

Policy and Procedure Concerning Host Homes
Appendix A

HOST HOME PROVIDER STUDY	
Date:	
Person 1	Person 2
Name:	Name:
Date of Birth:	Date of Birth:
Address:	Address:
City, State, Zip	City, State, Zip
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Place of Employment:	Place of Employment:
Address:	
Occupation/Military:	Occupation/Military:
Hours and Days Worked:	Hours and Days Worked:
Hobbies/ Interests/Memberships/Volunteer Work:	Hobbies/ Interests/Memberships/Volunteer Work:
Have you been a host home provider before? (If yes, please give dates and details):	Have you been a host home provider before? (If yes, please give dates and details):

Do you have a valid driver's license?	Do you have a valid driver's license?
Would you be willing to provide local transportation?	Would you be willing to provide local transportation?
Would you require any accommodations to become a Host Home Provider?	Would you require any accommodations to become a Host Home Provider?
Why are you interested in becoming a Host Home Provider?	Why are you interested in becoming a Host Home Provider?
Have you ever been convicted of a violation of law, other than a minor motor vehicle violation? If yes, please explain:	Have you ever been convicted of a violation of law, other than a minor motor vehicle violation? If yes, please explain:

EMPLOYMENT

Please list employment history, starting with your current or most recent employer

Employer:	Employer:
Phone #:	Phone #:
Address:	Address:
Dates Employed:	Dates Employed:
Hours Worked per Week:	Hours Worked per Week:
Job Title:	Job Title:
Nature of Duties:	Nature of Duties:
Reason for leaving or seeking change of position:	Reason for leaving or seeking change of position:

EMPLOYMENT, cont.

Employer:	Employer:
Phone #:	Phone #:
Address:	Address:
Dates Employed:	Dates Employed:
Hours Worked per Week:	Hours Worked per Week:
Job Title:	Job Title:
Nature of Duties:	Nature of Duties:
Reason for leaving or seeking change of position:	Reason for leaving or seeking change of position:

Employer:	Employer:
Phone #:	Phone #:
Address:	Address:
Dates Employed:	Dates Employed:
Hours Worked per Week:	Hours Worked per Week:
Job Title:	Job Title:
Nature of Duties:	Nature of Duties:
Reason for leaving or seeking change of position:	Reason for leaving or seeking change of position:

OTHERS WHO LIVE IN THE HOME

Name	Date of Birth	Relationship	Occupation

LIVING ARRANGEMENTS

Do you rent or own your home?

If you rent, are there any occupancy restrictions?

Describe the lay-out of the home:

Would the person have a bedroom of their own?

Where is the bedroom located?

Where are the bathroom facilities?

Describe the fire exits:

Where do you go when there's a tornado and/or severe weather?

Would you accept a person who:	Yes	No
Requires help with personal hygiene (bathing, shaving, etc.)		
Has poor vision or hearing?		
Has a mobility issue?		
Smokes tobacco?		
Consumes alcoholic beverages?		
Requires assistance to administer/monitor their medication?		
Is diabetic and/or is on a special diet?		
Is unable to be left alone?		
Exhibits behavioral problems?		

Please list any considerations such as gender, age, cultural background, etc.

PERSONAL REFERENCES

List Three Personal References That Are Not Related to You:

Name	Address	Phone #	Years Acquainted

Host Home Provider

Date

Host Home Provider

Date