**Host Home Provider Application**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of proposed host home** (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home phone**: \_\_\_\_\_\_\_\_\_\_ **Work phone**: \_\_\_\_\_\_\_\_\_\_ **E-mail address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Background** (High School, College, Graduate, Other)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School | Location | Field of Study | Graduation Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Employment History** (most recent or current employer first):

|  |  |
| --- | --- |
| Name of Employer | Address/Phone |
| Dates of Employment | Position Held/General Duties |
| Reason for Leaving | Name/Title of Direct Supervisor |
| Name of Employer | Address/Phone |
| Dates of Employment | Position Held/General Duties |
| Reason for Leaving | Name/Title of Direct Supervisor |
| Name of Employer | Address/Phone |
| Dates of Employment | Position Held/General Duties |
| Reason for Leaving | Name/Title of Direct Supervisor |

**General Questions**

**Directions**: If you are not a current or previous employee of STRiVE Colorado (previously known as Mesa Developmental Services) skip to question 5. Current and former STRiVE employees **must** complete questions 1 through 4.

1. Dates of Hire: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_
2. Why did you leave STRiVE? (If you are a current employee please give details on whether or not you will continue working in your current position):
3. What is/was your Position and Duties while employed at STRiVE? Please give name of your supervisor with each position listed.
4. Have you identified a specific individual that you would like to provide a host home for? If so, identify the individual and describe your current relationship with him/her (i.e. how you came to know him/her, activities that you currently engage in together, present involvement with your family, etc.).
5. What is your understanding of the role of the host home provider?
6. Describe in detail the type of individual that you think would fit well in your home. Please note if you are willing to serve individuals with high needs (i.e. behavioral, medically fragile, non-ambulatory, etc.).
7. Have you ever been convicted of a felony or misdemeanor? YES NO If yes, please give date and explain:
8. Have you been the target of a substantiated allegation of abuse, neglect, mistreatment or exploitation? ☐YES ☐NO If yes, please give date and explain:
9. Have you ever been charged with or convicted any benefit program abuse or fraud? ☐YES ☐NO If yes, please give date and explain:
10. How did you become aware of the host home program? Why do you desire to become a host home provider?
11. Have you ever been a host home or foster care provider before? ☐YES ☐NO If so, please indicate the agency with whom you contracted.

|  |  |
| --- | --- |
| Name of Agency | Address/Phone |
| Dates of Employment | Position Held/General Duties |
| Reason for Leaving | Name/Title of Direct Supervisor |

1. Please describe your prior experience working with individuals with developmental disabilities as well as any other qualifications or training that might prepare you to be a host home provider (include any current licensures or certifications).
2. Identify the other members of your household (include ages).

1. Briefly describe your home. Include number of floors, stairs etc. Make note of special features that would be of assistance to you in providing service in the Host Home Program. (List special features such as wheelchair accessibility, special amenities such as spare rooms, fenced yards, recreational areas, etc.)
   1. Total number of rooms: \_\_\_\_\_ Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_
   2. Additional Details:
2. List **at least** three references that would be able to speak to your qualifications as a host home provider:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Years Known | Phone Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* With my signature I certify that:
  + The information provided herein is true and complete to the best of my knowledge. I understand that any provider agency considering contracting with me as a host home provider may make inquiries to verify the facts set forth in this form and to establish my qualifications to provide the services required within the contract. This includes (but may not be limited to) conducting reference and criminal background checks. I understand that any false statements, omissions or misrepresentation may result in my precluded from further consideration as a host home provider and, if a contract has been entered into, the voiding or termination of such contract.
  + As part of the Host Home application process I may be provided with individual information that is protected under federal HIPAA regulations. I understand that I have a responsibility to maintain the security and confidentiality of this information, in accordance with HIPAA regulations, at all times.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prospective Host Home Provider Date