



HOSTS HOME PROVIDER APPLICATION

Applicant's Name: Last _____ First _____
Middle _____

Street Address: _____

Phone _____

City: _____ Zip Code: _____ County: _____

Email: _____

Other Household Members: Names - Ages - Relationship

BURS (Back up Residential Support) _____ Age _____
Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

***BURS: Back up Residential Support * They will need their own application**

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HOUSING AND ACCESSIBILITY INFORMATION

Housing type: House Apartment Condo Mobile Home Other-Describe _____

Do you: Own Rent or Other Describe _____

Number of Bedrooms: _____ Bathrooms (Full vs. Half): _____

Would you permit adaptations for any needed handicap devices? Yes No

Does your home have a wheelchair ramp entrance? Yes No



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Are there handrails and grab bars installed? Yes No

Is the bedroom on a main floor? Yes No

Are there two accessible fire evacuation exits from the positional consumer sleeping floor?

Yes No

Is there wheelchair access to all common areas of the home, living room, kitchen, etc?

Yes No

Is the bathroom accessible with grab bars, raised toilet seat, wheel-in shower, etc? Yes No

Are there accessible fire extinguishers in the home? Yes No

Are there carbon monoxide detectors in the home? Yes No

Are there active smoke detectors in the home? Yes No

Please provide any additional information which describes the degree to which your home is wheelchair accessible inside and out:

Pets (number and type)

VEHICLE AND DRIVING INFORMATION

Do you drive a vehicle? Yes No

Vehicle type: Make _____ Model _____ Year _____

How many passengers can ride in this vehicle with seat belts?

Do you have a valid Driver's License? Yes No

State where issued _____

License Number _____

Driver's License Expiration Date _____

EDUCATIONAL INFORMATION High School Graduate: Yes No

GED or High School Equivalency? Yes No



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Describe your experience do you have working with individuals with disabilities

What experience do you have with sign language?

List any courses taken or certifications obtained:

Other specialized training related to individuals with disabilities (ex. Trainings, certifications, etc.)

- 1.
- 2.
- 3.

EMPLOYMENT INFORMATION (Begin with most current.)

#1 Name of Employer:

Address: _____

Supervisor: _____ Phone: _____

Length of Employment: _____ to _____

Job Title: _____

Job Responsibilities:

Reason for Leaving:

#2 Name of Employer:

Address: _____

Supervisor: _____ Phone: _____

Length of Employment: _____ to _____



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Job Title: _____

Job Responsibilities:

Reason for Leaving:

#3 Name of Employer:

Address: _____

Supervisor: _____ Phone: _____

Length of Employment: _____ to _____

Job Title: _____

Job Responsibilities:

Reason for Leaving:

If you are currently employed will you continue with employment if you are selected as a host home provider for Extended Care LLC? Yes No

PERSONAL REFERENCES-PROFESSIONAL REFERENCES (Need one of each):

#1 Name:

Street:

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

#2 Name: _____

Street:

City: _____ State: _____ Zip: _____



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Phone: _____ Relationship: _____

#3 Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

INCOME INFORMATION If selected for a host home provider, my household will have income from the following sources:

Please indicate any anticipated in family income you anticipate during the next year:

PRE-INTERVIEW QUESTIONNAIRE

1. Have you ever provided Host Home Services? Yes No

If yes, what Service Agency: _____

Offense? Yes No If yes, name of person & related offense:

2. A criminal background check will be conducted on applicants selected as a Host Home Provider. (Required for all household members over the age of 18) Have you or any member of your household been arrested for violations of the law? Yes No

If yes, please explain:

3. Why are you interested in providing a Host Home Provider?

4. How long do you foresee being a Host Home Provider?

5. When would you be available to begin providing care?

6. Could you care for an individual with zero alone time in the home or in the community?

Yes No

7. I could best support a person with the following needs: (choose one, or all that apply)

Behavioral/Mental Health - Provide details/comments:



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Medically involved/Fragile - Provide details/comments:

Independent with minimal supports - Provide details/comments:

If yes, give date & position: _____

(Applicants selected will be required to complete a physical)

4. Have you or any members of your household been convicted of a felony, child abuse, or an unlawful sexual? Yes No

The above information provided is complete and accurate to the best of my knowledge. I understand that if contracted, any misstatement or omission of any of the information requested shall be considered cause for disqualification or immediate termination regardless the date of discovery.

I authorize the organization and its designated representative to investigate all of the information in this application, including reference inquiries concerning my previous and current employment and education record. I understand the contract process may include appropriate background checks, including Criminal History Reports and Driving Record Search.

Information must meet organization's guidelines. A conviction record will not necessarily disqualify me from employment.

I understand that the company is an Equal Opportunity Employer. The company does not discriminate in its employment and contracting practices and no question on this application is used for the purpose of limiting or excusing an applicant's consideration for contracting on a basis prohibited by local, state, or federal law.

This application does not constitute a contract or an offer of a contract. The contracting of any person at the company can be terminated with or without cause and without notice, at any time, at the option of either the contractor or the company. Failure to complete any section of this application may result in an incomplete application and will not be considered further.

An applicant who knowingly and intentionally makes a false or misleading statement on a permit application or deliberately omits any material information requested on the application commits perjury as described in section 18-8-503. Upon conviction, the applicant shall be punished as provided in section 18-1.3-501. In addition, the applicant shall be denied the right to obtain or possess a permit, and the sheriff shall revoke the applicant's permit if issued prior to conviction.

I agree I disagree

Applicant's Name: _____ Date: _____