



## Mental Health Respite Caregiver Application

*Applicants are considered without regard to race, color, religion, sex, national origin, gender/gender identity, marital or veteran status, or the presence of a non-job related medical condition or disability.*

Date of Application: \_\_\_\_\_

Have you, or secondary applicant, ever been employed or contracted with Access Services or New Life?  
\_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### General Information

Full name: (first) \_\_\_\_\_ (middle) \_\_\_\_\_

(last) \_\_\_\_\_ (maiden and/or aliases) \_\_\_\_\_

DOB: \_\_\_\_\_

Address:

Street

\_\_\_\_\_  
City/Town State Zipcode

\_\_\_\_\_  
County Twp. School District

Length of time at current address: \_\_\_\_\_ Years \_\_\_\_\_ Months

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender: \_\_\_\_\_

Are you a US Resident/Permanent Citizen? \_\_\_ Yes \_\_\_ No

Have you lived in the state of PA for 5 years or more? \_\_\_ Yes \_\_\_ No

If you or any member of your family have lived outside of PA in the last 5 years, please list where they have lived and the dates below;

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Check type of home you reside in:

Single family \_\_\_      Modular/Mobile home \_\_\_

Row Home \_\_\_      Apartment \_\_\_

Twin \_\_\_      Ranch \_\_\_

Townhouse \_\_\_

How many bedrooms do you have in your home? \_\_\_\_\_

What would the sleeping arrangements be for a child placed in your home for a respite weekend?

Own room/private sleeping space? \_\_\_\_\_

Shared room/sleeping space? \_\_\_\_\_

Add additional details to explain planned arrangement: \_\_\_\_\_

Do you have any pets? \_\_\_ Yes \_\_\_ No

If yes, what kind and how many? \_\_\_\_\_

Race (optional):

\_\_\_ American Indian (Alaskan Native)      \_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_ Asian      \_\_\_ White

\_\_\_ Black or African American

\_\_\_ Hispanic or Latino

Languages spoken in the home: \_\_\_\_\_

## Criminal History

Have **you, the secondary applicant, or any other member of your household** ever been charged with, or been convicted of a crime (as an adult or a juvenile), including an incident where the record was sealed, or the disposition was dismissed, continued without a finding, vacated, filed, or not processed?

Yes

No

If yes, please specify the charges and the outcome (attach separate sheet of paper if more space is required)

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When were you/they charged with the above? Please include month and year.

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Are **you, the secondary applicant, or any member of your household** involved with any judicial proceedings and are there any criminal charges against you/them now pending?

Yes

No

If yes, please explain (attach a separate piece of paper if necessary)

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Has a temporary or permanent restraining order or protection from abuse order ever been issued against **you, the secondary applicant, or any member of your household**?

Yes

No

If yes, please explain (attach a separate piece of paper if necessary)

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Have **you, the secondary applicant, or any member of your household** ever been involved with the Office of Children Youth and Families as an adult or child, or been the subject of a report concerning child abuse or neglect? Have you received comparable services from another state, US territory, or tribal authority?

Yes

No

If yes, please specify the charges and outcome (attach a separate piece of paper if necessary)

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## Review and Signatures

***As part of the application process each applicant (secondary applicant, and household member aged 18 and over) must submit FBI Record Checks, PA Criminal Record Checks and PA Child Abuse History Clearances prior to approval.***

***Convictions of a criminal offense will not necessarily prohibit one from becoming a provider in all cases. Each case is considered individually, on its own merits.***

### Agreement

By signing below, I also give Access Services permission to run the following online clearances/searches: **County Civil Court Docket Search, Megan's Law Search** (sex offender database), **EPLS** (excluded parties list system – checks to see if excluded from receiving federal contracts, assistance, etc), **LEIE** (list of excluded individuals/entities, parties ineligible to participate in any federal healthcare program), and the **Medicheck list** (identifies those who are precluded from participation in the medical assistance Program). In addition, Access Services reserves the right to re-run/update any of the above clearances at any time.

I certify that all information provided on this application is correct and complete, and I understand that any false statement or omission of material/fact may disqualify me from further consideration in becoming a provider. I also understand that either party, applicant or Access Services, may terminate the approval/denial process of becoming a children's mental health respite caregiver at any time without obligation or justification.

Primary Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Secondary Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_