



Host Home Provider Independent Contractor Application

TODAY'S DATE _____

Name (last) _____ (first) _____ (middle) _____

Present Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____

Email _____

Household Makeup:

Please list everyone over the age of 18 who lives in or stays at your home for more than 30 days on a regular basis.
(Information required by State).

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

What motivates you to be a Host Home Provider? _____



What skills or qualities do you have that would make you a good Host Home Provider? _____

Please list any relevant trainings you have taken that would correlate to your responsibilities as a Host Home Provider.

Are you currently being paid to provide host home or foster care services in your home? _____

If so, for which agency? _____

Have you provided Host Home or Foster Care Services previously? _____

If so, for which agency? _____

How long do you anticipate being a Host Home Provider? _____

Do you have any other obligations that would require you to be away from home regularly during the day or evening?

Are you able / interested in providing services for someone who cannot be left unattended? _____

When would you be available to begin providing services? _____

Is there anything else you want us to know? _____

Housing and Accessibility Information:

- Is your home a:
____ one story house ____ 2 or 3 story house ____ Apartment ____ condominium ____ Mobile home
- Do you: ____ own ____ rent
- Number of bedrooms in the entire home _____ Bathrooms _____



- Number of bedrooms available _____
- Are the bedrooms on the _____ main level _____ upstairs _____ downstairs _____ separate apartment
- Is your home wheelchair accessible? _____
- Does your home have a wheelchair entrance? _____
- Is the bathroom accessible with grab bars, walk in shower? _____

Pets:

Number and types of pets in your home

Would you be willing to accept pets into your home? If so, what types?

Preferences:

What age group do you prefer to work with:

_____ 21 to 30 years _____ 30 to 50 years _____ over 50 _____ No preference

Do you prefer to work with: _____ Males _____ Females _____ no preference

I can accommodate an individual who (check all that apply)

- _____ uses a cane or walker
- _____ uses a wheelchair
- _____ Needs assistance with transferring
- _____ Is hearing impaired
- _____ Is visually impaired
- _____ Is nonverbal
- _____ Drinks alcohol
- _____ Smokes
- _____ Has special medical needs
- _____ Does not work
- _____ Does not attend a day program
- _____ Has no alone time in the home
- _____ Has no alone time in the community
- _____ Has unique behavioral needs
- _____ Attends weekly services of their choice
- _____ Is involved in a relationship



List some leisure activities and hobbies that you enjoy

List some recreation and community activities that you participate in

Have you or any members of your family ever been convicted of a crime that resulted in plea of guilty, no contests deferred prosecution or conviction of any law violation (except minor traffic violations)? Yes ___ No ___.

If yes, list for each conviction (1) Date of offense; (2) Charge; (3) Jurisdiction; (4) Court name and (5) Disposition.

Have you or any members of your family ever been involved in an incident involving child/elder/person with disabilities abuse, or child/elder/person with disabilities neglect? Yes ___ No ___

If yes, please explain:

A background check will be conducted on applicants selected as Host Home Providers as well as on all members of your household over the age of 18.

Do you drive a vehicle? Yes ___ No ___

Vehicle Type: Make: _____ Model: _____ Year: _____

Do you have a Drivers License? Yes ___ No ___ License Number: _____

State of issue _____ Operator ___ Commercial (CDL) Expiration: _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How many? _____



Education

Name of school Location Number of years completed Major/Degree

High school _____

College _____

Trade School _____

List any professional designation _____

Other special knowledge, skills or qualifications

References – we need to have at least 3 references total between employers and personal.

Please list two references other than relatives or previous employers.

Name: _____ Name: _____

Position: _____ Position: _____

Company: _____ Company: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____

Name: _____ Name: _____

Position: _____ Position: _____

Company: _____ Company: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____



Employment History – or attach resume with all information

Employer Name (1) _____

Employer Address _____

Employed From: _____ Until: _____

Supervisor's Name: _____ Supervisor's Phone # _____

Supervisor/Employer's Email: _____

Reason for leaving: _____

Job Title: _____

Duties: _____

Employer Name (2) _____

Employer Address _____

Employed From: _____ Until: _____

Supervisor's Name: _____ Supervisor's Phone # _____

Supervisor/Employer's Email: _____

Reason for leaving: _____

Job Title: _____

Duties: _____

May we contact your current employer for references? Yes No



CERTIFICATION & AUTHORIZATION

I certify that the information in this application is true and complete. I understand that in the event of my contracting with FRIENDS, I shall be subject to termination of my Host Home Provider Contract, if any information that I have given in this application, the background release form, in any resume or interview or any part of the contracting process is false or misleading or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I authorize FRIENDS to inquire into my educational, professional and past employment history referenced as needed to research my qualifications. I hereby give my consent to any former employer to provide employment-related information about me to FRIENDS and will hold FRIENDS and my former employer harmless from any claim made on the basis that such information about me was provided or that any contract decision was made on the basis of such information. I further authorize FRIENDS to obtain any credit and consumer check. I understand that FRIENDS will provide a separate Disclosure and Release required by law that will permit FRIENDS to make such inquiries through the services of a third party.

If contracted, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986.

I hereby acknowledge that I have read and agree to the above statements. I certify that the information I provided for the application is accurate, current and complete.

Signature _____ Date _____