



# DIVERSIFIED FAMILY SERVICES

www.diversifiedfamily.org

5454 East State Street  
P.O. Box 1027  
Hermitage, PA 16148-0027

Phone (724) 346-2123  
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Lorraine Livosky, *Executive Director*

Marilyn Klemens, *Founder Emerita (1985-2017)*

Thank you for your interest in Lifesharing. This PRE-APPLICATION is the first step in applying to be a provider with dFs. When it is received, the Assistant Program Director will phone you to explain more about our agency and the program. AT THIS TIME WE ARE ACCEPTING APPLICATIONS FROM PENNSYLVANIA RESIDENTS ONLY. We look forward to hearing from you!

## LIFE SHARING PROVIDER PRE-APPLICATION

\_\_\_\_\_  
Last Name First Name M.I.

\_\_\_\_\_  
Street Address City Zip County Phone No.

\_\_\_\_\_  
School District

\_\_\_\_\_  
Others in Household: Relationship: Age:

\_\_\_\_\_

\_\_\_\_\_

### Employment/Income Information:

\_\_\_\_\_  
You Your Spouse

\_\_\_\_\_  
Occupation Occupation

\_\_\_\_\_  
Employer Employer

\_\_\_\_\_  
Income if not employed Income if not employed

Have you ever provided Lifesharing to persons with intellectual disabilities? No \_\_\_ Yes \_\_\_  
If yes, for which agency and when?

\_\_\_\_\_

### How did you hear about Diversified Family Services Lifesharing Program?

\_\_\_ From A Current Provider \_\_\_\_\_ \_\_\_ Newspaper Ad \_\_\_\_\_  
\_\_\_ Phone Book \_\_\_ Other Agency \_\_\_ Other

Please provide the best time for us to contact you \_\_\_\_\_

**MAIL** this completed pre-application to: Diversified Family Services, Inc.  
P.O. Box 1027  
Hermitage, PA 16148

**Please do not write below this line.**

\_\_\_\_\_  
dFs Review Signature

\_\_\_\_\_  
Date