



Quality Life Service L.L.C.
Promoting choice and life long relationships!

10701 Melody Dr. Suite 610 Northglenn, CO 80234 (303) 439-2122 fax (303) 439-2622

PROVIDER PROFILE PACKET

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____

DATE: _____

The following documents must be on file at Quality Life Service prior to unsupervised contact with any individual. QLS will need the following:

- Background(CBI), Motor Vehicle/Colorado Adult Protection (CAPS) check (QLS will complete)
- Current Medication Certification (QMAP) (QLS can provide course)
- Current CPR and First Aid Certification
- At least 2 reference checks (QLS will complete)
- Current Auto Insurance
- Current Home Owners Insurance
- Persons Centered Thinking training (Will complete with QLS)
- HUD inspection (QLS will complete)
- Professional Liability (within 60 days of placement)

Any questions please contact: Anita Gulati/Director 303-439-2122 Ext: 36 or agulati@qualitylifeserv.com



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Name: _____
Last First Middle

Address: _____
Number and Street

City County State Zip Code

Home Phone: _____ **Work Phone:** _____

Education:

Circle last grade of school completed: 8 9 10 11 12 13 14 15 16

Colleges or Universities, Business Schools, Trade Schools attended:

School Name/Location: _____

Dates Attended: _____ Degree/Certificate: _____

School Name/Location: _____

Dates Attended: _____ Degree/Certificate: _____

References -Two Professional, Two Personal

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

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Name: _____ Relationship: _____

Address: _____ Phone Number: _____

List professional organizations you belong to, special skills, certificates, etc: _____

What means of transportation do you utilize? _____

Do you own a wheelchair accessible vehicle (circle one)? Yes or No

Employment Experience: (Begin with your most recent employment. If employment was less than full-time, indicate hours per week worked)

Present Employer: _____ Supervisor Name/Title: _____

Address: _____

Phone Number: _____ Dates Employed: From _____ To _____

Position & Description of Duties: _____

Employer: _____ Supervisor Name/Title: _____

Address: _____

Phone Number: _____ Dates Employed: From _____ To _____

Position & Description of Duties: _____

Reason for Leaving: _____

Employer: _____ Supervisor Name/Title: _____

Address: _____



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Phone Number: _____ Dates Employed: From _____ To _____

Position & Description of Duties: _____

Reason for Leaving: _____

May we contact your past and present employers? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, explain: _____

I hereby certify that the statements made by me in this packet are true, complete, and correct to the best of my knowledge. I understand to be a provider, QLS may verify information in the packet, drivers record, and criminal history. I understand falsification in the packet may nullify any contract.

Signature

Date

Household Information

Do you rent or own your home? ☐ Rent ☐ Own

If you rent your home please provide your landlords contact.

Name _____ Phone _____

If you own your home please list the owner.

Name _____ Phone _____

This is your primary residence and you not operate any other homes for care of Individuals? Yes or No

If no, please explain _____

Year house was built? _____ Length of time at current residence? _____

Total number of rooms: _____



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Total number of bedrooms: _____

Square footage of available bedrooms: _____

Style of home: ☐ Ranch ☐ Two Story ☐ Bi-Level ☐ Tri-Level ☐ Other: _____

Is your residence wheelchair accessible (includes entrance, bathroom, door ways etc.)? Yes or No

Please identify other household members:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Provider/Consumer Match Inventory

When people live together, there is a greater chance of success if we have a general profile of the kind of person you would be interested in living with. The following information will be utilized in assisting in Quality Life Service L.L.C. in making an appropriate match. Please complete the following information as described in the directions.

Please check all items that apply regarding characteristics of people you would be open to living with:

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Smoker | <input type="checkbox"/> Behaviorally Challenged | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Non-Smoker | <input type="checkbox"/> No Day Program | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Part-Time Day Program | <input type="checkbox"/> Uses Walker |
| <input type="checkbox"/> Female | <input type="checkbox"/> Full-Time Day Program | <input type="checkbox"/> Cerebral Palsy |



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- | | | |
|--|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Needs to be fed | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> 18-21 years old | <input type="checkbox"/> G-Tube Fed | <input type="checkbox"/> Partially Sighted |
| <input type="checkbox"/> 21-30 years old | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Blind |
| <input type="checkbox"/> 31-50 years old | <input type="checkbox"/> Needs Peri Care | <input type="checkbox"/> Enjoys Children |
| <input type="checkbox"/> 51+ years old | <input type="checkbox"/> Support to Bath | <input type="checkbox"/> Enjoys Animals
(dogs, cats, birds, etc.) |

Please specify any other characteristics that are important to you: _____

Provider Interest Inventory

When people live together, there is a greater chance of success if there are common interests. This inventory will be utilized to assist Quality Life Service L.L.C. in making the best possible match. Please check the appropriate number for each interest/activity involved currently with your household.

Leisure Activities Around Home

- | | | | | |
|--------------------|--------------------------------|------------------------------------|---------------------------------|--------------------------------|
| Television | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Table Games | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Exercises | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Gardening | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Household Chores | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Taking walks/hikes | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Crochet/Crafting | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Drawing/Painting | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Listening to Music | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |



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Outdoor Sports	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Reading Books/Magazines	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Photography	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Keeping a Pet	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Hosting Friends/Socializing	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Cooking	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Community Activities				
Going out to eat	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Bowling	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Movies	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Sporting Events	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Shopping	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Museums	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Church/Worship	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Concerts	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Dancing/Parties	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Swimming	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Camping	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Amusement Parks	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Recreation Centers	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Fishing	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never



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I _____, allow you to release information to
(Print Name)

Quality Life Service L.L.C. pertaining my contract and/or employment
work with your agency.

HHP/FCG Signature: _____ Date: _____