



2123 Remuda Pl., Erie, CO 80516 - Email: venise.wingspasa@gmail.com
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Host Home Provider Application

Full Name: _____ Date: _____
LastFirstM.I.

Address: _____
Street AddressApartment/Unit #

CityStateZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Date of Birth: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you have any experience as a Host Home Provider? YES NO If yes _ **Years:** _____ **Months:** _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Personal References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

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 NO

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 NO

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 NO

Household Members Names and Ages

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Housing and Accessibility Information

Housing Type: **Please provide a description of your home and please include outside space.**

Does your home have wheelchair ramp entrance? YES NO

Does your home have wheelchair ramp entrance? YES NO

If the resident is in a wheelchair would he/she have access to all common areas of the home? YES NO
(Living Room, Kitchen, Bathroom and back yard, etc.)

Is the bathroom accessible with grab bars? YES NO

Do you have pets? YES NO

Type of Pet (s): _____ How Many: _____

7. When would you be available to begin providing care?

8. Do you have any obligations that would require you to be away regularly during the day or evening?

YES NO If yes, please explain:

9. Could you care for an adult who cannot be left unattended? YES NO

10. Please select the best support that you can give to a person with developmental disabilities.
Select one or all that apply.

Behavioral/Mental Health

Brief description of the type of support you would give:

Independent with minimal supports

Brief description of the type of support you would give:

Medically involved/Fragile

Brief description of the type of support you would give:

11. Please select the types of behaviors listed that you would be willing to work with:

Physical Aggression

Verbal Aggression

Elopement

Property Destruction

Theft

Verbal Aggression

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a Provider Contract, I understand that false or misleading information in my application or interview may result in my release.

“Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8 503, C.R.S. (Colorado Revised Statutes,) and upon conviction thereof, shall be punished accordingly.”

Agree Disagree

Signature: _____

Date: _____

PLEASE PROVIDE A COPY OF THE FOLLOWING DOCUMENTS:

- Driver's License or Government/State Issued ID
- Social Security Card
- Car Insurance
- CPR/First Aid Certification
- Q-MAP: Qualified Medication Administration Persons
- Safety Training Certification
- Home Insurance Provided by:
CenterPoint Insurance Group/Care Association
#735 8400 E Prentice Ave, Greenwood Village, CO 80111
Phone - 303.333.0375
Direct Line – 303.999.2102
Fax - 303.333.1391
www.careassociation.net
www.centerpointins.com

Host Home Liability Insurance with \$1 million in general and professional liability and \$50,000 in HIPAA/Privacy Liability, which are the Colorado requirements.

A background check will be conducted on applicants selected for Host Home Provider. A background check is also required for anyone 18 or older living in a Host Home.