

For Office use ONLY

INIT _____

ID# SE- _____

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 **indoors**? 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:

- | | | |
|--|---|--|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Laundry | <input type="checkbox"/> Yard work |
| <input type="checkbox"/> Companionship | <input type="checkbox"/> Personal Care | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Shopping | _____ |
| <input type="checkbox"/> Housework | <input type="checkbox"/> Transportation | _____ |

