



# Host Home Provider Independent Contractor Application

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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? \_\_\_\_\_

\_\_\_\_\_



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What

skills or qualities do you have that would make you a good Host Home Provider? \_\_\_\_\_

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

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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?

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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? \_\_\_\_\_

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**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

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

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**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

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List some recreation and community activities that you participate in

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**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.**

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**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:**

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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**

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**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 inquires 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 \_\_\_\_\_