



KENCREST LIFESHARING PROGRAM INTEREST FORM Date: _____

Name: _____ Phone #: _____ Cell #: _____

Email Address: _____

Best Day and Time to reach you: _____

Address: _____ City _____ State _____ Zip _____

County of residence: _____ Township: _____

Marital Status (please check): Married _____ Single _____ Other _____

<i>Household Members Names</i>	<i>Age</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____

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: _____