

412 Farrell Street, Suite 300
South Burlington, VT 05403
(802) 863-5625



E-mail: home@sover.net
Website: HomeShareVermont.org
Fax: (802) 651-0881

30 years

Board of Directors

- Dan Stanyon
President
- Kelly Deforge
Vice-President
- John Draper
Treasurer
- Zachary Manchester
Secretary
- Kate Baldwin
- Estelle Deane
- Peter Lawlor
- Gil Livingston
- Cathie Merrihew
- Carol Miller
- Julie Burger Pierson
- David Porteous
- Joyce Reddy-Bradbee
- Chris Walker

Staff

- Kirby Dunn
Executive Director
- Amy Jelen
Homesharing Coordinator
- MaryLou Thorpe
Caregiving Coordinator
- Holly Reed
Office Manager
- Anne Cooch
AmeriCorps Member

Dear Friend:

Welcome to HomeShare Vermont! Thank you for your interest in our program. We look forward to working with you!

The enclosed brochure tells you a little more about our programs and how they work. HomeShare Vermont is a United Way member agency and we have successfully matched thousands of people in our Homesharing and Caregiving programs over our 30 year history.

Also enclosed are an application, reference sheet, and information about our service fees. Please complete the application and reference sheet and return them to us, along with the \$30 application fee. As soon as we receive your application, we will call to schedule a time for us to come to your home to get to know you better. Our service is unique and very personalized—we want to find out what you are looking for in a caregiver so we can try to find just the right person for you.

Please note that our agency provides recruitment, screening, and matching services to help people find caregivers. However, in our program the caregiver works directly for the person receiving care. This means that the person receiving care is an employer. Please contact your attorney or CPA prior to hiring a caregiver through our agency, to discuss legal and tax implications.

If you have concerns or difficulties with the application you can call us to schedule an appointment and we can help you complete the application.

Thank you again for your interest in HomeShare Vermont. We look forward to meeting you!

Sincerely,

MaryLou Thorpe
Caregiving Coordinator





412 Farrell Street, Ste 300
South Burlington, VT 05403

Care-Receiver Application
Please Print

For office use only
Date application rec'd: ___/___/___
Ref. sheet rec'd: ___ Fee rec'd: ___

PLEASE CHECK ONE OR BOTH:

- I am looking to hire live-in care
- I am looking to hire hourly care

How did you hear about HomeShare Vermont? _____

Have you had any past association with HomeShare Vermont? Y / N

Who referred you (If applicable)? _____

Have you gone elsewhere to find caregivers? Y/N If yes, where? _____

CONTACT INFORMATION:

FULL NAME: _____

FULL NAME, PERSON 2 (If applicable): _____

ADDRESS: _____
City State Zip Code

MAILING ADDRESS (if different): _____

HOME PHONE: _____

E-MAIL: _____

PERSON 1: SEX F / M DOB: ___/___/___ AGE: _____

PERSON 2: SEX F / M DOB: ___/___/___ AGE: _____

HOUSING SITUATION:

Current: Rent Own Other If Other, Please Explain: _____

How long at current address? ___/___ to ___/___

Have you ever been convicted of a crime? Y / N

Are criminal charges pending against you? Y / N

Do you have any motor vehicle violations? Y / N

If you have answered YES on any of the above, please provide details on a separate piece of paper.



Please turn over

PLEASE CHECK ALL THAT MAY APPLY TO YOU:

- I have a car I need a driver I take the bus
- Will you hire a MALE FEMALE
- Do you smoke? Y / N May your caregiver smoke? Y / N
- How many pets do you have? _____ What kind(s)? _____
- How many hours of care will you need each week: _____ hours/week (approximately)

For reporting and statistical purposes, our funders require that we ask for the following information. This information will help determine that HomeShare Vermont does not discriminate in its services.

Ethnicity (Check more than one if applicable):

- White American Indian/Alaskan Native Asian
 Black /African America Native Hawaiian/Pacific Islander Hispanic

Do you have a disability? Y / N

Do you have Medicaid? Y / N

What is your annual household income? _____

Number of people in the household? _____

I hereby acknowledge that all the information I have given in this application is true and complete to the best of my knowledge and belief. I authorize HomeShare Vermont to check references and to verify any information in this application. I understand that providing any false or misleading information will make me ineligible for the services of HomeShare Vermont.

Applicant Signature: _____ Date: _____

CONTACT INFORMATION *IF* APPLICANT NOT SIGNING:

FULL NAME: _____

RELATIONSHIP: _____ PHONE: _____

ADDRESS: _____

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION.
If any of these items are missing, your application will be considered incomplete.

- COMPLETED REFERENCE SHEET (SEE ATTACHED)
- \$30 APPLICATION FEE



CARE RECEIVER CONTACTS

Care Receiver _____ Date _____

1. Contact Name _____ Relationship _____

Phone Numbers: Home _____ Work _____ Cell _____

Email: _____

Address _____

* * *

2. Contact Name _____ Relationship _____

Phone Numbers: Home _____ Work _____ Cell _____

Email: _____

Address _____

* * *

3. Contact Name _____ Relationship _____

Phone Numbers: Home _____ Work _____ Cell _____

Email: _____

Address _____



Fees

HomeShare Vermont is a small, independent non-profit agency. We rely heavily on charitable giving from individuals, corporations, foundations and government to provide our homesharing and caregiving services. We also rely on fees from people who use our services to help pay for those services. Our fees only cover a portion of the actual cost of our services.

Application Fee: \$30 payable with the written application for all customers

Match Fee: payable at the time the match agreement is signed

The match fee only applies to customers for whom we are successful in finding a compatible match, and is due at the end of the trial period when the match agreement is signed or within two weeks of the start of the match. The match fee is based on a sliding scale according to gross annual income. We will provide you a bill when your match fee is due.

If your Income is:	Your Match Fee will be:
Less than \$15,000	\$ 60
\$15,000-\$25,000	\$ 95
\$26,000-\$40,000	\$175
\$41,000-\$55,000	\$250
\$56,000-\$75,000	\$400
\$75,000+	\$500

NOTE: In order to encourage more people to provide hourly care, all hourly caregivers will only pay a match fee of \$25 per match.

All fees are non-refundable. If your match should end unexpectedly within the first three months, your paid match fee will be credited in full toward your next match.

If fees are a hardship, payment plans can be arranged. Please contact a HomeShare staff person to discuss this.