Department of Disabilities, Aging, and Independent Living (DAIL)

Shared Living Program, Home Safety Inspection

**Shared Location Agreement Form**

January 2023

DAIL considers a shared living home to be a **shared location** when more than one Provider Agency provides services to more than one individual receiving DAIL funded services at the same shared living location.  When more than one Provider Agency is overseeing services at one shared living location, it is important for the agencies to clearly communicate with each other regarding relevant issues relating to the shared living home. (See Shared Location Policy, <https://ddsd.vermont.gov/sites/ddsd/files/documents/DAIL_Housing-SharedLocation-Policy.pdf>)

Once a shared location request has been reviewed by DAIL, the two agencies must work together on all aspects of the inspection process to ensure the home continues to meet the home safety requirements. Agencies should be in continued contact on any issue relating to the shared living home.

The below process relates only to the request made by an agency to gain access to a shared location in the DAIL Housing Portal. It is expected that agencies will complete all pre-transition work, including meeting to share information, prior to initiating a Shared Location Request.

***Note: The Shared Location Request process is person specific. A separate Shared Location Agreement form will be required to be submitted by each agency for each Participant.***

## **Process:**

For any potential shared location, there are steps each Provider Agency are ***required*** *to* take prior to the 2nd individual moving into the home:

* It is expected that the two agencies will be in close communication to discuss the feasibility of sharing the location.
* Each agency should obtain authorization as needed to allow them to share information necessary to determine if the match will benefit both individuals.
* The two agencies should ensure the home provider will have the ability to meet the needs of both individuals.
* Most importantly, each participant or guardian should have the opportunity to review the information and meet the other person before determining if they believe that sharing the residence is in the best interest of both participants.

The Shared Location Agreement Form (SLA) is required to be filled out by **each** agency and uploaded into the Housing Portal according to the Shared Location Portal Process. (See [Shared Location, Housing Portal Process - Provider Agency](https://ddsd.vermont.gov/sites/ddsd/files/documents/DAIL_Housing-Shared_Location_Process-AgencyUserManual.pdf) document)

Department of Disabilities, Aging, and Independent Living (DAIL)

Shared Living Program, Home Safety Inspection

**Shared Location Agreement Form**

*April 2023*

DAIL Program: Choose program. Current Date: Click to enter a date.

Provider Agency: Choose an item.

Participant’s Name: Click here to enter Participant

Guardian, If applicable: Click here to enter guardian.

Home Address: Click here to enter address.

SLP’s Name: Click here to enter SLP. LN Number: Click to enter LN

Relationship to SLP: Click here to enter relationship.

# Bedrooms Inspected: Click to enter number Person-Centered Variances: Choose an item.

The Agency has communicated with Click to enter Provider Agency on Click here to enter date and have discussed all relevant information to ensure this is an appropriate match for both Participants to live in the home.

The Shared Living Provider has the capacity and ability to meet the needs of both Participants and understands the different requirements of each program if two different programs are involved.

The agency has discussed the proposed shared location with the Participant (or their guardian) and have provided enough information about the other Participant to make an informed decision.

Signature of Provider Agency Staff: Click here to enter name Date: Click to enter a date

I have chosen this shared living provider at the address above. I am fully aware and approve of the fact that another participant will also be living there.

Signature of Participant, or Participant’s Guardian (if appropriate): Click here to enter name

Date: Click to enter a date