



Dear applicant,

Thank you for your interest in ElderHelp's HomeShare Program. The purpose of the program is to match people looking for a housemate with individuals seeking affordable housing. It is an opportunity to significantly lower your housing costs while remaining independent at home.

Before you decide to start the enrollment process, please take a look at the "**Eligibility Criteria for HomeShare Provider Applicants**." If you decide to enroll in the program, please read the "**Provider Orientation Packet**" thoroughly, complete the "**Provider Screening Form**", and return it using one of the following options:

- Mail to or drop off at the nearest HomeShare office:
 - **Central:** 3860 Calle Fortunada, Suite 101, San Diego, CA 92123
 - **Poway:** 13094 Civic Center Dr., Poway, CA 92064
- Fax to the nearest HomeShare office:
 - **Central:** 619-284-0214
 - **Poway:** 858-748-6252

Upon receipt of the screening form, a HomeShare coordinator will call you to schedule a one (1) hour personal interview at your home.

After you have reviewed the enclosed material, should you have any questions or comments, please contact the nearest HomeShare office.

Central San Diego: 619-284-9281
Poway: 858-748-9675

Sincerely,

The HomeShare Team

Eligibility Criteria for HomeShare Provider Applicants

Personal Requirements

- You like the idea of a housemate and want to participate in HomeShare.
- You are able to participate in the interview and assessment process without the help of a third party. A family member or trusted friend may be present; however, you must answer all of the questions yourself.
- You are able to provide for your own personal care, or have other help in place to assist you with your personal care needs.
- You are able to transfer on your own if you use a wheelchair.
- You do not need assistance during the night, except in a case of an emergency.
- You do not need 24-hour care and/or supervision.
- You can advocate for yourself and communicate openly and clearly.
- You are a person of good character.

Residency Requirements

- Reside in the city of San Diego, in a 921... zip code, or in the cities of Poway, El Cajon, La Jolla, or Encinitas.
- Your home must be safe and clean.

Sharing your Home

- You must have private bedrooms for you and your housemate(s), as well as, a private or shared bathroom inside your home.
- You must be willing to share the common areas of your home, to include kitchen privileges.

Income Requirements

- You will be asked what the amount and source of your monthly income is.
**Note: Income verification is purely for statistical purposes only.*

Health Screening Requirements

- A signed release giving ElderHelp permission to send a questionnaire to your healthcare provider, or providers, is usually required.

Reference Requirements

- Three (3) personal references who have known you at least five (5) years and with whom you have regular contact.
- References may not be family members, significant others, or life partners.
- References may be friends, neighbors, professional colleagues, pastors, and others with whom you have regular contact with.

ElderHelp

3860 Calle Fortunada, Suite 101, San Diego, CA 92123

P: 619-284-9281 F: 619-284-0214

www.elderhelpofsandiego.org



HomeShare Program
Provider Screening Form

HomeShare staff: _____ Date: _____

Applicant name: _____ Age: _____ Gender: M F MTF FTM

Phone: _____

Address: _____

Family contact name: _____ Phone: _____

Do you have a Conservator or Power of Attorney handing your affairs? [] Yes [] No
If yes, may we contact that individual on your behalf? [] Yes [] No
Conservator/POA name: _____ Phone: _____

Where did you learn about the HomeShare Program? _____

Why are you interested in HomeShare? _____

Have you applied for, or been enrolled in, the HomeShare Program before? [] Yes [] No
If yes, were you matched? [] Yes [] No
Who were you matched with? _____

Is anyone else currently living with you? [] Yes [] No
If yes, please explain: _____
Will this person(s) continue to live with you? [] Yes [] No

Do you have any memory problems? [] Yes [] No
Do you have any mobility problems? [] Yes [] No
If yes, what—if any—mobility aids do you use? _____

Have you had any injuries, falls, or hospitalizations within the last year? [] Yes [] No
If yes, provide a brief description of the circumstances: _____

Do you currently need assistance with any of the following?

- Bathing Dressing Eating Toileting Transferring
 Taking med. Assistance at night Other: _____

Is anyone assisting you with the above listed activities? Yes No

If yes, briefly explain: _____

What type of home do you live in?

- House Condo Apt. Manufac. home Senior complex

Do you own or rent the home? O R

If renting, will your landlord allow you to take in a housemate? Yes No

Will your landlord require that your housemate be added to the agreement? Yes No

Are you offering a private bedroom? Yes No

Are you offering a private bathroom? Yes No

What date is the room available? _____

If you are interested in a **service exchange arrangement**, what might you request assistance with?

- Laundry Cooking Errands Housekeeping Transportation
 Yardwork Handyperson Pet care Companionship
 Medication reminders Other services: _____

If you are interested in a **rental arrangement**, what amount of rent do you desire? \$ _____

Is the rental amount negotiable? Yes No

Do you require a deposit? Yes No

If so, in what amount? \$ _____

Additional comments:

Receipt of ElderHelp HomeShare Program Information

By signing below, you consent to the following statement: I have received the *HomeShare Program Provider Orientation Packet* outlining the current HomeShare Program policies. I have either read it, or had it read to me carefully. I agree that I will maintain and abide by all HomeShare policies while participating in the HomeShare Program. I understand that this document has been prepared for the information/guidance of all HomeShare participants. It is intended to cover the policies and conduct most often applied to HomeShare activities. I accept that, with time, the information will change as these policies are under constant review. I understand that I will be notified in writing of any such changes.

Signature: _____ Date: _____