

Supplemental Information for Customer Matching

Applicant

Staff

Name: _____ Date: _____

Counties Interested In Serving

- Cabarrus Cleveland Davidson Gaston Lincoln
 Mecklenburg Rowan Stanly Union York

Services Interested In Providing

- Alternative Family Living Community Guide Community Respite
 Community Works Developmental Therapy Group Living
 Home & Community Supports - Group Home & Community Supports - Individual Home Supports - Daily
 Home Supports - Group Home Supports - Hourly Hourly Respite - Group
 Hourly Respite - Individual Open Opportunities Personal Assistance
 Personal Care Residential Supports Supervised Living
 Supported Employment Targeted Case Management

Availability

- Monday Morning Monday Afternoon Monday Evening Monday Overnight
 Tuesday Morning Tuesday Afternoon Tuesday Evening Tuesday Overnight
 Wednesday Morning Wednesday Afternoon Wednesday Evening Wednesday Overnight
 Thursday Morning Thursday Afternoon Thursday Evening Thursday Overnight
 Friday Morning Friday Afternoon Friday Evening Friday Overnight
 Saturday Morning Saturday Afternoon Saturday Evening Saturday Overnight
 Sunday Morning Sunday Afternoon Sunday Evening Sunday Overnight
 Open to most times

Experience

- At Risk Youth Hearing Impaired Deaf
 Non-Verbal Visually Impaired Autism Spectrum
 Medically fragile MR/MI Substance Abuse
 Emotional/Behavioral Challenges Mental Illness Non-Ambulatory
 Angelmann's Syndrome Pica Polydipsia Prader Willi Syndrome
 William's Syndrome Traumatic Brain Injury

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Skills and Training

- | | | |
|---|--|---|
| <input type="checkbox"/> AFL | <input type="checkbox"/> Animal Therapy | <input type="checkbox"/> Augmentive Communication Equipment |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> CNA Skills | <input type="checkbox"/> Colostomy |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Cooking | <input type="checkbox"/> G-Tube |
| <input type="checkbox"/> Lifting 0-25 lbs | <input type="checkbox"/> Lifting 26-50 lbs | <input type="checkbox"/> Lifting Over 50 lbs |
| <input type="checkbox"/> Other Adaptive Equipment | <input type="checkbox"/> Outdoor Recreational Activities | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> Special Feeding | <input type="checkbox"/> TEACCH/Lovas | <input type="checkbox"/> High Activity Level |

Language

- | | | |
|---------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> ASL | <input type="checkbox"/> English | <input type="checkbox"/> French |
| <input type="checkbox"/> German | <input type="checkbox"/> Spanish | |

Interested in Serving

- | | | |
|---|--|---|
| <input type="checkbox"/> Infants/Toddlers (0-3) | <input type="checkbox"/> Children (4-17) | <input type="checkbox"/> Young Adults (18-20) |
| <input type="checkbox"/> Adults (21-54) | <input type="checkbox"/> Older Adult (55+) | |

Wish to Work

- | | | |
|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Community | <input type="checkbox"/> Customer's Home | <input type="checkbox"/> Staff's Home |
|------------------------------------|--|---------------------------------------|

Transportation

- | Travel to Consumer | Distance Willing to Travel Round Trip | Will Transport Consumer | Will Wheelchair Fit in Vehicle |
|------------------------------|---------------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> Yes | <input type="text" value=""/> | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | | <input type="checkbox"/> No | <input type="checkbox"/> No |

Home

- | | | |
|--|--|--|
| <input type="checkbox"/> Non-Smoking Environment | <input type="checkbox"/> No Stairs | <input type="checkbox"/> Wheelchair Accessable |
| <input type="checkbox"/> Wheelchair Available | <input type="checkbox"/> Crib | <input type="checkbox"/> Playpen |
| <input type="checkbox"/> Cats | <input type="checkbox"/> Dogs | <input type="checkbox"/> Other Pets |
| <input type="checkbox"/> Children | <input type="checkbox"/> Private Bedroom | <input type="checkbox"/> Private Bathroom |

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Specific Interests & Hobbies

Sports :

- | | | | |
|-----------------------------------|-------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Basketball | <input type="checkbox"/> Bowling | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Jogging | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Other | | |

Arts & Crafts :

- | | | | |
|---|---|----------------------------------|--------------------------------|
| <input type="checkbox"/> Jewelry Making | <input type="checkbox"/> Painting/Drawing | <input type="checkbox"/> Pottery | <input type="checkbox"/> Other |
|---|---|----------------------------------|--------------------------------|

Music :

- | | | | |
|---------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Appreciation | <input type="checkbox"/> Concerts | <input type="checkbox"/> Instruments | <input type="checkbox"/> Singing |
|---------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|

Miscellaneous :

- | | | | |
|--|---|-------------------------------|-----------------------------------|
| <input type="checkbox"/> Horses | <input type="checkbox"/> Cats | <input type="checkbox"/> Dogs | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Watching Movies | <input type="checkbox"/> Reading & literature | | |