



HOST HOME PROVIDER APPLICATION

Host Home Providers (HHP) are independent contractors working under a contract; they are not employees of Horizons.

(Please type or print in ink.)

Date of Application: _____

Demographic Information

Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Other Household Members:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Do any of these people pay you to live in your home? Yes No

Housing and Accessibility Information

Housing type: House Apartment Condo Mobile Home

Other, describe _____

Do you: Own Rent Other, describe _____

Number of Bedrooms _____ Number of Bathrooms _____

Does your home have a wheelchair ramp entrance? Yes No

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Are there handrails and grab bars installed? Yes No

Is the bedroom on the main floor? Yes No

Would the resident have access to all common areas of the home; living room, kitchen, etc?
 Yes No

Is the bathroom accessible with grab bars, raised toilet seat, wheel-in shower, etc? Yes No
Please provide any additional information which describes the degree to which your home is wheelchair accessible inside and out:

Pets (number and type): _____

Would you need to change your current residence before starting a Host Home? Yes No

How much notice would you need to move, if necessary: _____

Vehicle and Driving Information

Do you drive a vehicle? Yes No

If yes, type? Make _____ Model _____ Year _____

How many passengers can ride in this vehicle? _____

Tell us about your driver's license: State _____ License # _____ Exp. Date _____

Are you willing to provide Home-to-Program transportation? Yes No

If selected for a Host Home, Applicant must provide proof of current auto liability insurance with a minimum personal injury coverage of \$300,000

Educational Information

Please list all high schools, colleges, universities, technical, or vocational schools you have received certification or a degree from. List in chronological order beginning with the most recent school attended. Add additional sheets if necessary.

Name of School & Location: _____

Diploma/Degrees received: _____

Major or subject of study: _____

Nature of school: High School Undergraduate
 Graduate Technical/Vocational

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Diploma/Degrees received: _____

Major or subject of study: _____

Nature of school: High School Undergraduate
 Graduate Technical/Vocational

Please list any other special training, licenses, or certifications you may have that apply to this field of work, e.g. skilled trade, LPN, areas of study, etc

Do you speak any languages other than English (i.e. sign language, Spanish, etc)? If so please indicate proficiency below:

Foreign Language:	Speak	Read	Write	Fluent	Good	Fair
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

History of Employment

We will call your past employers for references. Please make sure you have a complete and current phone number where we can contact your current/former supervisor.

Name of Employer: _____

Location: _____

Telephone Number: _____

Dates employed or engaged: _____ to _____

Job title: _____

Supervisor's name: _____

Type of duties performed: _____

Reason for leaving: Voluntary Quit Laid Off
 Discharge Resigned Under Threat of Discharge

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Name of Employer: _____

Location: _____

Telephone Number: _____

Dates employed or engaged: _____ to _____

Job title: _____

Supervisor's name: _____

Type of duties performed: _____

Reason for leaving: Voluntary Quit Laid Off
 Discharge Resigned Under Threat of Discharge

Name of Employer: _____

Location: _____

Telephone Number: _____

Dates employed or engaged: _____ to _____

Job title: _____

Supervisor's name: _____

Type of duties performed: _____

Reason for leaving: Voluntary Quit Laid Off
 Discharge Resigned Under Threat of Discharge

Name of Employer: _____

Location: _____

Telephone Number: _____

Dates employed or engaged: _____ to _____

Job title: _____

Supervisor's name: _____

Type of duties performed: _____

Reason for leaving: Voluntary Quit Laid Off
 Discharge Resigned Under Threat of Discharge

Personal References

Give the name, address, and complete and current telephone number of three (3) character references of persons who have known you at least three (3) years and who are not relatives or previous employers:

Name: _____

City & State: _____ Phone: _____

Name: _____

City & State: _____ Phone: _____

Name: _____

City & State: _____ Phone: _____

Other Names you are or were known by:

Employer will be contacting references listed by you in considering your application. Please identify below any other names you have used with them, such as a nickname or maiden name. This will facilitate our verification efforts.

Name: _____

References listed who know you by that name: _____

Name: _____

References listed who know you by that name: _____

Name: _____

References listed who know you by that name: _____

The above information is complete and accurate to the best of my knowledge. I understand that if Horizons chooses to contract with me, any misstatement or omission of fact on this application shall be considered cause for termination of the contract.

Failure to complete any section of this application may be cause for you not to be considered further.

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., and upon conviction thereof shall be punished accordingly.

I agree

I disagree

Pre-Interview Questionnaire

Have you ever been employed by Horizons? Yes No

If yes, please state the position held, period of employment, and reason for leaving:

Have you ever provided Host Home or Foster Care Services? Yes No

If yes, what service agency or county?

Does anyone currently living in your home have a communicable disease? Yes No

If yes, please explain: (Applicants selected will be required to provide a physician's statement.)

Have you or any member of your household been convicted of a felony, child abuse, or an unlawful sexual offense? Yes No

If yes, name of person and related offense:

Have any individuals ever been removed from your home due to MANE allegations? Yes No

If yes, please provide details:

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.

Have you or has any member of your household been arrested for violations of the law other than minor traffic violations? Yes No

If yes, please provide details

Are you or any member of your household a smoker? Yes No

Why are you interested in providing a host home?

What qualities do you feel a Host Home should provide for an adult with developmental disabilities?

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Do you have any experience or exposure to individuals with intellectual/developmental disabilities? If so, please describe.

Horizons' Host Home contracts may be renewable. How long do you anticipate being a host home provider?

When would you be available to begin providing care?

Do you have any obligations that would require you to be away regularly during the day or evening?
Please Describe:

Could you care for an adult who cannot be left unattended? Yes No

I could best support a person with the following care needs: (Choose all that apply)

Behavioral/Mental Health - Please provide details/comments:

Medically Involved/Fragile - Please provide details/comments:

Independent with minimal supports - Please provide details/comments:

Is there a particular individual for whom you are interested in providing services? If yes, please name:

I certify that I have truthfully answered the above questions to the best of my ability. I understand that providing false or misleading information may result in the cancelation of my Host Home agreement.

Signature

Date



RELEASE AUTHORIZATION

1. In connection with my application for Host Home Provider, I understand that an investigative report may be requested that will include information as to my criminal and civil conviction history, character, work habits, performance and experience along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, Horizons Specialized Services may be requesting information from public and private sources about my driving record, court record, education credentials and references.
2. According to the Fair Credit Reporting Act, I am entitled to know if my application to become a Host Home Provider is denied because of information obtained by Horizons Specialized Services from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a Fax or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
4. I hereby authorize without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by ADP or its agent to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release Horizons Specialized Services and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Signature

Please print your full name

Please print other names you have used

Please list all cities, states and counties you have resided in for the last 7 years:
(For **Colorado** residency, you only need to list the state once)

City State County

City State County

City State County

City State County

Date of Birth _____ Social Security Number _____

Written Authorization to Request a CAPS Check



COLORADO
Department of Human Services

This agency is required to request a check of the Colorado Adult Protective Services (APS) data system (CAPS) during the interview process for independent contractors who provide direct care to at-risk adults. Additionally, this agency has statutory authority to request a CAPS check for current independent contractors. The CAPS check will alert the agency as to whether or not a prospective or current independent contractor has a substantiated finding as a perpetrator of mistreatment of an at-risk adult, to include physical abuse, sexual abuse, caretaker neglect, and/or

exploitation. More information on the CAPS check requirement can be found in the Colorado Revised Statutes (C.R.S.) under §26-3.1-111 and in the Colorado Code of Regulations (CCR) under 12 CCR 2518-01. Written authorization from the applicant/independent contractor using this form is required. Please complete the form in its entirety. Failure to complete the form, omission of pertinent facts, and/or inclusion of misleading facts may result in disqualification or termination of your contract. You may keep a copy of this form for your records.

■ AGENCY INFORMATION

Agency Name: _____

CAPS Check Agency ID # (XXX-#####): _____

■ REQUESTOR INFORMATION

Requestor Name: _____ Requestor Title: _____

Requestor Phone Number: _____ Requestor Phone Extension: _____

Requestor Email: _____

■ APPLICANT INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____

SSN (Last 4 digits): _____ Maiden Name/Previous Name(s)/Alias(es): _____

DORA License # _____

Home Phone (Including Area Code): _____

Cell/Mobile Phone (Including Area Code): _____

Work Phone (Including Area Code): _____ Work Phone Extension: _____

Home Email: _____ Work Email: _____

Current Address Street: _____

Current Address City: _____ Current State: _____

Current Zip/Postal Code: _____ Current Address Start Date: _____

All Applicants are required to have 5 years of residential history provided. If the individual listed above has less than 5 years at their current address, please list the previous addresses for the past 5 years. Use another sheet of paper, if necessary.

Previous Address (street number, street, unit, city, state, zip): _____

Address Start and End Dates: _____

Previous Address (street number, street, unit, city, state, zip): _____

Address Start and End Dates: _____

Previous Employer(s) Agency Name(s): _____

I, _____, by my signature below, authorize the agency referenced above to request a CAPS Check to determine if I have a substantiated finding as a perpetrator of mistreatment of an at-risk adult. I acknowledge that a substantiated finding resulting from such a check, unless the finding was expunged through a successful appeal, shall be provided to the person directly involved in the agency's contracting process and may be used to inform their decision to contract with me. I acknowledge notification may occur through CAPS to this agency for the duration of my contract with them, of any future substantiated findings against me. I attest that all information provided in this written authorization is true and complete to the best of my knowledge.

Signature: _____

Date: _____



COLORADO
Department of Human Services