



North Metro Community Services, Inc.

Residential Department

1185 W. 124th Avenue Westminster, Colorado 80234

Phone: 303-457-1001 Fax: 303-252-7406

Qualified Adult Foster Care Provider/Host Home Provider Application

NAME: _____

ADDRESS: _____

City, State, and Zip code: _____

COUNTY: _____

PHONE: _____

EMAIL: _____

DATE: _____

***(only a completed application will be considered)**

***(be advised that this application is good for only 6 months)**

Social Security Number: _____ Drivers License #: _____

Do you reside in Adams County? YES (how long? _____) NO

Are you willing to relocate to provide services? YES NO

****A BACKGROUND CHECK IS REQUIRED OF ALL ADULTS LIVING WITHIN A HOST HOME****

Names of everyone age 18 or older currently living in your home:

Name	Date of Birth	Relationship

Have you or any member of your household been convicted for violations of the law other than minor traffic violations? YES NO If yes, please explain:

Have you or any member of your household ever been convicted of a felony, misdemeanor, or on parole? YES NO If yes, please explain:

Do you or any member of your household have a communicable disease? YES NO If yes, please explain:

Have you ever worked for our agency before? YES NO If yes, give dates and position: _____

Have you ever applied for a day care or foster care license? YES NO
Were you denied? YES NO

Are you currently licensed to provide day care or foster care in your home?
 YES NO

Are you currently providing foster care or day care to anyone in your home?
 YES NO

Have you ever applied to provide host home services through this or any other agency?

YES NO If yes, please list agencies:

Approved? YES NO

Are you currently providing host home services in your home for another agency?

YES NO If yes, please list agency: _____

Do you know anyone currently providing services for our agency? YES NO

If yes, who? _____

EDUCATION, TRAINING, AND SPECIAL SKILLS

What is the highest level of education you have completed?

Do you have special certification in related fields?

What is the primary language spoken in your home?

Indicate any other language you speak fluently:

Are you proficient in sign language?

EMPLOYMENT HISTORY

(List all employment, whether relevant or not to being a Host Home Provider)

Current Employer: _____ **Phone** _____

Employer's address:

Month/year employment began: _____ **Month/year employment ended:** _____

Briefly describe your position and duties:

Reason for leaving:

May we contact your current employer? YES Contact Name: _____

NO If no, please give reason: _____

Previous Employer: _____ Phone _____

Employer's Address:

Month/year employment began: _____ Month/year employment ended: _____

Briefly describe your position and duties:

Reason for leaving:

May we contact this former employer? YES Contact Name: _____

NO If no, please give reason: _____

Previous Employer: _____ Phone _____

Employer's Address:

Month/year employment began: _____ Month/year employment ended: _____

Briefly describe your position and duties:

Reason for leaving:

May we contact this former employer? YES Contact Name: _____

NO If no, please give reason: _____

RESIDENCE DESCRIPTION

- | | | |
|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> House | <input type="checkbox"/> Ranch | _____ Total # of rooms |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Single-story | _____ # of bedrooms |
| <input type="checkbox"/> Townhouse/condo | <input type="checkbox"/> Two-story | _____ # of bathrooms |
| <input type="checkbox"/> Mobile home | <input type="checkbox"/> Tri-level | <input type="checkbox"/> basement |

Location of bedroom(s) available:

(i.e. main floor, upstairs, downstairs, etc.)

Do you own or rent?

Is your home wheelchair accessible? YES NO

PREFERENCES

- I prefer to work with the following age group:
 under 21 21 to 30 30 to 50 over 50 no preference
- I prefer to work with the following gender:
 male female no preference
- I would like to provide a home for:
 one person two persons no preference
- I feel I can accommodate and individual who:

<input type="checkbox"/> smokes	<input type="checkbox"/> has special diet needs/needs to be fed
<input type="checkbox"/> can be left alone	<input type="checkbox"/> is no longer working
<input type="checkbox"/> uses a cane or walker	<input type="checkbox"/> has special behavioral needs
<input type="checkbox"/> uses a wheelchair	<input type="checkbox"/> has special medical needs
<input type="checkbox"/> is non-verbal	<input type="checkbox"/> uses diapers
<input type="checkbox"/> is sight impaired	<input type="checkbox"/> likes pets
<input type="checkbox"/> is hearing impaired	<input type="checkbox"/> seizure disorder
<input type="checkbox"/> full-time Day Program	
- Please note any pets that share your home: _____
- Breed(s): _____
- Do you have any young children who frequently visit your home? YES NO

8. Other information I would like considered when placing someone in my home:

9. Activities I frequently participate in include:

- | | | | |
|---|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Movies | <input type="checkbox"/> Theater | <input type="checkbox"/> Concerts | <input type="checkbox"/> Travel |
| <input type="checkbox"/> TV/VCR | <input type="checkbox"/> Music | <input type="checkbox"/> Reading | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Restaurants | <input type="checkbox"/> Malls | <input type="checkbox"/> Bingo |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Camping | <input type="checkbox"/> Hiking | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Jog/Walk | <input type="checkbox"/> Fishing | <input type="checkbox"/> Car Rides | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Cards/Game | <input type="checkbox"/> Photography | <input type="checkbox"/> Sewing | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Church (Specify) _____ | | | |
| <input type="checkbox"/> Meetings & Clubs _____ | | | |

Other: _____

10. Activities I would like to share with another person include:

11. Please provide your daily available schedule, including hours worked and any on-going commitments or conflicts (include classes, club meetings, etc.)

REFERENCES

Please provide **THREE** professional (your supervisor) references. Also, provide **THREE** personal references, not related to you.

<u>“Professional”</u> references	<u>“Personal”</u> References
Name: _____ Address: _____ Phone: _____	Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____	Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____	Name: _____ Address: _____ Phone: _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision to execute a contract. In the event of a contract being executed, I understand that false or misleading information given in this application or during the interview may lead to termination of the contract.

Signature

Date

Prospective providers will receive consideration without regard to race, color, religion, gender, sexual orientation, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected group.