

SECTION 2: BACKGROUND CHECK

A CRIMINAL BACKGROUND CHECK IS REQUIRED OF ANY ADULT (persons 18 and older) LIVING WITHIN THE HOST HOME

Have you or any members of your household been arrested for violations of the law other than minor traffic violations?

Yes _____ No _____ If yes, please explain:

Have you or any members of your household been convicted of a felony or misdemeanor?

Yes _____ No _____ If yes, please explain:

Are you or any members of your household currently on parole?

Yes _____ No _____ If yes, please explain:

Do you or any members of your household have a significant health issue that is contagious or terminal?

Yes _____ No _____ If yes, please explain:

SECTION 3: EDUCATION, TRAINING AND SPECIAL SKILLS

Please circle highest grade completed: 7 8 9 10 11 12 GED Some College AA BA/BS Other

Do you have special certifications in related fields? Yes _____ No _____

If so, what are they?

What is the primary language spoken in your home?

What other languages do you use fluently?

Are you proficient in sign language? Yes _____ No _____

List any special skills that would be helpful as a host home provider:

Have you ever been approved to provide Host Home services through any other agency?

Yes _____ No _____

SECTION 4: EMPLOYMENT HISTORY

Current Employer (Company Name)

Currently work for employer?

If yes, may we contact?

Yes _____ No _____

Yes _____ No _____

City

State

Zip

Phone/Fax

Month/Yr. Employment:

From _____ to _____

Briefly describe your position and duties:

Reason for leaving:

Previous Employer (Company Name)

Currently work for employer?

If yes, may we contact?

Yes _____ No _____

Yes _____ No _____

City

State

Zip

Phone/Fax

Month/Yr. Employment:

From _____ To _____

Briefly describe your position and duties:

Reason for leaving:

Previous Employer (Company Name)

Currently work for employer?

If yes, may we contact?

Yes _____ No _____

Yes _____ No _____

City

State

Zip

Phone/Fax

Month/Yr. Employment:

From _____ To _____

Briefly describe your position and duties:

Reason for leaving:

SECTION 5: HOST HOME INFORMATION

Please check the appropriate setting for your home below and indicate number of rooms available for a person to have their own bedroom.

<input type="checkbox"/> House	<input type="checkbox"/> Ranch	Number of Rooms <input type="text"/>
<input type="checkbox"/> Apartment	<input type="checkbox"/> Single Story	Number of Bedrooms <input type="text"/>
<input type="checkbox"/> Townhouse/Condo	<input type="checkbox"/> Two Story	Number of Bathrooms <input type="text"/>
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Tri-Level	Total Number of Rooms <input type="text"/>

Location of available bedrooms:

Is your home wheelchair accessible? Yes No

What hours are you available to provide support services to persons living in your home?

Is any person currently living in your home receiving services from this or any other agency? Yes No

Please tell us about the people who may live with you, husband/wife, children, siblings, friends, parents, etc.

I prefer to work with the following age group and people (Please check all that apply):

<input type="checkbox"/> Under 21	<input type="checkbox"/> 21-30	<input type="checkbox"/> 30-50	<input type="checkbox"/> Over 50	<input type="checkbox"/> No preference
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No Preference		
<input type="checkbox"/> One Person	<input type="checkbox"/> Two Persons	<input type="checkbox"/> Three Persons	<input type="checkbox"/> No Preference	

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

<input type="checkbox"/> Smokes	<input type="checkbox"/> Has special diet needs or feeding/swallowing difficulties
<input type="checkbox"/> Uses a cane/walker/wheelchair	<input type="checkbox"/> Is unemployed or no long working
<input type="checkbox"/> Has difficulty with stairs	<input type="checkbox"/> Has special behavioral needs or concerns
<input type="checkbox"/> Is Non-Verbal	<input type="checkbox"/> Has special medical needs/concerns or needs special equipment
<input type="checkbox"/> Is visually Impaired	<input type="checkbox"/> Uses adult depends and/or requires other personal care assistance
<input type="checkbox"/> Is Hearing Impaired	<input type="checkbox"/> Uses sign language or needs communication device

Describe your interests that may take you away from the person(s) you will serve:

Who will assist you or provide care to the individual while you are away?

What are your plans for help during emergencies, holidays, vacations, days when CVA is closed, etc.?

Please note any pets that share your home:

Do you have young children who frequently visit your home?

If yes, please give us their age(s):

Yes No

Please give us any other information you would like considered when placing someone in your home:

Activities you frequently participate in or would be interested in sharing with individuals (Please check all that apply):

<input type="checkbox"/> Movies/TV/VCR	<input type="checkbox"/> Theater	<input type="checkbox"/> Concerts	<input type="checkbox"/> Travel	<input type="checkbox"/> Shopping
<input type="checkbox"/> Music	<input type="checkbox"/> Reading	<input type="checkbox"/> Crafts	<input type="checkbox"/> Sports	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Hiking	<input type="checkbox"/> Bingo	<input type="checkbox"/> Jog or Walk	<input type="checkbox"/> Camping	<input type="checkbox"/> Car Rides
<input type="checkbox"/> Swimming	<input type="checkbox"/> Photography	<input type="checkbox"/> Fishing	<input type="checkbox"/> Gardening	<input type="checkbox"/> Card Games
<input type="checkbox"/> Church	<input type="checkbox"/> Sewing	<input type="checkbox"/> Bowling	<input type="checkbox"/> Meeting & Clubs	<input type="checkbox"/> Other

Other activities you would like to participate in or share with an individual you would serve:

SECTION 6: REFERENCES

Personal References Please provide the following information for 3 non-relatives who know you well.

Name	Address	Phone (Home)	Phone (Work)
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Type of Relationship:	Length of time they have known you:
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Name	Address	Phone (Home)	Phone (Work)
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Type of Relationship:	Length of time they have known you:
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Name	Address	Phone (Home)	Phone (Work)
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Type of Relationship:	Length of time they have known you:
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Do you know anyone currently providing services for our agency?

If yes, who?

SECTION 7: APPLICANT SIGNATURE

Applicant Note: This application form is intended for use in evaluating your qualifications to be an independent Host Home Provider. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the inquiry process or, if discovered after executing a contract, terminating that contract. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from consideration. Additional testing of job-related skills and for the presence of drugs in your body will be required prior to execution of a contract.

Certification and Release: I certify that I have read and understand the applicant note above and that the answers given by me to the foregoing questions and to the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or termination of contract at any time during the terms of the contract. I authorize the company and/or its agents including individual reporting bureaus to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during the contract period.

Applicant Signature:

Date: