To: Shared Living Provider Applicants

From: HCRS Program Development Department

Re: Reference Checks

Reference Check Process

1) Applicants will be provided with four Reference Forms.

2) Applicants will give the Reference form to each of their references.

3) The person giving the reference will mail or email the form back to the Program Development Department. (Note the SLP applicant will not see the information submitted).

4) References are due within 10 days of when the applicant receives the forms.

5) The Program Development Department will inform the applicant when references have, or have not been received at the end of the 10 days.

Please note that the application process cannot move forward until all references are received.
Reference Check Form for Shared Living Provider (SLP) Employment

You are filling this out for ________________________________

**SHAREDO LIVING PROVIDER REFERENCE CHECK**

You may return this from by mail or email.

Mail to: Attention Cora Willis-Cooper,
Residential Developer
1 Hospital Court Bellows Falls VT 05101
within 5 days of receipt.
Or email to: cwillisc@hcrs.org

1) In what capacity, in what setting, and how long have you known the (SLP applicant)
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

2) Can you share a little bit about the kind of person they are? Personality traits?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

3) From your prospective how does this person work independently? And/or part of a
   team? _________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

4) Do you feel confident in this person’s ability to care for a vulnerable adult or child in their own home?
   Being responsible for all aspects of the person’s life. Being able to be person centered, putting the client’s
   needs before their own?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
5) In their own home, how do you think this person would handle stressful situations? (Someone in the home who potentially may be yelling, swearing, throwing things?)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Anything else you would like us to know about this SLP applicant?
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____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________
____________________________________________________________________________________

Thank you so much for filling this out, if you have further questions or need assistance filling this out you may contact me: Cora Willis-Cooper at cwilsc@hcrs.org or I’m available on my cell at 802-289-9494.

Please include your name and contact information
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________