

List any other information you would like us to know about you that would be relevant to providing host home services. Do not include information that indicates race, religion, gender, national origin, disability, or other protected status.

List the skills, qualities or characteristics that you have that could help you be successful in providing these services?

Do you plan to continue to work a regular job while providing Host Home services? Yes No
 If yes, please explain your work schedule and how you will ensure service delivery throughout the day/week.

Community Options provides the required trainings for you. Would you be able to attend these trainings during the work week, during the day? Yes No

Transportation is another funding stream available to host home providers. Can you provide transportation on a routine basis? Yes No

List all persons who will be living in your home (including yourself).

FULL NAME	AGE	RELATIONSHIP
		self

NOTE: EACH PERSON 18 YEARS OR OLDER INCLUDING YOU, MUST COMPLETE A CRIMINAL BACKGROUND CHECK, CAPS CHECK AND MVR IN ORDER TO BE CONSIDERED AS A HOST HOME PROVIDER. COI WILL CONDUCT BACKGROUND CHECKS WHICH ARE COVERED BY YOUR APPLICATION FEE.

Have you or anyone living with you been employed by or provided contract services Community Options? Yes No
 If yes, please specify below:

NAME	DATES (from/to)	POSITION OR CONTRACT SERVICE

Have you or anyone listed above provided Host Home or Foster Care services? Yes No If yes, please list below.

NAME	TYPE OF SERVICE	CONTRACTING AGENCY	DATES OF SERVICE

Do you or those living with you smoke? Yes No (Smoking is a consideration in matching you with people who need host home services.)

For what length of time would you want to provide host home services?

- Only temporarily (respite provider)
- 6 months to a year
- One year or longer

On what date would you be available to provide services, if approved. ____ / ____ / ____

List three professional or business/employment related references.

NAME	COMPANY	DAY PHONE	EMAIL

List three personal (non-family) references.

NAME	DAY PHONE	EMAIL ADDRESS	RELATIONSHIP

Did an employee of Community Options refer you to be a host home provider? Yes No If yes, who referred you? Full name _____

APPLICANT STATEMENTS

- I certify that the information provided on this form and on any resume or any other documents are true to the best of my knowledge.
- I understand that I must be at least 21 years old to be a host home provider at Community Options.
- In the event of a contract being extended to me, I understand that false or misleading information given on this form and all associated documents or interview(s) may result in immediate discontinuation of my contract.

Name: _____

Signature: _____ Date: _____

PLEASE RETURN THIS APPLICATION TO:

Marilyn Fick, Host Home Manager
 155 N.W. 2ND Street
 Cedaredge, CO 81413
 Email: MARILYNFICK@COMMUNITYOPTIONSINC.ORG
 PHONE: 970 856 7600 X203
 FAX: 970 856 7670