Altra Services, Inc

5260 Fallgold Dr., Loveland, CO 80538

Prospective Profile

A. GENERAL INFORMATION DATE:_____

Name:_____ Soc. Security #_____

Street Address:_____ City:_____

State:_____ Zip:_____ Phone:_____

1. Have you ever been convicted of a felony or misdemeanor? Yes No
   If yes, please explain:_____

   _____

2. Are you at least 21 years of age? Yes No

3. Do you have a valid driver's license? Yes No State:_____ Number:_____

4. Are you currently employed? Yes No Where:_____

   What are your current scheduled hours/days?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

5. Are you or have you been approved to provide residential services through any other agencies? Yes No

   If yes, which agency(ies)?_____

6. Are there any non-family members residing in your home at this time?_____

7. How did you learn about providing residential services?

   _____

8. Why do you want to be a residential provider?

   _____

   _____

   _____

9. Are you currently in good physical and mental health?_____

10. Do you have any disabilities which would require additional systems assistance to be an Effective provider?_____

11. Do you, or any member of your family have a communicable disease?
_____

12. Have you ever been involved in a drug treatment program? Yes No

13. Do you have a high school diploma or GED? Yes No
Do you have a college degree? Yes No

14. Altra Services requires that all residential providers have a Colorado Bureau of Investigation background/driving record check, and, depending on situation, a background screening from the Central Registry of Child Protection, do you have any objections regarding
Any of the above? Yes No

B. HOUSEHOLD/FAMILY DEMOGRAPHICS

1. Are you between the ages of:

21-25 ( ) 26-30 ( ) 31-35 ( ) 36-40 ( ) 41-45 ( ) 46-50 ( )

51-60 ( ) OVER 60 ( )

2. Are you bilingual? Yes No Language(s):_____

3. Please list relationship of all other household members:

NAME	AGE	MALE/FEMALE	RELATIONSHIP

4. Please list the hobbies, activities, clubs, sports, etc. which you/your family participate in, and Which would you/your family involve the consumer in if they were to live with you?
_____
_____
_____

C. PROVIDER RESPONSIBILITIES

1. Which of the following certifications, if any, do you currently have: (please circle)

CPR First Aid Medication Certification Behavioral Training

2. Would you have any problem with obtaining and maintaining any of the above certifications?
Yes No

3. Would you have a problem with attending or obtaining any specific training as required by the consumer's Individualized Plan or State Regulation? Yes No

4. What type of insurance, if any, do you carry on your home?_____

   Company:_____ Agent's Name:_____

5. What type of automobile insurance do you carry?_____

   Company:_____ Agent's Name:_____

6. How would you arrange Respite care for the Individual in your home? (Respite is the opportunity for residential providers to have time away from the responsibility of caring for and supporting consumer(s) that are living in their home).
   _____
   _____
   _____

7. What are your feelings about planned and unannounced visits to your home by Altra Services or other developmental disability agencies?
   _____
   _____
   _____

8. Do you understand that your home must pass H.U.D. (Housing & Urban Development Federal Agency) inspections to be acceptable? Yes No

D. SERVICE PROVISION

Please answer the following questions completely, as it will assist us in finding and appropriate match.

1. Do you have any prior experience working with individuals who are developmentally disabled? Yes No
   _____

2. Do you prefer a consumer with biological/adoptive family involvement? Yes No

3. Do you have a preference for working with: Males ( ) Females ( ) Either ( )

4. Can you have a smoker in your home? Yes No

5. Do you or any member of your family smoke? Yes No

6. Can the consumer have personal pets? Yes No

   If yes, what type of pet:_____

7. Please list your previous employment experience for the past ten years:

Dates Employed	Employers Name & Address	Phone Number	Reason for Leaving
1.			
2.			
3.			
4.			

I have answered the above questions as truthfully as I possibly could, and understand that if any of this information has been falsified, I will not be considered for the residential provider program.

Applicant Signature:_____ Date:_____

Spouses Signature:_____ Date:_____