



Reference Check Form for Shared Living Provider (SLP) at HCRS

This form collects feedback on the applicant's suitability for a contracted Shared Living Provider role through HCRS.

Applicant's Name: _____

Your Name: _____

Your Relationship to Applicant: _____

Phone Number: _____

Email Address: _____

Please provide detailed answers to the following questions regarding the applicant:

- 1. How long have you known the applicant, and in what capacity?**
(Please describe your relationship with the applicant, including how long you've known or worked with them and in what context.)

- 2. What qualities or strengths do you believe make the applicant a good candidate for a Shared Living Provider role?**
(Consider their character, work ethic, compassion, and any relevant skills.)

3. **Can you speak to the applicant’s ability to support individuals with developmental disabilities or other special needs?**

(Please describe any relevant experience, skills, or knowledge they have in this area.)

4. **How would you describe the applicant’s communication skills?**

(Please comment on their ability to communicate effectively with others.)

5. **Do you anticipate any challenges for this applicant in providing person-centered support when working with individuals?**

(This includes supporting individuals in achieving their own goals and making decisions, even if those choices differ from the applicant's personal preferences. Please provide examples if relevant.)

6. **How does the applicant handle stressful or emergency situations?**

(Please provide any relevant examples or observations.)

7. **Do you believe the applicant can support an individual with a disability in their home setting?**

(This may include assisting with daily living activities, personal care, or providing emotional support. Please explain why or why not.)

8. **What other relevant information would you like to share regarding the applicant's suitability for this position?**

9. **Would you recommend this applicant for the Shared Living Provider role? Why or why not?**

(Please provide your overall assessment.)

Reference Signature:

Signature: _____ Date: _____

How to Return This Form

Option 1: Email	Option 2: Mail
To: Ashley Crowley	To: Ashley Crowley
 acrowley@hcrs.org	258 River Street
	Springfield, VT 05156

If you have any questions or need assistance while completing this form, please contact:

Program Development Team

 slp_group@hcrs.org