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161 John Roberts Rd | South Portland ME 04106 | O: 207-835-0099 | F: 207-536-4005 | W: saferesidential.care

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## Shared Living Provider Information

Full Name:

Email Address:

Please complete all included documents to the best of your ability:

1. Information Sheet
2. Background/Driving History Check Forms
3. Description of Services
4. Shared Living Provider Responsibilities Acknowledgement
5. Acknowledgment of Receipt of DHHS/OADS Shared Living Guide for Prospective Providers

Please send your completed packet to Samantha Richard, Clinical Director via:

- Email: [srichard@saferesidential.care](mailto:srichard@saferesidential.care)
- Fax: 207-536-4005
- Mail or in Person:: 161 John Roberts Road, South Portland, Maine, 04106.

*Incomplete documents will be returned to you and will delay processing.*

Once you've completed and returned it back to us, we will begin processing your information, run background checks, and call your references. Expect to hear from us within 10-14 business days to schedule a home inspection.

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## SHARED LIVING AND RESPITE PROVIDER APPLICATION

FIRST NAME	MIDDLE	LAST NAME	DATE TODAY
STREET ADDRESS			DATE OF BIRTH
CITY, STATE, ZIP			HOME PHONE
EMAIL ADDRESS			CELL PHONE
POSITION DESIRED SHARED LIVING PROVIDER <input type="checkbox"/> RESPITE PROVIDER <input type="checkbox"/> BOTH <input type="checkbox"/>			SSN
I AM A <input type="checkbox"/> US CITIZEN <input type="checkbox"/> US PERMANENT RESIDENT <input type="checkbox"/> OTHER    A# _____			STATE OF LEGAL RESIDENCE
DO YOU HAVE A VALID MAINE DRIVERS LICENSE?    Y <input type="checkbox"/> N <input type="checkbox"/> IF "YES" ENTER LICENSE NUMBER:		DO YOU HAVE A VEHICLE WITH AT LEAST \$100,000/\$300,000 LIABILITY INSURANCE?	
ENTER THE FIRST AND LAST NAMES OF ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18:			
1.		2.	
3.		4.	

### BACKGROUND INFORMATION

1. ARE YOU CURRENTLY A SHARED LIVING PROVIDER?	Y <input type="checkbox"/> N <input type="checkbox"/>
2. HAS YOUR HOME EVER BEEN APPROVED FOR SHARED LIVING?	Y <input type="checkbox"/> N <input type="checkbox"/>
IF YES, PLEASE EXPLAIN:	
3. HAVE YOU EVER GONE BY A NAME OTHER THAN THE ONE LISTED ABOVE?	Y <input type="checkbox"/> N <input type="checkbox"/>
IF YES, LIST ALL OTHER NAMES AND/OR ALIASES:	
4. DO YOU UNDERSTAND THAT YOU AND ALL ADULTS (AGE 18 AND OLDER) LIVING IN YOUR HOME WILL BE SUBJECT TO BACKGROUND CHECKS DURING THIS APPLICATION PROCESS?	Y <input type="checkbox"/> N <input type="checkbox"/>
5. HAVE YOU READ THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) SHARED LIVING GUIDE FOR SHARED LIVING PROVIDERS? <a href="https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Shared_Living_Guide_for_Providers_July_23.pdf">https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Shared_Living_Guide_for_Providers_July_23.pdf</a>	Y <input type="checkbox"/> N <input type="checkbox"/>
6. HAVE YOU EVER BEEN CONVICTED OF A CRIME THAT INVOLVES ABUSE, NEGLECT, OR EXPLOITATION?	Y <input type="checkbox"/> N <input type="checkbox"/>

7. HAVE YOU EVER BEEN CONVICTED OF A CRIME RESULTING FROM A SEXUAL ACT, CONTACT, TOUCHING, OR SOLICITATION IN CONNECTION TO ANY VICTIM?	Y <input type="checkbox"/> N <input type="checkbox"/>
IF YES, PLEASE EXPLAIN:	
8. HAVE YOU EVER BEEN CONVICTED OF A CRIME INVOLVING INTENTIONAL OR KNOWING CONDUCT THAT THREATENED, SOLICITED, OR CREATED RISK OF BODILY INJURY TO ANOTHER PERSON IN THE LAST TWO YEARS?	Y <input type="checkbox"/> N <input type="checkbox"/>
IF YES, PLEASE EXPLAIN:	
9. DO YOU HAVE A HABITUAL OFFENDER STATUS UNDER 29-A, M.R.S. 2551-A?	Y <input type="checkbox"/> N <input type="checkbox"/>
IF "YES" PLEASE EXPLAIN:	
10. HAVE YOU EVER HAD A LICENSE TO OPERATE A RESIDENTIAL CARE FACILITY DENIED OR PLACED ON CONDITIONAL STATUS?	Y <input type="checkbox"/> N <input type="checkbox"/>
IF YES, PLEASE EXPLAIN:	
11. ARE YOU ON THE MEDICARE EXCLUSIONS LIST WITH THE OFFICE OF THE INSPECTOR GENERAL?	Y <input type="checkbox"/> N <input type="checkbox"/>
IF YES, PLEASE EXPLAIN:	
12. DO YOU RENT OR OWN YOUR OWN HOME?	Y <input type="checkbox"/> N <input type="checkbox"/>
13. DO YOU HAVE HOMEOWNERS OR RENTER'S INSURANCE?	Y <input type="checkbox"/> N <input type="checkbox"/>
DO YOU UNDERSTAND THAT YOU MAY BE REQUIRED TO UPDATE YOUR HOME TO MEET SHARED LIVING CERTIFICATION STANDARDS?	Y <input type="checkbox"/> N <input type="checkbox"/>
14. WILL THERE BE ANY CHANGES TO YOUR CURRENT LIVING SITUATION IN THE NEXT YEAR?	Y <input type="checkbox"/> N <input type="checkbox"/>
IF YES, PLEASE EXPLAIN:	

### EDUCATION HISTORY

SCHOOL	SCHOOL NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	DEGREE OR DIPLOMA?
HIGH SCHOOL				
COLLEGE				
GRADUATE				
BUSINESS OR TRADE				

CHECK ALL CERTIFICATIONS AND/OR LICENSES YOU CURRENTLY HOLD: (ATTACH COPY OF EACH)				
DSP <input type="checkbox"/>	CRMA <input type="checkbox"/>	SLO-MAC <input type="checkbox"/>	CPI <input type="checkbox"/>	
CPR/FIRST AID <input type="checkbox"/>	MANDT <input type="checkbox"/>	OTHER:	OTHER:	

**EMPLOYMENT HISTORY**  
(INCLUDE ANY PREVIOUS OVERSIGHT AGENCIES)

COMPANY, AGENCY NAME	TELEPHONE
ADDRESS	EMPLOYMENT DATES FROM                      TO
JOB TITLE	SUPERVISOR
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER?    Y <input type="checkbox"/> N <input type="checkbox"/> IF NO, PLEASE EXPLAIN WHY:

COMPANY, AGENCY NAME	TELEPHONE
ADDRESS	EMPLOYMENT DATES FROM                      TO
JOB TITLE	SUPERVISOR
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER?    Y <input type="checkbox"/> N <input type="checkbox"/> IF NO, PLEASE EXPLAIN WHY:

COMPANY, AGENCY NAME	TELEPHONE
ADDRESS	EMPLOYMENT DATES FROM                      TO
JOB TITLE	SUPERVISOR
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER?    Y <input type="checkbox"/> N <input type="checkbox"/> IF NO, PLEASE EXPLAIN WHY:

**PERSONAL REFERENCES**  
(DO NOT LIST FAMILY MEMBERS OR WORK RELATIONSHIPS)

NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER

PLEASE DESCRIBE YOUR EXPERIENCE WORKING WITH PEOPLE WITH DISABILITIES OR OTHER HUMAN SERVICES ACTIVITIES:

HOW DID YOU HEAR ABOUT SRC?

PLEASE LIST ANY CURRENT SRC EMPLOYEES OR CONTRACTED PROVIDERS THAT MAY SERVE AS A REFERENCE FOR YOU:

**BACKGROUND CHECK INFORMATION**

Safe Residential Care (SRC) receives background information on all their contracted providers from the State Bureau of Investigation, State of Maine Department of Health & Human Services Child Protective Services, and the State of Maine Bureau of Motor Vehicles. If I have lived in states other than Maine, I further authorize SRC to complete appropriate out of state background checks. Applicants should understand that any information that may be listed on these checks that relate to incidents in the applicant's past, affecting their relationship with any individuals receiving services or any other SRC representative may be considered a sufficient reason to reject their application.

The information I have provided in this application to become a contracted provider is true, correct, and complete. I understand my application will be rejected if false, incomplete, omitted, or misrepresented information is discovered, and I may be terminated from my contract.

I authorize SRC to contact and obtain information from previous employers, educational institutions, and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview.

This application is not a contract. I fully understand and accept all terms and conditions of the above statement.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**Maine Background Check Center**  
Notification and Authorization and Release

Driver's License # and State of Issue/Passport Number:

Date of Birth:

Applicant / Employee Full Legal Name: (First, Middle, Last)

List all Aliases/Maiden Names:

Address:

Phone number:

Position(s) Applied for:

Occupational or Professional Licensing Identification Numbers and Type (if applicable) and **State of Issue:**

**Notice to the Applicant / Employee**

This organization has offered you a position contingent upon a clear background check. The organization requires you to consent to the comprehensive background check. Your eligibility to work in this position is dependent upon whether you have a disqualifying offense in your background.

You must authorize a release of information relevant to your background, including your criminal history records and any substantiation for child or adult abuse. This information will be sent to the Maine Background Check Center and other Federal or State agencies as needed to investigate your background.

The comprehensive background check requires you to provide personally identifiable information including your name and date of birth. You may voluntarily provide additional identifying information, including physical description information in order to speed up your criminal history records check and avoid a false match of criminal records.

The comprehensive background check includes, without limitation, searches of Federal and State criminal history repositories, public registries and databases relevant to health or child care services, and state-maintained databases for abuse and neglect substantiated findings. Your name will also be checked for a match on the National and Maine sex offender registries. If you have a professional or occupational license, the licensing authority will be contacted to validate your licensing status. Searches may not be limited to the State of Maine, and may include every jurisdiction where you have lived.

If you have a disqualifying offense as defined in 22 M.R.S. Ch. 1691 in your background, you will not be eligible to work in this position, or for this or any organization subject to 22 M.R.S. Ch. 1691 unless the disqualifying offense meets the criteria for a waiver pursuant to 22 M.R.S. Ch. 1691, the Maine Background Check Center act.

**Authorization and Release by the Applicant / Employee**

**Please Initial Each Line**

	I authorize the employer named herein to request the Maine Background Check Center to conduct the comprehensive background check described above.
	I authorize any duly assigned representative of the Maine Background Check Center to conduct a background investigation and receive any criminal history record information pertaining to me, which may be in the files of any Federal, State or local criminal justice agency.
	I authorize the U.S. Department of Justice to release my criminal history records to the Maine State Bureau of Identification, and the Maine Department of Health and Human Services pursuant to 5 U.S.C. Section 552a.
	I release the Maine Background Check Center from any liability for the release of information concerning my background to employers.

**Acknowledgements of the Applicant / Employee**

**Please Initial Each Line**

	I understand my personal identification information will be disclosed to Federal, State or local agencies in conjunction with the application process, and I consent to such disclosure.
	I understand that the Maine Background Check Center may use the criminal justice information systems to obtain current criminal history records, and that my criminal records will be monitored for new events.
	I understand that records of civil and criminal disqualifying offenses as defined in 22 M.R.S. Ch. 1691 may result in a permanent or temporary employment ban for this position.
	I further understand that, prior to the receipt of a finalized non-disqualifying background check report; this employer can only employ me conditionally for up to sixty (60) days.
	I acknowledge that I have been provided with the notices and appeal information described in 22 M.R.S. Ch. 1691, as well as the notice of an opportunity to correct inaccuracies in my record information.
	I agree to defend, indemnify and hold harmless the Federal and State agencies and agency employees to whom this background check request is presented from and against all claims, damages, lawsuits, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

**\*\*Any individual who fails to make a full and complete disclosure on an application or a full and complete disclosure of any information required to obtain a criminal history record, is subject to civil and criminal penalties.**

\_\_\_\_\_  
**Signature of Applicant or Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Legal Guardian\***

\_\_\_\_\_  
**Date**

\*A legal guardian must sign this form if the applicant or employee is a minor.

**\*\*WARNING:** Title 18, Section 1001 of the U.S. Code, states whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully -- (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both.



**STATE OF MAINE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Maine Background Check Center**  
 Voluntary Consent for Disclosure of Personal Description

**Attention Applicants / Employees**

This organization is required to conduct a comprehensive background check, including a name-based criminal history records check, as a condition for engaging you in this position. Your organization must enter your name and date of birth to conduct a name-based criminal record check. It is common for more than one person to have the same or similar names and dates of birth or similar personal descriptions. Helping your organization enter accurate and detailed information about you and your physical description helps decrease the chance that a false criminal record match occurs. You may voluntarily allow this employer to enter other personal descriptors such as height, weight, eye color, hair color, gender, race, and place of birth. Your organization will enter this information into the Maine Background Check Center (MBCC) for comparison to State Bureau of Identification (SBI) criminal records.

If the SBI system does not find a matching record for the name and date of birth submitted a "NO OFFENSE FOUND" report will be sent to the MBCC. The MBCC will inform your organization that you do not have a criminal record.

If the SBI system finds a matching record for your name and date of birth, the MBCC will receive criminal history record information from SBI that includes personal descriptors to help make a positive identification. Without your personal descriptors, a name and date of birth check could result in a "false positive," meaning that your name matches one or more possible criminal records, but the record is not yours. Therefore, the MBCC cannot eliminate you as the person listed in the name-matched records. Your organization, the MBCC, and the SBI would require more time and further information in order to determine whether you have or do not have a criminal record that will disqualify you from working in this position.

Mandatory Information		
First Name:	Middle Name:	Last Name:
Address:		
City, State, Zip:		
Maiden or Previous Married Name(s):		
Previous Name(s) / Aliases / Other:		
Date of Birth:		
Other states of residence for past 10 years:		

Voluntary Information						
<b>Eye Color:</b>	<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Green	<input type="checkbox"/> Gray	<input type="checkbox"/> Hazel
	<input type="checkbox"/> Maroon	<input type="checkbox"/> Multi-colored	<input type="checkbox"/> Pink	<input type="checkbox"/> Unknown		
<b>Hair Color:</b>	<input type="checkbox"/> Bald	<input type="checkbox"/> Black	<input type="checkbox"/> Blonde or Strawberry	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Green
	<input type="checkbox"/> Gray or Partially Gray	<input type="checkbox"/> Orange	<input type="checkbox"/> Purple	<input type="checkbox"/> Pink	<input type="checkbox"/> Red or Auburn	
	<input type="checkbox"/> Sandy	<input type="checkbox"/> White	<input type="checkbox"/> Unknown			
<b>Race:</b>	<input type="checkbox"/> American Indian / Alaskan Native		<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Black	<input type="checkbox"/> Unknown <input type="checkbox"/> White
<b>Gender:</b>	<input type="checkbox"/> Female		<input type="checkbox"/> Male		<input type="checkbox"/> Other	
<b>Height:</b>	Feet	Inches	<b>Weight:</b>	Pounds		
<b>Place of Birth (Country):</b>						

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**





**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED  
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Karen Collins  
Safe Residential Care  
161 John Roberts Road  
South Portland, ME 04106

Agency ID#: 3411

I, , authorize the Maine Department of Health and Human Services to release

**(Please print clearly)**

confidential information to the above agency regarding whether I have been involved in a substantiated Maine Child Protective Services case and the nature of that involvement.

**I understand that:**

- The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.
- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine; a postage paid return envelope is enclosed.

**PLEASE DO NOT LEAVE ANY SPACES BLANK**

DATE OF BIRTH:  ALIASES (including maiden):

SIGNATURE:  DATE:

MAINE ADDRESS:

**RESULT BELOW (To be completed by DHHS):**

As of \_\_\_\_\_, this person has no substantiated findings of Child Abuse or Neglect in the State of Maine.

\_\_\_\_\_  
DHHS, OCFS, Child Protective Staff

**IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT →**  
Updated 2020



STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**Maine Background Check Center**  
Background Check Report  
Correcting Inaccurate Information  
Applicants or Employees

This page and the next page are for your reference only.

You have the right to challenge and correct inaccurate information found during a comprehensive background check. If you know that information presented on the Maine Background Check Center (MBCC) report is incorrect or incomplete you must seek a challenge and ask for a correction to the reporting entity as follows:

**State Criminal Records:** You must challenge incorrect or incomplete state criminal record information maintained by state criminal record repositories directly to the state where the record is maintained.

State of Maine criminal history records may be challenged by contacting the Maine State Bureau of Identification (SBI) directly by writing the State Bureau of Identification, State House Station #42, Augusta, ME 04333-0042, or online at <http://www.maine.gov/dps/Sbi/contact.html>. The SBI is responsible for correcting the record and notifying the MBCC. The MBCC will issue a final background check report to your employer upon completion of the error correction process based on the final record released by the SBI.

**Federal Criminal Records:** You must challenge incorrect or incomplete criminal record information maintained by the Federal Bureau of Investigation (FBI) by communicating directly with the Federal or State agency responsible for submitting the criminal record to the FBI. Alternatively, you may challenge the accuracy of the FBI record directly to the FBI by writing the Criminal Justice Information Services (CJIS) Division, ATTN: Summary Request, 1000 Custer Hollow Road, Clarksburg, WV 26306, or online at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. The FBI is responsible for correcting the record and notifying the Maine Background Check Center, and a revised Background Check Report can be issued. (See 28 CFR §§16.30 - 16.34)

**Public Registries:** If you believe that disqualifying offense information listed on a Federal or State registry is incorrect or incomplete, you must contact the agency responsible for maintaining the registry.

- Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE)**  
**E-mail Address:** [sanction@oig.hhs.gov](mailto:sanction@oig.hhs.gov)  
**Telephone:** (202) 691-2311  
**Mailing Address:** HHS, OIG, OI, Attn: Exclusions, P.O. Box 23871, Washington, DC 20026  
**Website:** <https://exclusions.oig.hhs.gov/>

- The Dru Sjodin National Sex Offender Public Website (NSOPW)**  
To correct any errors in registration information, you must contact the state registration officials where the record is held.  
**Website:** <http://www.nsopw.gov/>

**State Registries:** To correct errors on registry information, you must contact the officials that maintain the registry in each state. The Background Check Center checks the following registries:

**Maine Sex Offender Registry**

Contact the Sex Offender Registry (State Bureau of Identification)

**E-mail Address:** [maine\\_SOR.help@maine.gov](mailto:maine_SOR.help@maine.gov)

**Telephone:** (207) 624-7270

**Maine Registry of Certified Nursing Assistants (CNA) and Direct Care Workers (DCW)**

Contact the CNA and DCW registry

**E-mail Address:** [dlrs.cnaregistry@maine.gov](mailto:dlrs.cnaregistry@maine.gov)

**Telephone:** (207) 624-7300

**Maine Program Integrity Excluded Providers: List of Excluded Individuals/Entities**

Contact Maine Department of Health and Human Services, Program Integrity Unit

**Website:** <https://mainecare.maine.gov/mhpviewer.aspx?FID=MEEEX>

**Telephone:** (207) 287-4660      **TTY:** Maine Relay 711

**Mailing Address:** 221 State Street, Augusta, ME 04330

**Maine Background Check Center: Request for correction of errors**

If an error appears on a Maine Background Check Center Report you must follow the procedures outlined in the Maine Background Check Program Rules by contacting MBCC

**E-mail:** [DHHS, MBCC-Admin <MBCC-Admin.DHHS@maine.gov>](mailto:DHHS_MBCC-Admin@maine.gov)

**Telephone:** 888-572-5839      **TTY:** Maine Relay 711

**Mailing Address:** 11 State House Station, Augusta, ME 04333

**Out of State Registries**

The employer has the option to search Out of State Registries based on information you provide in your application. If there is an error found in information listed on registries in other states, you must contact that particular registry for corrections.

**Professional Licensing**

If you believe that information provided about your professional license is incorrect or incomplete, you must contact the agency responsible for the licensing data.



## Shared Living Program Description

Shared Living is a compassionate housing and support option within a range of services available to individuals with intellectual disabilities and autistic disorders in Maine. Shared Living is designed to create a warm, family-style setting where individuals can form meaningful connections and share life experiences together. This supportive model is an integral part of the Department of Health and Human Services' (DHHS) MaineCare Home and Community-Based Waiver Services program, offering a least restrictive and cost-effective means of home support.

The term "Shared Living" highlights the vision of fostering a true sense of belonging, where individuals become valued members of a household, family, and community. Through a collaborative effort involving the individual receiving services, their interdisciplinary team, and SRC's Shared Living Team, individuals are carefully matched with a Shared Living Provider through a series of assessments and home visits. Once welcomed into the provider's home, they actively participate in family activities and are encouraged to engage in community interactions alongside their provider and other family members.

Shared Living embraces the idea of shared responsibility, promoting a cooperative sharing of space and support between adults. The Shared Living Provider assists with daily living skills, personal care, scheduling of appointments, transportation, community inclusion, and the development of interpersonal skills, among other supportive measures. The individual becomes an integral part of the provider's family, home, and local community. Many participants in Shared Living Programs are involved in community support programs or hold employment, further enriching their lives.

Family involvement and support are highly encouraged and valued in the Shared Living model. The family of the individual receiving services may play an active role in providing guidance and support to both their family member and the Shared Living Provider. In certain situations, it may even be appropriate for a family member to become the Shared Living Provider, tailoring the service to meet the specific needs of the individual. Shared Living offers stability and a higher quality of life for the individual, reducing the challenges of staff turnover that can disrupt continuity and care.

By embracing the principles of Shared Living Safe Residential Care aims to support Shared Living Providers contracting with us to create a nurturing and inclusive environment where individuals with intellectual disabilities and autism can thrive, supported by compassionate providers, and engaged communities.

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"Safe Residential Care is committed to provide quality services in a supportive and caring manner"

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## Shared Living Provider Responsibilities Acknowledgement

### Overview:

As a Shared Living Provider, you will play a vital role in providing compassionate and individualized residential support services for adults with intellectual disabilities and/or autism. You will open your home and heart to welcome and support an individual with disabilities, fostering an environment that promotes independence, choice, and a sense of belonging. This rewarding position allows you to make a meaningful impact in someone's life by creating a safe, nurturing, and inclusive home environment.

### Responsibilities:

1. Residential Support: Provide personalized care and support to an individual with developmental disabilities in your home. Assist with daily living activities, including personal care, meal preparation, medication administration (as needed), and hygiene routines.
2. Individualized Support: Work closely with the individual's planning team to develop and implement a person-centered plan that addresses their unique needs, goals, and preferences. Encourage the individual's autonomy and active participation in decision-making.
3. Community Inclusion: Facilitate community engagement and participation for the individual, helping them build meaningful relationships and connections outside the home. Support their involvement in social, recreational, and educational activities in the community.
4. Safety and Well-being: Ensure the physical and emotional safety of the individual within your home. Follow established safety protocols and procedures to prevent harm and promote a secure living environment. Fire drills are required monthly, following an established emergency plan.
5. Documentation: Maintain accurate and timely documentation of daily activities, progress towards goals, and any incidents or changes in the individual's well-being. Complete required paperwork in compliance with agency and regulatory standards.
6. Communication: Collaborate with the individual's case manager, guardians, healthcare providers, and other team members to ensure effective communication and coordination of care. Provide updates on the individual's progress and any significant developments, and track all communication with their guardian. Update SRC anytime there are changes in your home, or unusual incidents.
7. Training and Professional Development: Participate in required training sessions and workshops to enhance your skills and knowledge in providing quality care to individuals with developmental disabilities. This includes training to administer medications.

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"Safe Residential Care is committed to provide quality services in a supportive and caring manner"

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8. Home Environment: Maintain a clean, organized, and welcoming home environment that meets health and safety standards. Ensure the home's physical accessibility and adaptability to the individual's needs. You must also maintain homeowners or renter's insurance.

9. Transportation: Maintain a valid Maine Driver's License and a properly registered, insured, inspected and well-maintained vehicle at all times. This supports the development and maintenance of healthy relationships within their community and access to community resources, including appointments with their healthcare providers.

**Qualifications:**

1. Compassionate and Empathetic: Demonstrated ability to provide care and support with compassion, empathy, and patience.

2. Openness and Flexibility: Willingness to adapt to the individual's needs and preferences, promoting a person-centered approach.

3. Safe and Stable Home Environment: A safe and stable living space with adequate space for the individual and any required adaptations to accommodate their needs.

4. Clear Background Checks: Successful completion of required background checks, including criminal, adult protective services, and motor vehicle checks.

5. Compliance with Training Requirements: Completion of necessary training, including Direct Support Professional (DSP) certification, CPR/First Aid, and any other mandated certifications.

6. Effective Communication: Strong communication skills to collaborate with team members, guardians, and external agencies effectively.

7. Respect for Privacy: Demonstrated commitment to maintaining the confidentiality and privacy of the individual and their personal information.

8. Experience (Preferred): Previous experience working with individuals with developmental disabilities or in a related caregiving field is beneficial but not mandatory.

*By signing below, I affirm my understanding of the responsibilities of a Shared Living Provider, and my commitment to providing a safe and supportive environment for individuals receiving services.*

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Signature

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Date

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"Safe Residential Care is committed to provide quality services in a supportive and caring manner"

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State of Maine  
Office of Aging and Disability Services  
Shared Living Guide  
For Current and Prospective Providers

June 2023

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## Introduction

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This Guide provides general information about what Shared Living for individuals with intellectual disabilities, Autism, or related conditions, looks like in Maine. The intended audience is providers and prospective providers of Shared Living. It is meant to give oversight agencies, providers, advocates, and policy makers a broad-brush description of this model of support. It is not intended to be an all-inclusive how-to guide on providing shared living supports.

A Shared Living Provider (SLP) is a Direct Support Professional (DSP) who has a contract with an Administrative Oversight Agency to deliver Shared Living services under MaineCare. A Shared Living Provider shares a home with one or two individuals authorized to receive Shared Living services. The Oversight Agency supports the SLP in fulfilling the requirements and obligations agreed upon by DHHS, Administrative Oversight Agency, and the individual's Planning Team.

For an idea of what Shared Living looks like from the perspective of the individual receiving the service, you may find reading through the "Shared Living Guide for Members" helpful.

## Home and Community-Based Settings (HCBS) Standards

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HCBS regulations are mandatory and consistent, regardless of which Agency provides Oversight. DSPs must comply with the Home and Community-Based Settings (HCBS) regulations. These regulations require that people receiving community-based services have the same freedoms and choices as anyone else. Maine's Global HCBS Rule became legally effective on September 30, 2022.

The Oversight Agency will provide support, guidance and ensure training in HCBS requirements. Some provisions include:

- Ensure that the supported individual, via the Person-Centered Planning Process, is involved in the choice of setting and SLP.
- Nonrelated DSPs must enter a lease and/or room and board agreement with the individual or their legal representative.
- Provide the individual with their means of access to the main door and any locked gate or other entrance barriers.
- Provide the individual with a lock to their bedroom door.
- Allow the individual to have guests when they choose.
- Provide a place for the individual to have private communications and meetings.
- Allow the individual to have meals where and when they choose.
- Ensure that the individual has access to transportation for community, social activities, and employment, consistent with their Person-Centered Plan (PCP).
- Provide ongoing support and guidance in helping the individual obtain and maintain employment.
- Ensure unrestricted access to personal funds in a secure location of their choice.

- Provide for a homelike setting without posting personal information in common areas unless requested by the individual.

Maine’s Global HCBS Waiver Person-Centered Planning and Settings Rule, Chapter 1 Section 6 of the MaineCare Benefits Manual, outlines the requirements that must be followed by DSPs, including those who provide Shared Living. This Global Rule can be found here:

<https://www.maine.gov/sos/cec/rules/10/ch101.htm>

Recorded training on the HCBS requirements can be found on the OADS website at:

<https://www.maine.gov/dhhs/oads/about-us/initiatives/hcbs/training-and-resources>

In the “Trainings” section of that page, you will see a link to “[HCBS Settings Rule Introductory Overview \(PowerPoint\)](#)” – this is a good place to start for an overview of the requirements.

Another good overview of HCBS is in the “Individuals, Families, and Guardians Resources” section and is a recorded presentation led by Disability Rights Maine. This recording is called “[HCBS Settings Rule: Basics and Advocacy by Disability Rights Maine \(YouTube\)](#).”

Frequently asked questions about HCBS are answered in this document:

<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/HCBS-Rule-Introductory-FAQ.pdf>

## Philosophy and Principles of Shared Living

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Shared Living is one option in a range of housing and support services for individuals with intellectual disabilities and autistic disorders. Shared Living is for any individual with intellectual disabilities or autism who prefers to live in a family-type home, who is eligible for MaineCare services under the Section 21 and Section 29 Home and Community-Based Waivers, and whose Person-Centered Planning (PCP) team has determined this to be an appropriate living option.

Shared Living provides many benefits to both the individual and the DSP. Community inclusion, for example, has been and continues to be a major focus of supports for people with developmental disabilities or autism. The Shared Living model has proven to be a good means for providing inclusion in a person’s community when an individual is matched and well supported by a DSP. Shared Living can provide a consistent and stable support system while minimizing the impact inherent in shift staff residential models related to multiple staff and turnover. Shared Living is a lifestyle choice that allows the Shared Living Home Provider to provide services from their home. Shared Living is a cost-effective solution to the residential needs of many adults with intellectual disabilities.

The expected outcomes of Shared Living are that the individual has improved quality of life through:

- Becoming part of the DSP’s family if they wish to. The individual is welcomed into and becomes an adult family member, participating in family activities.

- Receiving services as identified in their Person-Centered Plan (PCP) and making progress toward goals that have been developed by the person receiving services and their team.
- Becoming part of a community. Community activities and community inclusion are a routine part of the individual's life. The individual is encouraged to participate in activities along with the provider and other family members.
- Continuing to engage in personal interests and relationships, including relationships with their family, friends, and other unpaid natural supports.

You will find more information about the Shared Living service and requirements of DSPs and Oversight Agencies in the MaineCare Benefits Manual Chapter 2, Sections 21 and 29. In Chapter 3, Sections 21 and 29, you will find information about billing rates applicable to the service being provided.

These MaineCare Benefits Manual chapters can be found at this link:

<https://www.maine.gov/sos/cec/rules/10/ch101.htm>

## Things to Consider Before Entering into Shared Living

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Think about the ways that you use your home, and whether you would be able to adhere to the HCBS requirements. Common technologies such as security cameras, doorbell cameras, Zoom/video calls, smart speakers, and even social media posts could violate another person in the home.

The home must be fully accessible to the person being supported. Accessibility must be considered before any changes or additions to the home. For example: if the person uses a powered wheelchair, any changes to the home must consider their ability to navigate the space.

In Shared Living, the preferences of the person being supported must be considered. This is also their home, and they have rights required under HCBS regulations. If you or someone else in the home run a home-based business, consider that customers may visit your home. The person receiving Shared Living may or may not want people visiting their home, may have days where they do not want visitors, or may change their mind about having visitors.

Some home-based businesses require background checks or other licensing regulations of all adults in the household. The person receiving Shared Living may or may not consent to be part of this process, or their background check results may impact your ability to be licensed for your home-based business.

Consider your availability if you are employed. In Shared Living, you ensure the person is available for round-the-clock support as needed.

Remember not to make assumptions and to consider the impact of aspects of your home and lifestyle upon a person who would live with you.

## How To Become A Shared Living Provider

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Administrative Oversight Agencies are responsible for contracting with Shared Living Providers, onboarding newly contracted SLPs, and for ensuring continued eligibility to provide the service. If you are interested in becoming a contracted Shared Living Provider, you will need to connect with an Administrative Oversight Agency. You have choice in which Agency you work with to provide Shared Living.

For a list of Agencies, visit: <https://www.maine.gov/dhhs/oads/providers/provider-directory/residential-services>

Each Administrative Oversight Agency may have their own requirements for Shared Living Providers, which must meet the requirements outlined in the MaineCare Benefits Manual. To become a Shared Living DSP, you must be qualified and certified as outlined in the requirements set by MaineCare. You must contract with an Oversight Agency that will be responsible for ensuring that you meet MaineCare requirements.

Shared Living Providers are not paid wages for the services provided. Instead, they receive a stipend at a rate set by the Administrative Oversight Agency.

For detailed information on DSP qualifications for Shared Living, including background check and training requirements, for Section 21, please reference Section 21.10-7 of Chapter 2, Section 21. For the same information for Section 29, please reference Section 29.10-5 of Chapter 2, Section 29.

As a Shared Living DSP, you must contract with an Administrative Oversight Agency and comply with all DHHS-OADS and MaineCare requirements. If, while under contract, you wish to change Administrative Oversight Agency, the individual or his/her guardian must have informed consent.

## The Person-Centered Planning Process

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As a DSP, you may work closely with the individual's case manager to discuss their needs, wants, and person-centered plan. You may also collaborate with other people in the individual's support network.

The individual decides who is on their planning team, which may or may not include their DSPs or other providers. Start a conversation with them to learn about the person you serve. These are some questions you might ask:

- Do you have things you want to share about your life?
- Which Person-Centered tools, like those linked below, do you want to work on with me?
- What do you want me to know about your Person-Centered Plan or goals?

This can be a good way to orient your thinking and how you provide support for that individual. What the individual wants or needs will be part of their Person-Centered Planning process with their Team.

If the person wishes to engage with you in the Person-Centered process, there are many tools available for you to explore together on the OADS website as well as on LifeCourse Tools:

<https://www.maine.gov/dhhs/oads/providers/adults-with-intellectual-disability-and-autism/person-centered-planning>

<https://www.lifecoursetools.com/>

## When The Shared Living Provider is Related to the Individual

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Regardless of relationship, the Shared Living Provider must be certified as a Direct Support Professional (DSP) and qualified to provide Shared Living, per rule.

There may be new boundaries or requirements that you are not used to if you are a DSP who is also a family member. You will be expected to help your family member work toward their goals and document the type of support you are providing. What you do to support them is what they want and must be in compliance with [HCBS regulations](#). If you are not used to the rights specified in the HCBS rule, this will be a different way of supporting your family member than you have done prior to becoming a DSP. Things you should think about before you apply include: right to visitors, right to property, and access to food. HCBS rights cannot be suspended as punishment. If you're a relative thinking of providing SL, talk with your relative that you want to provide services about how different the relationship may be. Discuss ways to communicate openly about being a relative and a paid DSP. If the SL situation is agreeable to all, then move forward.

There are specific rules around services provided by a legal guardian. The Oversight Agency ensures you are qualified to deliver the service.

## Relationships with Oversight Agencies

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Questions to ask an agency when determining how they will support you. This will help you determine if the agency will be a good fit for you:

- How long has your agency been active? Can you tell me about your mission, history, leadership?
- How many Shared Living DSPs do you oversee?
- Who is my point of contact?
- How many individuals receiving Shared Living do they support?
- How often will I hear from you?
- How do you handle questions and communication?
- How often will you visit my service location?
- How will you support me with mandatory and event reporting?
- What are the expectations regarding the transportation of the person who lives with me?

- What are your daily rates? What is your process for reviewing per diem rates?
- How is respite handled?
- What are your documentation requirements?
- Is there agency assistance during emergencies? What is the process for dealing with Shared Living Provider emergencies?

## Oversight Agency Responsibilities

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Responsibilities of the Oversight Agency are outlined in the “Shared Living Guide for Oversight Agencies” document available on the OADS website:

<https://www.maine.gov/dhhs/oads/providers/adults-with-intellectual-disability-and-autism/shared-living>

## Responsibilities of the Shared Living Provider

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- Implementing HCBS standards, ensuring opportunities for growth and community engagement for the supported individual.
- Keeping current with all training and MaineCare requirements.
- Respect the values of the individual, whether you agree or not: in religion, beliefs, culture, etc.
- Setting expectations of sharing a home.
  - o What parts are fully accessible to the individual?
  - o In what parts of the home can the individual expect complete privacy?
  - o Where can they decorate or make other changes to the living environment?
  - o Is there an outdoor space to use?
- Understanding and respecting the individual’s planning goals and life dreams.
- Provide daily support for the individual per the PCP.
- Understanding the rules and regulations around accepting public money (MaineCare) in exchange for services rendered to the individual.
- Understanding documentation and reporting responsibilities including progress notes, billing documentation, reportable events, and Adult Protective.
- Participating in Reportable Events training, understanding what needs to be reported, and your Oversight Agency’s reporting obligation timelines.
- Participation in action plans, as appropriate, to prevent the reoccurrence of a reportable event that occurred under the oversight of the SLP.
- Submit requests for reimbursement of up to \$125.00 of the cost of Medication Administration training within 30 calendar days of course completion. Approval of reimbursement requires that DSP certification be current and up-to-date with ongoing education requirements. In cases where reimbursement is denied due to out-of-date DSP training/certification requirements, the DSP will have 60 calendar days to complete training requirements and resubmit for reimbursement.

- Reimbursement requests submitted more than 90 days past the date of course completion will not be fulfilled.
- Enter into a contract with an Oversight Agency to provide Shared Living.
- Actively participate as part of the individual's circle of support and work collaboratively with other members of the circle in ensuring the needs and goals of the individual are being met.
- Comply with the requirements set out by the Oversight Agency as well as program rules and requirements.
- Request respite coverage from the Oversight Agency, which is responsible for facilitating the process. Respite may be used as a needed break or when otherwise needed.
- For homes receiving an increased level of support under Section 21.15 Appendix I, the provider must complete the Home Support Frequency tool as required.
- Assist with transition plans, move-in plans, and/or move-out plans.

## Resources for Shared Living Providers

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- MaineCare Benefits Manual Chapters: <https://www.maine.gov/sos/cec/rules/10/ch101.htm>
- OADS Person-Centered Planning Webpage: <https://www.maine.gov/dhhs/oads/providers/adults-with-intellectual-disability-and-autism/person-centered-planning>
- OADS Shared Living Webpage: <https://www.maine.gov/dhhs/oads/providers/adults-with-intellectual-disability-and-autism/shared-living>
- Reportable Events Webpage: [Reportable Events | Department of Health and Human Services \(maine.gov\)](#)
- Subscribe to MaineCare and OADS Gov Delivery: [Maine Department of Health & Human Services \(govdelivery.com\)](#)