

PARTNERS IN CARE

HOST HOME / Independent Contractor Application

APPLICANT INFORMATION																	
Last Name						First				M.I.		Date					
Street Address									Apartment/Unit #								
City						State				ZIP							
Date of Birth						Social Security Number											
Phone						E-mail Address											
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>					
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?										
Have you ever been a licensed foster parent?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when & for wh?										
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain										
EDUCATION																	
High School						Address											
From				To				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College						Address											
From				To				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other						Address											
From				To				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Additional Education or Qualifications:																	
REFERENCES																	
<i>Please list three professional references.</i>																	
Full Name							Relationship & years known										
Company							Phone										
Address																	
Full Name							Relationship & years known										
Company							Phone										
Address																	
Full Name							Relationship & years known										

Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PREVIOUS HOST HOME EXPERIENCE

Company	Phone
Address	Supervisor
Responsibilities	
Reason for Leaving	

MILITARY SERVICE

Branch	From	To
--------	------	----

Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>I understand that falsification of information could lead to termination of any contract and I release the agency, references and previous employers from liability in regard to this application. I also authorize Kids Crossing to run background checks, verify college degrees, contact references, and other information pertaining to this application.</p>	
Signature	Date

JOB SPECIFIC INFORMATION
What qualities would make you a good host home provider?
Are there other endeavors you plan to pursue outside of being a host home provider? How will that affect your time for individuals in services?
Have you ever been investigated for a M.A.N.E. allegation?
What kind of pets do you have? Are immunizations current?
<p>Do you have CPR/First Aid?</p> <p>Do you have medication administration training?</p> <p>Do you have restraint training?</p> <p>Do you have any other training required to be a provider?</p>
<p>How many people live in your home? Please list the ages and relationship.</p> <p>*Please note that anyone over the age of 18 will be required to have a back-ground check</p>

DISCRIPTION OF HOME / NEIGHBORHOOD

<input type="checkbox"/> Rent <input type="checkbox"/> Own *Renters or Homeowners insurance is a requirement of becoming a host home provider. Please provide a copy during the intake process.	<input type="checkbox"/> Ranch Style <input type="checkbox"/> Two Story <input type="checkbox"/> Multi-level <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____
Is your home wheel chair accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there stairs to get into your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many? _____ Could a ramp be installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many extra bedrooms does the home have?	
How many bathrooms does the home have?	
Does the home have: <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> CO2 detectors	
Describe the yard:	
Does the home have access to public transportation?	
Describe the community resources within 5 miles of the home (stores, movie theaters, churches, etc.):	

VEHICLE INFORMATON

Do you own a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have auto insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any vehicle that will be used for transporting individuals in services:	
<u>YEAR:</u> _____	<u>MAKE:</u> _____ <u>MODEL:</u> _____

--	--

PREFERENCES

What are you looking for in the person who would live in your home?

Age:

Gender:

Personality:

Skill Level:

Abilities:

Other:

Would you consider a person with physical or behavioral challenges? Please explain:

What physical or behavioral challenges would not be compatible with your home?

How would you prefer to be contacted?

- ☐ Email
- ☐ Phone Calls
- ☐ Texting

How do you prefer to hand in paperwork?

- ☐ In office
- ☐ Scan and email

Other Comments:

