



HCRS

HEALTH CARE & REHABILITATION SERVICES
OF SOUTHEASTERN VERMONT

To: Shared Living Provider Applicants
From: HCRS Program Development Department
Re: Reference Checks

Headquarters:
390 River Street
Springfield, VT 05156
(802) 886-4500
www.hcrs.org

Accredited by the
Joint Commission

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.





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Reference Check Form for Shared Living Provider (SLP) Employment
You are filling this out for _____

Headquarters:
390 River Street
Springfield, VT 05156
(802) 886-4500
www.hcrs.org

SHARED LIVING PROVIDER REFERENCE CHECK

You may return this from by mail or email.

**Mail to: Attention Ashley Crowley,
Residential Developer
390 River ST. Springfield VT, 05156
within 5 days of receipt.
Or email to: acrowley@hcrs.org**

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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?

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 acrowley@hcrs.org or I'm available on my cell at 802-282-9557.

Please include your name and contact information



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