



Royer-Greaves School for Blind

118 South Valley Road
Paoli, PA 19301
Phone (610) 644-1810
Fax (610) 644-8164

Royer-Greaves Services Lifesharing Interest Form

Name: _____ Phone number: _____ Cell: _____

Address: _____ City: _____ State _____

County of residence: _____ Township: _____

Marital status (please check): Married _____ Single _____ Other _____

Household Members Names	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Are you over the age of 21? Yes No
2. Do you consider yourself in good physical and mental health? Yes No
3. Do you receive a steady source of income which you feel is adequate to meet your family's needs? Yes No
4. Are you willing to attend the required Life sharing Presentation and in-service trainings on a regular basis? Yes No
5. Do you have access to a car or to public transportation? Yes No
6. Are you currently providing Personal care, Foster care or Day Care in your home Yes No
7. Do you have an available bedroom? Yes No
Where is the bedroom located: 1st floor 2nd Floor other? _____
8. Have you had experience with persons with and Intellectual /development Disability or Autism? Yes No
If yes, in what capacity? _____
9. How did you learn about our program? _____
10. Have you ever applied or contracted with another agency to provide Lifesharing services? Yes No
If yes, with whom and when? _____
11. Are you willing to do Substitute/Respite care? Yes No
12. Are you able to communicate with someone in any other languages (including sign)? Yes No
If yes, which ones? _____
13. Have you ever assisted someone with a vision disability? Yes No
If yes, describe: _____

Comments: _____

Person Completing Form: _____ Date: _____