

**Mesa County Program Approved Service Agency
Prospective Host Home Provider Information Form**

Name of Prospective Provider: _____

Complete Address: _____

Address of Proposed Host Home (if different): _____

Home Phone: _____ Work Phone: _____ Cell 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: Okay to contact?	Name/Title of Direct Supervisor:

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Have you ever been convicted of a felony or misdemeanor? YES NO
If yes, please explain and give date: _____

Have you ever been charged with or convicted of any benefit program abuse or fraud? YES NO
If yes, Please explain and give date _____

Have you ever been accused or convicted of an Abuse Allegation in the IDD System? YES NO
If yes, please explain and give dates. _____

1. How did you become aware of the host home program? Why do you desire to become a host home provider? _____

2. Have you ever been a host home or foster care provider before? If so, please identify the agency with whom you contracted. _____

3. What is your understanding of the role of the host home provider?

4. Please describe your prior experience, if any, 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):

5. 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.)

6. If you have not identified a specific individual, 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, and non-ambulatory.)

7. Identify the other members of your household (include ages, occupations):

8. Briefly describe your home. List features such as stairs, ranch style, wheelchair accessibility, special amenities such as spare rooms, fenced yards, recreational areas, etc.

Total number of rooms: _____ *Bedrooms:* _____ *Bathrooms:* _____

9. The agency is required to conduct a criminal background check on all individuals in the host home eighteen (18) years of age or older. What (if anything) will such a check show?

10. Have you used any illegal drugs in the last 6 months? Does any member of your household use illegal drugs? Have you ever allowed illegal drugs in your household?

11. List three (3) professional references with phone numbers, include at least one supervisor, who would be able to speak about your qualifications as a host home provider:

(If you are not a current or past employee of the agency to which you are applying, please also attach a current resume).

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 being further considered as a host home provider and, if a contract has been entered into, the voiding or termination of said contract.

Prospective Provider Signature: _____

Date: _____ Printed Name: _____

Disclosure and Release Form

As part of the application for process for **employment** at Ariel Clinical Services, I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to, names and dates of previous/current employment, work experience, criminal history records, (from state, federal and other agencies), motor vehicle records, military records, names and dates of education, credit history and bankruptcy records. I understand that these records may be used for the eligibility of my employment. I authorize without reservation the full release of these records and for American DataBank and/or its agents contacted by American DataBank to obtain information. In addition, I release and discharge American DataBank, and all of its agents and associates, any expenses, losses, damages, liabilities or any other charges or complaints for the investigation process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at Ariel Clinical Services. I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment.

Upon request, American DataBank will supply a copy of my report and my rights under the Fair Credit Reporting Act. Request may be directed to: American DataBank, 820 Sixteenth Street, 8th Floor, Denver, Colorado, 80202 or by contacting us at 970-245-1616.

Applicant's Name: _____
(Please Print) First MI Last

Signature: _____ Date: _____

Date of Birth: _____ (This is used for criminal and driving records).

Social Security Number: _____ - _____ - _____

Driver's License Number: _____

Current Address: _____

Length of time at this Residence: _____

Please list any other previous residences for the last 5 years (Bold area is required):

Approx Dates	Street Address	City	State	Zip