



HOME SHARE SEEKER APPLICATION

Thank you for your interest in the **Home Share Program** at Senior Services for South Sound!

We look forward to partnering with you to find your new Home Share housemate. The Home Share Program is designed to provide stable and affordable housing for both the **Home Seeker** and Home Provider. Providers and Seekers are matched on the basis of compatibility and it can take weeks or months to find a compatible match. It is important to note that the Home Share Program is not an emergency shelter program, and placement is not based upon vulnerability. **We cannot guarantee a match.**

Return your completed application and \$35 non-refundable processing fee to Home Share Program, Senior Services for South Sound, 222 Columbia St NW, Olympia, WA 98501. You may also access the application and Frequently Asked Questions about the Home Share Program on our website at **www.southsoundseniors.org**.

- ☐ Completed Application (including photocopy of driver's license or ID card)
- ☐ Three References
- ☐ \$35 Application Fee (for each applicant)
- ☐ Background Check
- ☐ Entrance Interview

It takes approximately three to seven business days to confirm acceptance into the program after the above has been completed and processed by our office. To expedite the application process, we recommend you notify your references in advance and encourage them to respond quickly. You may contact us by email regarding the status of your application at **homeshare@southsoundseniors.org**.

Thank you!



HOME SHARE SEEKER APPLICATION

Thank you for your interest in our Home Share Program. Please complete this application as accurately and as thoroughly as possible to help us make the best match for you.

Application is complete upon receipt of the \$35 application fee by cash, check, or credit card payment. Please make checks payable to **Senior Service for South Sound, Home Share**. Mail your application or deliver in person with your check to: 222 Columbia St NW, Olympia, WA 98501.

Section 1: **PERSONAL INFORMATION** - Please print all responses.

Name: _____
First Middle Last (Mr., Mrs. Ms., etc.)

Other Names Used: _____ Primary Language _____

Ethnicity/race (optional)

- | | |
|--|---|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black/African | <input type="checkbox"/> White (non-Hispanic) |
| <input type="checkbox"/> Native American/Alaska Native | <input type="checkbox"/> Other _____ |

Date of Birth: _____ Current Age: _____
(MM/DD/YYYY)

Your Pronouns:

- ☐ She/Her ☐ He/Him ☐ They/Them ☐ Other _____

Your Gender: _____



Section 1: **PERSONAL INFORMATION** – continued

Current Address: _____

City/Town: _____ State: _____ Zip: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: Home _____ Cell _____ Work _____

Email Address: _____

Emergency Contact: _____

First Name

Last Name

Phone Number

How long have you resided in Thurston County? _____

Have you lived in another state in the past 10 years? Yes ____ No ____ If yes, please list all states: _____

What is your relationship status?

☐ Married

☐ Domestic Partner

☐ Widowed

☐ Separated

☐ Single

☐ Other

Are you applying to this program with someone? If so, please list their name(s):

Do you have allergies (other than pet allergies): Yes ____ No ____ If yes, please describe your allergies: _____

Are you a U.S. Veteran: Yes ____ No ____ Military Branch? _____

Are you a gun owner? Yes ____ No ____

Do you have pets? Yes ____ No ____ If yes, please list type and breed of each pet:



Are you willing to rehome your pet if necessary for match placement? Yes _____ No _____
What is the weight (oz/lbs) of your largest pet? _____
Do you have pet allergies? Yes _____ No _____ If yes, please describe: _____

Section 2: **EMPLOYMENT/VOLUNTEER INFORMATION** – Please print response.

Please describe your employment history and any volunteer information you wish to share: _____

Section 3: **INCOME – PAST 30 DAYS – This section is required.**

Please list the dollar (\$) amount of monthly income you received:

☐ Supplemental
Security Income

☐ Social Security

☐ Child/Spousal
Support

☐ Housing Voucher

☐ Food Stamps

☐ Medical Voucher

☐ Veteran Benefits:

☐ Employment

☐ Other Income

Total Monthly Income: _____



Section 4: **PERSONAL REFERENCES**

Reference 1: _____

First Name

Last Name

Phone Number

Email Address

Reference 2: _____

First Name

Last Name

Phone Number

Email Address

Reference 3: _____

First Name

Last Name

Phone Number

Email Address

Section 5: **SUBSTANCE USAGE**

Do you use recreational drugs? Yes ____ No ____ If yes, please list: _____

Have you ever been, or are you currently, enrolled in an addiction treatment program?
Yes ____ No ____ If yes, please list the dates and treatment locations:

Do you consume alcohol? Yes ____ No ____

How many alcoholic drinks do you consume weekly on average? _____

Are you a smoker? Yes ____ No ____ Please list any/all tobacco products and/or recreational inhalant products (vaping) you use, including marijuana:

Section 6: **LEGAL/CRIMINAL HISTORY**

Have you ever been convicted of a felony? Yes ____ No ____ If yes, please list the convictions and dates: _____



Have you ever been convicted of a criminal misdemeanor? Yes _____ No _____

If yes, please list the convictions and dates: _____

Have you ever been involved in a **Child Protective Services (CPS)** case?

Yes _____ No _____ If yes, please list CPS involvement and description: _____

Have you ever been involved in an **Adult Protective Services (APS)** case?

Yes _____ No _____ If yes, please list APS involvement dates and description: _____

Have you experienced an incident of domestic violence in your home?

Yes _____ No _____ If yes, please provide the date(s): _____

☐ **Please enclose a copy of your driver's license or ID card.**

Section 7: **HOME SHARE PROGRAM**

Please select the top three (3) reasons you wish to enter the Home Share Program:

☐ Increase income

☐ Secure, stable
housing

☐ Increased quality of
life

☐ Companionship

☐ Meet monthly
housing expenses

☐ Help another person

☐ Receive services

☐ Maintain independent
living/housing

☐ Other reason

If you selected other, please describe the other reason(s) you wish to enter the Home Share Program: _____

How long do you expect the Home Share arrangement to last?

☐ 0-3 months

☐ 6-12 months

☐ 12-18 months

☐ Longer than 18
months



How did you learn about the Home Share Program?

- | | | | |
|------------------------------------|---------------------------------|--|--------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> TV | <input type="checkbox"/> Senior Services Member | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Friend | <input type="checkbox"/> Senior Services Publication | <input type="checkbox"/> Other |

If other, please explain: _____

If radio or TV, please provide the name of the program and the approximate date/time:

Describe what someone would like about you: _____

Section 8: **CURRENT HOUSING STATUS**

Are you currently homeless? Yes _____ No _____ If yes, how many times have you been homeless in the last three years? _____

Do you have stable housing? Yes _____ No _____ If yes, please select below:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Single family home | <input type="checkbox"/> Multi-family home | <input type="checkbox"/> Apartment |
| <input type="checkbox"/> Shared home /
apartment | <input type="checkbox"/> Mobile home | <input type="checkbox"/> Other _____ |

Are you currently unstably housed? Yes _____ No _____ If you do not currently have stable housing, please select below:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> Tent | <input type="checkbox"/> Abandoned building |
| <input type="checkbox"/> Car/truck/van/RV | <input type="checkbox"/> Other _____ | |

Please select your housing requirements:

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Furnished | <input type="checkbox"/> Unfurnished | <input type="checkbox"/> Partially
furnished | <input type="checkbox"/> Closet space |
| <input type="checkbox"/> Additional storage | <input type="checkbox"/> Private bathroom | <input type="checkbox"/> Vehicle parking | |



If you selected partially furnished and/or vehicle parking, please explain: _____

Can you live where there are stairs or other mobility barriers? Yes _____ No _____ If you selected no, please explain: _____

Do you have any ADA requirements? Yes _____ No _____ If you selected yes, please explain: _____

Please list any assistive devices you use. (Hearing aids, text to speech, braille displays, etc.): _____

What is the amount you currently pay in rent? _____

What is the maximum you can afford? _____

Are you willing to provide any services in exchange for reduced rent? Yes _____ No _____

If yes, please select the services you are willing to exchange for rent:

☐ Cleaning ☐ Cooking ☐ Light maintenance / repair work ☐ Gardening

☐ Yardwork ☐ Laundry ☐ Driving / errands ☐ Pet care

☐ Other (please describe): _____

We welcome any additional information you would like to provide:



Section 9: **CRIMINAL HISTORY POLICY**

It is the policy of Senior Services for South Sound to screen all applicants for criminal convictions. Washington state residents are screened through the Washington State Patrol. If an applicant has lived outside of Washington in the last ten (10) years, a multi-state background check is required.

A requirement for all applicants 18 years of age or older to the Home Share Program is a criminal and sexual offender background check. It is the policy of Senior Services not to refer any applicant to the program who has a background finding listed within WAC 388-113-0020. All crimes listed in this code are disqualifying. Upon receipt of an adverse report of criminal history that is not disqualifying, the applicant will be sent a letter requesting more information on the background finding. All background findings will be disclosed to any potential Home Share match.

Policy on nondiscrimination: All services offered by Home Share are provided without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, disability, and familial status.

I certify that I have read this Criminal History Policy and understand the above information.

Participant signature: _____ Date _____



Section 9: **CRIMINAL HISTORY POLICY** – continued

In order to ensure the safety of our clients, other volunteers, and staff, as well as to protect Senior Services for South Sound from risk of liability, you must agree to the following:

Criminal History Background Check

By signing below you authorize Senior Services for South Sound to conduct a thorough Criminal History Background Check at the time your Home Share Application is received. The Criminal History Background Check draws upon records from multiple sources, including, but not limited to, Washington Access to Criminal History (WATCH) and the National Sex Offender Registry (NSOR). An adverse background check finding does not automatically disqualify you from entering the Home Share Program; disqualifying offenses are listed in WAC 388-113-0020. If you have any criminal convictions, please list the nature of the offense(s) and conviction date(s) here: _____

Participant signature: _____ Date _____



Section 10: **AGREEMENT OF NON-LIABILITY / RELEASE OF INFORMATION**

Agreement of Non-Liability

I understand that the staff of Senior Services for South Sound will use their facilities to bring together those who have available housing (Home Provider) with those who express a desire for housing (Home Seeker). I, as the Home Provider/Home Seeker, understand that Senior Services for South Sound is not the agent of either party, but acts only as a facilitator to provide the opportunity for the parties involved to come together and work out an acceptable housing agreement.

Home Provider/Home Seeker hereby agrees to hold harmless, indemnify and defend Senior Services for South Sound, its employees, volunteers and agents from any and all claims, costs including reasonable attorney fees, arising out of the services provided by Senior Services for South Sound as a facilitator between the Home Provider and the Home Seeker.

I, as the Home Provider, am not relying entirely on Senior Services for South Sound to screen Home Seekers. All credit checks, references, and all other background information will be obtained and/or confirmed by myself.

I, as the Home Seeker, am not relying entirely on Senior Services for South Sound as to the Home Provider background or as to the condition of the premises and their sustainability for my needs. I agree to obtain and/or conform all information myself.

Any disputes between the Home Provider and Home Seeker which may arise shall not involve the staff of Senior Services for South Sound, either individually or as a group and I will not hold staff responsible for any claims, damages, or other consequences which may arise from any home sharing arrangement. I have also been advised to seek the services of an attorney should I have any questions about my legal rights and the laws of the State of Washington.

Participant signature: _____ Date _____



Release of Information (General)

I, _____, hereby authorize Senior Services for South Sound staff to send information to and discuss my specific circumstances with Senior Services for South Sound coordinators and staff of other agencies. It is understood that any interchange of information between staff and coordinators of Senior Services for South Sound and other agencies will be used only for purposes of attempting to determine appropriate services on my and my family's behalf.

I also hereby authorize Senior Services for South Sound staff to provide information supplied by myself to potential home sharers in the process of attempting to bring about a home sharing arrangement for me, including any information on any arrest and/or criminal convictions obtained by Senior Services for South Sound.

Participant signature: _____ Date _____

ACKNOWLEDGEMENT

I hereby acknowledge that I have read, understand, and agree to the terms of this document, and that I have answered all questions fully and truthfully.

Participant signature: _____ Date _____

Administrative Use Only

Received: _____ Interview: _____ Entered: _____



Program Exit Guidelines

Senior Services for South Sound is a non-discriminatory, equal opportunity, non-profit social services organization. For over 45 years, the organization has been committed to improving the lives of people as they age. The Home Share program is an integral part of the senior program offerings available to our community.

A requirement for all applicants 18 years of age or older to the Home Share Program is a criminal and sexual offender background check. It is the policy of Senior Services not to refer any applicant to the program who has a background finding listed within WAC 388-113-0020. All crimes listed in this code are disqualifying. Please see the enclosed document for the list of disqualifying crimes. **Below is a list of reasons a client *may* no longer receive services and be exited from the Home Share Program. Please check and initial all appropriate reasons for dismissal from the Program (Provider or Seeker).**

- o Falsifying information on the Home Share application, direct interviews, or personal references.
- o Violence or threats of violence towards Home Share housemates or Senior Services for South Sound staff members.
- o Intentional damage done to the property of a Home Provider or Home Seeker.
- o Crossing expressed boundaries of Home Share housemates or Senior Services for South Sound staff members.
- o Unable to contact a non-matched program client by telephone, email, or mail after three months.
- o Failure to comply with services or rent agreed upon by the Home Seeker and Home Provider in their signed Living Together Agreement.
- o If the Provider's home becomes uninhabitable or unfit for home sharing.

I understand the above Program Exit Guidelines.

Participant signature: _____ Date _____

WAC 388-113-0020 Which criminal convictions and pending charges automatically disqualify an individual from having unsupervised access to adults or minors who are receiving services in a program under chapters 388-71, 388-101, 388-106, 388-76, 388-78A, 388-97, 388-825, and 388-107 WAC? (1) Individuals who must satisfy background checks requirements under chapters 388-71, 388-101, 388-106, 388-76, 388-78A, 388-97, 388-825, and 388-107 WAC must not work in a position that may involve unsupervised access to minors or vulnerable adults if the individual has been convicted of or has a pending charge for any of the following crimes:

- (a) Abandonment of a child;
- (b) Abandonment of a dependent person;
- (c) Abuse or neglect of a child;
- (d) Arson 1;
- (e) Assault 1;
- (f) Assault 2 (less than five years);
- (g) Assault 3 (less than five years);
- (h) Assault 4/simple assault (less than three years);
- (i) Assault 4 domestic violence felony;
- (j) Assault of a child;
- (k) Burglary 1;
- (l) Child buying or selling;
- (m) Child molestation;
- (n) Coercion (less than five years);
- (o) Commercial sexual abuse of a minor/patronizing a juvenile prostitute;
- (p) Communication with a minor for immoral purposes;
- (q) Controlled substance homicide;
- (r) Criminal mistreatment;
- (s) Custodial assault;
- (t) Custodial interference;
- (u) Custodial sexual misconduct;
- (v) Dealing in depictions of minor engaged in sexually explicit conduct;
- (w) Drive-by shooting;
- (x) Drug crimes involving one or more of the following:
 - (i) Manufacturing or possession with the intent to manufacture a drug;
 - (ii) Delivery or possession with the intent to deliver a drug other than marijuana;
 - (iii) Delivery of marijuana (less than three years).
- (y) Endangerment with a controlled substance;
- (z) Extortion 1;
- (aa) Extortion 2 (less than five years);
- (bb) Forgery (less than five years);
- (cc) Homicide by abuse, watercraft, vehicular homicide (negligent homicide);
- (dd) Identity theft (less than five years);
- (ee) Incendiary devices (possess, manufacture, dispose);
- (ff) Incest;
- (gg) Indecent exposure/public indecency (felony);
- (hh) Indecent liberties;
- (ii) Kidnapping;
- (jj) Luring;
- (kk) Malicious explosion 1;
- (ll) Malicious explosion 2;
- (mm) Malicious harassment;

(nn) Malicious placement of an explosive 1;
 (oo) Malicious placement of an explosive 2 (less than five years);
 (pp) Malicious placement of imitation device 1 (less than five years);
 (qq) Manslaughter;
 (rr) Murder/aggravated murder;
 (ss) Possess depictions minor engaged in sexual conduct;
 (tt) Promoting pornography;
 (uu) Promoting prostitution 1;
 (vv) Promoting suicide attempt (less than five years);
 (ww) Prostitution (less than three years);
 (xx) Rape;
 (yy) Rape of child;
 (zz) Residential burglary;
 (aaa) Robbery 1;
 (bbb) Robbery 2 (less than five years);
 (ccc) Selling or distributing erotic material to a minor;
 (ddd) Sending or bringing into the state depictions of a minor engaged in sexually explicit conduct;
 (eee) Sexual exploitation of minors;
 (fff) Sexual misconduct with a minor;
 (ggg) Sexually violating human remains;
 (hhh) Stalking (less than five years);
 (iii) Theft 1 (less than ten years);
 (jjj) Theft from a vulnerable adult 1;
 (kkk) Theft 2 (less than five years);
 (lll) Theft from a vulnerable adult 2 (less than ten years);
 (mmm) Theft 3 (less than three years);
 (nnn) Unlawful imprisonment;
 (ooo) Unlawful use of building for drug purposes (less than five years);
 (ppp) Use of machine gun in a felony;
 (qqq) Vehicular assault;
 (rrr) Violation of temporary restraining order or preliminary injunction involving sexual or physical abuse to a child;
 (sss) Violation of a temporary or permanent vulnerable adult protection order (VAPO) that was based upon abandonment, abuse, financial exploitation, or neglect; and
 (ttt) Voyeurism.

(2) If "(less than ten years)," "(less than five years)," or "(less than three years)" appears after a crime listed in subsection (1) of this section, the individual is not automatically disqualified if the required number of years has passed since the date of the conviction. This will result in a letter from the background check central unit indicating a character, competence, and suitability review is required before allowing unsupervised access to children or vulnerable adults. This provision applies to convictions that the department has determined under subsection (3) of this section as equivalent to a crime listed in subsection (1) of this section once the period of time listed in subsection (1) of this section has passed.

(3) When the department determines that a conviction or pending charge in federal court or in any other court, including state court is equivalent to a Washington state crime that is disqualifying under this section, the equivalent conviction or pending charge is also disqualifying.

(4) In instances where a court has issued a certificate of restoration of opportunity of one of the crimes listed above, according to the procedure in RCW 9.97.020, the conviction is not automatically disqualifying but is subject to a character, competence, and suitability review.

[Statutory Authority: RCW 74.08.090, 43.43.842, and 74.39A.056. WSR 21-23-014, § 388-113-0020, filed 11/4/21, effective 12/5/21; WSR 18-08-066, § 388-113-0020, filed 4/2/18, effective 5/3/18. Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.056. WSR 14-14-025, § 388-113-0020, filed 6/24/14, effective 7/25/14.]