

Sponsored Residential Contractual Service Provider

Looking for motivated, enthusiastic individuals/couples interested in developing an independent contract to provide residential support services in their home to one or two child or adult individuals with intellectual/developmental disabilities and possible serious mental illnesses.

Responsibilities include but are not limited to assisting individuals with personal care, community involvement/integration activities, behavioral support and overall general daily support while being included as a member of your family. Initial and ongoing training and development will be required contingent upon continued affiliation with the MRCSB license to provide services.

Please note this is a contractual position, not full-time benefit applicable employment with MRCSB. Please send completed application (with references) and resume plus any questions to john.lovill@mrcsb.state.va.us

(Application is Attached Below)

Sponsored Residential Home/Respite Care Provider Application

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Name of Proposed Provider: _____

Address: _____

Telephone Number: _____

Cell Phone Number: _____

Social Security Number: _____

Drivers License Number: _____

How long have you resided at the above address: _____

List any other states you have resided in during the past ten years and length of time in each: (You will need to obtain a DMV record for each state in which you have lived within the last 7 years)

Do you have home owners' or renters insurance which covers liability and property damage? Yes No

Do you have a current automobile insurance policy which covers liability and property damage? Yes No

If required by the employer, will you undergo a pre-employment physical? Yes No

Have you ever been bonded? Yes No

Have you (or anyone living in the home with you) ever been convicted* of any violation(s) of law, including moving traffic violations? Yes No

In accordance with Virginia Legislation, and agency policy, the Mount Rogers Community Services Board will conduct a fingerprint-based criminal history check and a Registry Check for founded complaints of Child Abuse and Neglect on all adult members within the household. Any applicant who is unwilling to be fingerprinted or have a Registry Check need not apply for vacancies within the agency.

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Note: Prior to approval, you will be required to submit documentation of financial resources or a line of credit to meet your expenses for up to 90 days. This can be through bank statements, note from bank or any other means. This is a Department of Behavioral Health and Developmental Services requirement.

Education

List highest grade completed: Indicate number of years of post high school education

If you did not complete high school, do you have a high school equivalency diploma?
 Yes No

Name and location of Institution:

	Name	City	State	Degree Received	Major	Dates Attended
1.	_____					
2.	_____					
3.	_____					

Employment History

List last or present employer; including military service, discharge date and type of discharge.

Employer:

Address:

Job Title:

Immediate Supervisor and Title:

Reason for leaving (be Specific)

May we contact for reference? Yes No

Dates of employment: From: To:

Hourly Rate/Salary: From: To:

Summarize the nature of the work performed and job responsibilities:

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Employer:

Address:

Job Title:

Immediate Supervisor and Title:

Reason for leaving (be Specific)

May we contact for reference? Yes No

Dates of employment: From: To:

Hourly Rate/Salary: From: To:

Summarize the nature of the work performed and job responsibilities:

Employer:

Address:

Job Title:

Immediate Supervisor and Title:

Reason for leaving (be Specific)

May we contact for reference? Yes No

Dates of employment: From: To:

Hourly Rate/Salary: From: To:

Summarize the nature of the work performed and job responsibilities:

Have you ever been discharged or asked to resign from a job? Yes No

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Specialized Training, Job related skills

List any experiences, skills or qualifications which you believe have prepared you in working with individuals with mental retardation.

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References * Letter from each preferred*: (at least 3 unrelated references, including at least one work reference)

Name	Address	Telephone

Members of the Household:

Name	Relationship to you	Age

(Please notify Program Coordinator if changes in household occur)

I certify that the above information is accurate and true to the best of my knowledge

Signature of Applicant

Date