



HOST HOME INDEPENDENT CONTRACTOR QUESTIONNAIRE

Today's Date: _____

Name: _____

Address: _____

Street _____ City _____ State _____ Zip _____

Phone numbers: Home: _____ Cell: _____

Work: _____ Permission to call work # Yes ___ No ___

Email address: _____

Social Security Number: _____

Are you lawfully eligible to work in the United States? Yes ___ No ___

Are you able to provide at least five years of criminal investigation background information with the United States? Yes ___ No ___

If no, please explain: _____

List all the States you have lived in for the past 25 years besides Colorado.

Is there anything that may be discovered on your background check you would like to disclose now?

Yes ___ No ___ _____

List all persons that will be living in your home including spouse, children, and any others:

NAME	DATE OF BIRTH	AGE	RELATIONSHIP

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

If yes, please explain: _____

Have you or any member of your household been convicted of a felony or misdemeanor? Yes ___ No ___
If yes, please explain: _____

*A positive response will not necessarily disqualify an applicant. A criminal investigation will be conducted prior to entering into a contract.

Are you or any member of your household currently on parole/probation? Yes ___ No ___
Note * A background check is required of all adults (18 years and older) living within a Host Home.

Do you or any member of your household have any communicable disease? Yes ___ No ___

What is your primary language? _____ What is your secondary language? _____
If English is your secondary language, do you believe a person placed in your home would be able to understand you easily? Yes ___ No ___

Will you agree to speak English when the person placed in your home is in your presence? Yes ___ No ___

Are you proficient in sign language? _____

Are you presently a Host Home Provider with another agency? Yes ___ No ___ If yes, what agency?

Have you ever been a Host Home Provider with another agency? Yes ___ No ___ If yes, what agency?

Please provide your daily schedule, including your work schedule and any other commitments you have.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
EVENING							

How many hours do you work outside the home? _____

What are your plans for working when a person receiving services is placed in your home?

Activities I participate in and would share with the individual I serve:

movies theatre concerts travel sports reading library
 crafts going out to eat camping malls shopping bowling bingo
 music swimming TV sewing church gardening fishing
 hiking walking cards & games other

Why are you interested in becoming a Host Home Provider? _____

Describe any experience you have relating to the DD field. (Foster Care, Host home, Nursing home):

How do you see an individual you may serve as changing your life positively?

What can you do when difficult situations come up in regard to the person you are hosting?

Explain to us an average day in your home.

In your opinion, what skills do you possess that would make you a successful Host Home Provider?

What skills do you feel you need to gain in order to be a successful Host Home Provider?

Is there any type of individual that you do not feel comfortable working with?

How do you see this person changing your life? List positive and negative aspects:

How long do you see yourself being a Host Home Provider?

List any trainings or certifications that you currently have:

The position of Host Home Provider requires yearly training and paperwork. Do you understand you will be required to take annual training and turn in required paperwork? Yes No

In addition, a Host Home Provider needs to provide strict documentation for the individuals they serve of medical issues and medications, behaviors, daily contact notes, incident reports (if needed), etc. Do you feel you can accurately report information on a daily and as needed basis in a clear and understandable way? Yes No

Describe your skill level on completing monthly paperwork:

Are you willing to transport individuals to appointments, Bridge Community Based Solutions's events & functions, and other functions and events important to the person? Yes No

If no, please explain:

Have you ever been notified by the Office of the General Inspector that you may not participate or be employed by agencies involved with Medicaid or Medicare benefits? Yes No

List Three Personal References (Name, Address and Contact Number)

Host Home Independent Contractor Applicant

Signature

Date

