



# Extended Care

## Host Home Provider Profile

Name of Provider/s:

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Cross streets, city and zip code:

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Type of Home:

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Location of open bedroom and location of bathroom:

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What is within walking distance of the home:

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# Extended Care

## Host Home Provider Profile

Family activities:

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What we like to cook/eat:

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Languages we know and speak fluently:

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Other family members in the home/ roommates:

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# Extended Care

## Host Home Provider Profile

Any smokers in the home: \_\_\_\_\_

Any alcohol drinkers in the home: \_\_\_\_\_

Any pets in the home: \_\_\_\_\_

What behaviors I have experience with:

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What medical illness and equipment I have experience with:

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Extended  
Care

**Host Home Provider Profile**

My overall experience in the field of working with others and working with the IDD population:

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