



## HOST HOME PROVIDER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Trade Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's ID State: \_\_\_\_\_ Driver's ID #: \_\_\_\_\_

Current Employment:  Full-Time  Part-Time  N/A

If employed, how many hours do you work per week? \_\_\_\_\_

If employed, which days/hours do you typically work? \_\_\_\_\_

Are you currently providing host home services in your home for another agency?  Yes  No

If yes, list agency(ies) currently contracting with: \_\_\_\_\_

If no, have you been a Host Home Provider in the past?  Yes  No

If yes, list agencies: \_\_\_\_\_

How many years (collectively) have you been a host home provider: \_\_\_\_\_

Have you ever had a **substantiated** allegation against you?  Yes  No

If yes, please describe the circumstances: \_\_\_\_\_

\_\_\_\_\_

Are you interested in doing respite?  Yes  No

Have you ever applied for a daycare or foster care license?  Yes  No If yes, were you denied?  Yes  No

Are you currently providing foster care or daycare to anyone in your home?  Yes  No

### RESIDENCE DESCRIPTION

House, Ranch Style

House, Split Level

Townhouse

House, Two Story

Apartment/Condo

Duplex

Other - describe: \_\_\_\_\_

I Own My Home                       I Rent My Home

Number of open/available bedrooms: \_\_\_\_\_ Is your home wheelchair accessible?  Yes  No

Location(s) of open/available bedrooms:  Main Level  Upstairs  Downstairs  Separate Apartment

Other: \_\_\_\_\_

**PREFERENCES**

Do you have experience in working with difficult behaviors?  Yes  No

Do you have experience working with medically fragile individuals?  Yes  No

Do you have an age group preference?  Under 21  21 - 30  30 - 50  Over 50  No Preference

I prefer to work with the following gender:  Male  Female  No Preference

Are you proficient in sign language?  Yes  No

**I feel I can accommodate an individual who (circle all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Has challenging behaviors | <input type="checkbox"/> Has a pet   |
| <input type="checkbox"/> Is medically fragile      | <input type="checkbox"/> Is non-verbal   |
| <input type="checkbox"/> Uses a cane or walker     | <input type="checkbox"/> Uses a wheelchair                                     |
| <input type="checkbox"/> Is sight impaired         | <input type="checkbox"/> Has special medical needs                             |
| <input type="checkbox"/> Is no longer working      | <input type="checkbox"/> Attends weekly worship services of their choice       |
| <input type="checkbox"/> Has special diet needs    | <input type="checkbox"/> Is involved in a relationship                         |
| <input type="checkbox"/> Is hearing impaired       | <input type="checkbox"/> Has special behavioral needs unique to the individual |
| <input type="checkbox"/> Smokes or drinks alcohol  | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Uses adult diapers        |  |

Are there any individual traits/behaviors you feel that you CANNOT work with? \_\_\_\_\_

**EDUCATION/TRAINING/CERTIFICATIONS**

Do you have special certifications in related fields?  CNA  RN  LPN  CBIS  Other

If other, list special certifications: \_\_\_\_\_

Do you have special/specific training in areas pertaining to individuals with developmental disabilities? Please list:

\_\_\_\_\_

What other current certifications/trainings do you have? \_\_\_\_\_

\_\_\_\_\_

**HOUSEHOLD MEMBERS**

List all individuals currently living in your home (children and adults):

Relation (spouse, client, child, etc)	Gender Identity	Age*

***\*WE REQUIRE A BACKGROUND CHECK FOR ANYONE 18 OR OLDER LIVING IN YOUR HOME. You will not qualify for host home provider contract if you or any adult living with you has ever been convicted of a felony or has ever been or is currently on parole/probation.***

Do you have any young children who frequently visit your home or live with you on a part-time or temporary basis?  Yes  No      If yes, please provide ages: \_\_\_\_\_

Do you or does any member of your household have a communicable disease?  Yes  No

If yes, please explain: \_\_\_\_\_

Please list any pets that share your home: \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

Indicate any additional languages you speak fluently: \_\_\_\_\_

**EMPLOYMENT AND CONTRACT HISTORY**

Please list all employers and contract relationships, including work as a host home provider, that you have had for the past seven (7) years. If necessary, attach additional information.

**Most Recent** Employer/Contract Agency: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Supervisor/Contact Person: \_\_\_\_\_

Start Date (Month/Year): \_\_\_\_\_ End Date (if applicable): \_\_\_\_\_

Job Duties: \_\_\_\_\_

May we contact this employer/contract agency?  Yes  No

If yes, please provide Supervisor email: \_\_\_\_\_ Supervisor phone: \_\_\_\_\_

Previous Employer/Contract Agency: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Supervisor/Contact Person: \_\_\_\_\_

Start Date (Month/Year): \_\_\_\_\_ End Date (if applicable): \_\_\_\_\_

Job Duties: \_\_\_\_\_

May we contact this employer/contract agency?  Yes  No

If yes, please provide Supervisor email: \_\_\_\_\_ Supervisor phone: \_\_\_\_\_

Previous Employer/Contract Agency: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor/Contact Person: \_\_\_\_\_

Start Date (Month/Year): \_\_\_\_\_ End Date (if applicable): \_\_\_\_\_

Job Duties: \_\_\_\_\_

May we contact this employer/contract agency?  Yes  No

If yes, please provide Supervisor email: \_\_\_\_\_ Supervisor phone: \_\_\_\_\_

**Attach separate sheet if needed for more employer information.**

**REFERENCES**

Please provide information for two business and two personal references.

***BUSINESS REFERENCE***

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Length of Time Known: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

***BUSINESS REFERENCE***

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Length of Time Known: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

***PERSONAL REFERENCE***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

**PERSONAL REFERENCE**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

**SIGNATURE**

*Reminder: Please ensure your application is completely filled out before submitting it. If you are found to be qualified for the position, we will contact you to provide all the necessary paperwork required for background checks on every adult living in your household, including your spouse and adult children. Background checks and all other applicant requirements must be fully completed before establishing a contract.*

*I understand I am applying to be an Independent Contractor with BDS. A Host Home Provider is in all respects an independent contractor and is not an employee of the Agency. Contractor is not an agent of the Agency and neither the Contractor nor any of his/her officers, employees, agents or family members, shall have the authority to bind the Agency or the State of Colorado.*

I understand the requirements and certify that the information I provided for this application is accurate, current, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

*Best Day Services, LLC (BDS) does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.*