



Provider's Name:	Phone:	Date:
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Address:

NUMBER OF PEOPLE LIVING IN THE HOME (Please do NOT include your resident's here.)

Number of Adults	Number of Children	Children's Ages

EMPLOYMENT STATUS OF EACH CAREGIVER

Other gainful employment?	NO	YES	If Yes - where, which days and what hours?
Caregiver #1 (Please list name below)			
Caregiver #2 (Please list name below)			

QUALIFICATIONS OF EACH CAREGIVER

Caregiver #1	
Caregiver #2	

NAMES OF CURRENT / PROPOSED RESIDENTS AND CARE REQUIRED

Please attach copies of the most recent assessment (e.g., UAI, SIB-R) and NSA.

Resident #1 Name:	Birth Date:	Sex:
Waiver <input type="checkbox"/> A&D <input type="checkbox"/> DD <input type="checkbox"/> Private Pay	Hours of care needed per day?	
Does resident have a legal guardian? (Please complete lines below)	Behaviors / special needs:	
<input type="checkbox"/> No - Please provide an emergency contact name & phone number for resident:		
<input type="checkbox"/> Yes - Please provide the guardian's name & phone number:		

Resident #2 Name:	Birth Date:	Sex:
Waiver <input type="checkbox"/> A&D <input type="checkbox"/> DD <input type="checkbox"/> Private Pay	Hours of care needed per day?	
Does resident have a legal guardian? (Please complete lines below)	Behaviors / special needs:	
<input type="checkbox"/> No - Please provide an emergency contact name & phone number for resident:		
<input type="checkbox"/> Yes - Please provide the guardian's name & phone number:		

Resident #3 Name:	Birth Date:	Sex:
Waiver <input type="checkbox"/> A&D <input type="checkbox"/> DD <input type="checkbox"/> Private Pay	Hours of care needed per day?	
Does resident have a legal guardian? (Please complete lines below) <input type="checkbox"/> No - Please provide an emergency contact name & phone number for resident: <input type="checkbox"/> Yes - Please provide the guardian's name & phone number:	Behaviors / special needs:	

Resident #4 Name:	Birth Date:	Sex:
Waiver <input type="checkbox"/> A&D <input type="checkbox"/> DD <input type="checkbox"/> Private Pay	Hours of care needed per day?	
Does resident have a legal guardian? (Please complete lines below) <input type="checkbox"/> No - Please provide an emergency contact name & phone number for resident: <input type="checkbox"/> Yes - Please provide the guardian's name & phone number:	Behaviors / special needs:	

DESCRIPTION OF YOUR HOME

Please draw us a sketch of your floor plan or provide us with copies of floor plans if you have them.

Bedrooms for Resident Use	Room's Square Footage	Proposed Occupant(s)
Bedroom #1		
Bedroom #2		
Bedroom #3		
Bedroom #4		

My signature below certifies that I have read, understand, and will comply with the rules governing exceptions to the two-bed limit in my Certified Family Home.

Signature of Provider

Date

**** PLEASE NOTE **
A WAIVER REQUEST MUST ACCOMPANY THIS FORM.**