SERVICE EXCHANGE PUBLIC INFORMATION FORM

This form only applies to those offering work/services (rather than money) in exchange for a room. The information you provide on this form will be available to all other Project Share clients. It may be read to clients during phone referrals or viewed by clients during office visits.

Please print clearly and fill this as completely as you are willing.

DATE

FIRST NAME

SEX

AGE

Do you have a child, family member or partner who will live with you? If so, please list first name and age:

HOME PHONE

What times are you willing to receive calls at this number?

Earliest

Latest

Best

Does voicemail pickup if no answer? Yes □ No □

How often do you check messages?

CELL PHONE

What times are you willing to receive calls at this number?

Earliest

Latest

Best

WORK PHONE

What times are you willing to receive calls at this number?

Earliest

Latest

Best

EMAIL

LOCATION

If you are a home seeker, to which East Bay Area cities/locations are you willing to relocate?

Transportation

Do you have a current driver’s license? Yes □ No □

Do you have a reliable car? Yes □ No □

Do you need to be near public transportation? Yes □ No □

Smoking

Do you smoke? Yes □ No □

If so, are you willing to smoke outside? Yes □ No □

Are you willing to live with housemates who smoke indoors? Yes □ No □

Are you willing to live with housemates who smoke outdoors? Yes □ No □

Drinking

How often do you drink alcohol? Once a week? □

2 – 3 times a week? □

4 or more times a week? □

Will you tolerate housemates who drink at home: Once a week? □

2 – 3 times a week? □

4 or more times a week? □

Pets

Do you have pets? Yes □ No □

If yes please describe:

Would you be willing to live in a home where there are pets? Yes □ No □

Availability

When would you be available to begin a live-in helper arrangement?

About how many hours a week can you be available to work for a person in exchange for rent?

Occupation

What is your current occupation?

Schedule

Do you work a part-time □ or full-time □ job?

What is your schedule?

Would you be available for an arrangement which required you to be home overnight every night (except for days off)?

Please check those following services which are needed/offered:

□ Cooking

□ Laundry

□ Yard work

□ Companionship

□ Personal Care

□ Other (specify) □

□ Childcare

□ Shopping

□ Housework

□ Transportation

□ Yard work

□ Other (specify) □
Please write something about yourself and your current situation, your experience with live-in helper arrangements (if you have any), and what kind of person you would like to live with.


References:
1) Name: ___________________ Relationship: ___________________ Phone: ___________________
2) Name: ___________________ Relationship: ___________________ Phone: ___________________
3) Name: ___________________ Relationship: ___________________ Phone: ___________________
(Examples of references: current or former supervisor, social worker, landlord or current/former housemate. Please inform these references that you have listed them here and keep in mind that any Project SHARE client may call them.)