good physical and mental health? Yes_____ No_____
3. Do you receive a steady source of income which you feel is adequate to meet your family's needs? Yes_____ No_____
4. Are you willing to attend the required Lifesharing Presentation and in-service trainings on a regular basis? Yes_____ No_____
   Availability?
   - Day-time sessions
   - Evening sessions
5. Do you have ready access to a car or to public transportation? Yes_____ No_____
6. Are you currently providing Personal Care, Foster Care or Day Care in your home? Yes_____ No_____
7. Do you have an available bedroom? Yes_____ No_____

   Where is the bedroom located (1st floor, 2nd floor, 3rd floor, other)? _____
8. Have you had experience with persons with an Intellectual/Developmental Disability?
   Yes_____ No_____ If yes, in what capacity? _____

   _____
9. How did you hear of our program? _____
10. Have you ever applied or contracted with another agency to provide Lifesharing services?
    Yes_____ No_____ If yes, who and when? _____

    _____
11. Are you willing to do Substitute/Respite Care (inc. emergency respite)? Yes_____ No_____
12. Are you able to communicate with someone in any other languages (inc. sign)?

    Yes_____ No_____ If yes, which ones? _____

Comments: _____

_____

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Person Completing Form