



612 Adams Avenue – La Junta, CO 81050
 (719) 384-8741 – Fax: (719) 384-4278

InspirationField Host Home Provider Application and Profile

Name: _____ Day Phone: _____

Address: _____ Night Phone: _____

City, State, Zip: _____ Hours you currently work: _____

Social Security #: _____ Drivers License #: _____

Which county do you reside? _____ How long? _____

Please provide information about the individuals currently living in your home or who may be there while you are a Host Home Provider:

Name	Date of Birth	Relationship

Have you ever worked for **InspirationField** before? Yes No If yes, please give dates: _____

Position(s): _____

Have you ever applied for 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 day care or foster care to anyone in your home? Yes No

Have you ever been approved to provide Host Home services through any other agency? Yes No

If yes, please list agencies and dates of service: _____

Please provide your daily schedule, including hours worked and any on-going commitments (include classes, club meeting times, activities, etc.)

**A CRIMINAL BACKGROUND CHECK IS REQUIRED OF ANY ADULT
(Persons 18 or older) LIVING WITHIN THE HOST HOME**

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: _____

Are you or any member of your household currently on parole/probation? Yes No

If yes, please explain: _____

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

If yes, please explain: _____

EDUCATION, TRAINING AND SPECIAL SKILLS

What is the highest level of education you have completed? _____

Do you have any special certifications in related fields? Yes No

If so, what are they? _____

What is the primary language spoken in your home? _____

What other languages do you use fluently? _____

Are you proficient in sign language? Yes No

EMPLOYMENT HISTORY

Current Employer: _____ Phone: _____

Employer's Address: _____

Month/Year employment began: _____ Ended: _____

Briefly describe your position and duties: _____

Reason for leaving: _____

May we contact this employer? Yes No

Previous Employer: _____ Phone: _____

Previous Employer's Address: _____

Month/Year employment began: _____ Ended: _____

Briefly describe your position and duties: _____

Reason for leaving: _____

Previous Employer: _____ Phone: _____

Previous Employer's Address: _____

Month/Year employment began: _____ Ended: _____

Briefly describe your position and duties: _____

Reason for leaving: _____

Please check the appropriate setting for your home below:

<input type="checkbox"/> House	<input type="checkbox"/> Ranch	<input type="checkbox"/> Total # of Rooms
<input type="checkbox"/> Apartment	<input type="checkbox"/> Single-Story	<input type="checkbox"/> # of Bedrooms
<input type="checkbox"/> Townhouse/Condo	<input type="checkbox"/> Two-Story	<input type="checkbox"/> # of Bathrooms
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Tri-Level	<input type="checkbox"/> # Available Bedrooms

Location of available bedrooms: _____

Is your home wheel chair accessible? Yes No

What hours are you available to provide support services to persons living in your home?

Is any person currently living in your home receiving services from this or any other human service agency?

Yes No

Please tell us about the people who may live with you, husband/wife, children, etc.:

I prefer to work with the following age group & people:

<input type="checkbox"/> Under 21	<input type="checkbox"/> 21-30	<input type="checkbox"/> 30-50	<input type="checkbox"/> Over 50	<input type="checkbox"/> No Preference
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No Preference		
<input type="checkbox"/> One Person	<input type="checkbox"/> Two Persons	<input type="checkbox"/> Three Persons	<input type="checkbox"/> No Preference	

I think I can accommodate an individual who:

<input type="checkbox"/> Smokes	<input type="checkbox"/> Has special diet needs or feeding/swallowing difficulties
<input type="checkbox"/> Uses a cane/walker/wheelchair	<input type="checkbox"/> Is unemployed or no longer working
<input type="checkbox"/> Has difficulty with stairs	<input type="checkbox"/> Has special behavioral needs or concerns
<input type="checkbox"/> Is non-verbal	<input type="checkbox"/> Has special medical needs/concerns or needs special equipment
<input type="checkbox"/> Is visually impaired	<input type="checkbox"/> Uses adult depends
<input type="checkbox"/> Is hearing impaired	<input type="checkbox"/> Uses sign language or needs communication device

Describe your interests that may take you away from the person(s) you will serve: _____

Who will assist you or provide care to the individual while you are away? _____

What are your plans for help during emergencies, holidays, vacations, days when **InspirationField** is closed, etc.?

Please note any pets that share your home: _____

Do you have any young children who frequently visit your home? Yes No

If yes, please give us their ages: _____

Please give us other information you would like considered when placing someone in your home:

Activities you frequently participate in or would be interested in sharing with individuals:

<input type="checkbox"/> Movies/TV/VCR	<input type="checkbox"/> Theater	<input type="checkbox"/> Concerts	<input type="checkbox"/> Travel
<input type="checkbox"/> Shopping	<input type="checkbox"/> Music	<input type="checkbox"/> Reading	<input type="checkbox"/> Crafts
<input type="checkbox"/> Sports	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Hiking	<input type="checkbox"/> Bingo
<input type="checkbox"/> Jogging/Walking	<input type="checkbox"/> Camping	<input type="checkbox"/> Car Rides	<input type="checkbox"/> Swimming
<input type="checkbox"/> Photography	<input type="checkbox"/> Fishing	<input type="checkbox"/> Gardening	<input type="checkbox"/> Card Games
<input type="checkbox"/> Church	<input type="checkbox"/> Sewing	<input type="checkbox"/> Bowling	<input type="checkbox"/> Meetings & Clubs

Other activities you would like to engage in or share with the individual: _____

Please provide the following information for THREE non-relatives who know you well:

Name Address City, State, Zip	Length of time they have known you	Relationship	Home Phone Work Phone

Do you know anyone currently providing services for our agency? If yes, who? Yes No

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications to be an Independent Host Home Provider. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the inquiry process or, if discovered after executing a contract, terminating that contract. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from consideration. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to execution of a contract.

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note above and that the answers given by me to the foregoing questions and to the statements made by me are complete and true to the best to my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or termination of contract at any time during the terms of the contract. I authorize the company and / or its agents including individual reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said person, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during the contract period.

Signature of Applicant

Date

Please print and return the completed and signed form to:

InspirationField

Attn: Adult Services Director

612 Adams Avenue

La Junta, CO 81050