

CHEYENNE VILLAGE, INC.**Host Home Application**

(Please Print or Type)

Name: Last, First Middle

Date: _____

Address

Social Security No.

City, State, Zip

How long at this address:

Do you own or rent your home?

Home Telephone No.

()

Are you over 21 years of age?

Yes

No

Previous Address (Street, City, State, Zip)

How long at this address:

Indicate the types of service you wish to provide:

HOST HOME PROVIDER _____

RESPITE PROVIDER ONLY _____

BOTH HHP & RESPITE _____

Have you ever worked
for Cheyenne Village?

Yes

No

If yes indicate where, when & reason for leaving:

Have you ever been
convicted of a felony
or misdemeanor?

Yes

No

If yes please explain. A conviction will not automatically bar an
applicant from consideration.**EDUCATION AND TRAINING**

School Name	Location City & State	Date		Graduated	Major Course & Degree Received
		From	To		
High School					Circle Grade Completed 7 8 9 10 11 12
College/University					
Other					
Are you attending school now Yes No	School Name	Subjects			

Professional Certifications - Specify states of registration & license

Do you know anyone else that provides Host Home Services?

REFERENCES

Provide the information requested below for at least three persons not related to you whom we may contact

Name	Address	Business	Telephone

Are there any other consumers receiving services in your home?

FAMILY MEMBERS

Names of other household members	Age	Relationship

EMPLOYMENT HISTORY

Give complete employment history, most recent employer first.

From (Mo.Yr.)	Company	Telephone ()	Starting Salary \$ per
To (Mo. Yr.)	Address: Street City State Zip		Final Salary \$ per
Supervisor's Name/Title	Type of Business	May we contact this employer? Yes No	
Your Position (Title)	Responsibilities		
Specific reason for leaving			

From (Mo.Yr.)	Company	Telephone ()	Starting Salary \$ per
To (Mo. Yr.)	Address: Street City State Zip		Final Salary \$ per
Supervisor's Name/Title	Type of Business	May we contact this employer? Yes No	
Your Position (Title)	Responsibilities		
Specific reason for leaving			

From (Mo.Yr.)	Company	Telephone ()	Starting Salary \$ per
To (Mo. Yr.)	Address: Street City State Zip		Final Salary \$ per
Supervisor's Name/Title	Type of Business	May we contact this employer? Yes No	
Your Position (Title)	Responsibilities		
Specific reason for leaving			

List any employment history below. If more space is required use back of form.

Date		Job Title	Company Name and Address
To	From		

HOST HOME QUESTIONNAIRE

1) Have you or members of your immediate family worked for a Host Home Provider agency?

If yes, how long? _____

Would this person provide a reference? If so, list name and phone number.

2) What hours daily would you devote to monitoring and assisting the consumer?

M _____ T _____ W _____ Th _____ F _____ Sat _____ Sun _____

3) If you work, who would monitor and supervise consumer during your work hours?

4) What hobbies or interests do you have that you can share with a consumer?

5) What community activities or organizations are you involved in that you can offer involvement to a consumer?

6) Is any member of your household disabled to the extent that participation in the Host Home Provider Program would be an endangerment to them or the consumer? Yes _____ No _____ If yes, explain disabling condition (include alcoholism, substance abuse or mental illness)

7) Do you or any members of your household smoke? Yes _____ No _____

8) Do you or any members of your family have a communicable disease? Yes _____ No _____

If yes, explain:

9) Would you and other members of your household agree to attend initial and ongoing orientation and in-service training? Yes _____ No _____

Required trainings include: CPR, First Aid, Med Cert & other trainings

10) As a Host Home Provider you would be responsible to provide transportation. What types of transportation would you provide to the consumer?

Year

Make and Model

11) Please list the companies and agents providing insurance coverage for your automobile and home. A copy of policy will be required at time of acceptance into the Host Home Provider Program.

Home: _____

Auto: _____

If you are accepted into the Host Home Provider Program, we will also need a copy of your drivers license and social security card.

Cheyenne Village will conduct CBI/DMV checks for you and other members of your household. Each adult member of your household (over 18 years) will need to sign a copy of the attached release form.

ENVIRONMENTAL INFORMATION

1) Briefly describe your home. Make note of special features that would be of assistance to you in providing service in the Host Home Program. (List special features, such as wheelchair accessibility; special amenities such as spare rooms, fenced yard, family/recreational areas, etc).

2) Total number of rooms: _____ Bedrooms: _____ Bathrooms: _____

Would the consumer have a private bedroom? Yes _____ No _____

Would the consumer have a bathroom that is: Private? _____ Shared? _____

3) How many levels are in your home? _____

On what level would the consumer have a bedroom? _____

(The room must have two fire exits)

4) Indicate the number and location of any fire extinguishers and smoke detectors in you home.

# of Smoke Detectors	# of Extinguishers	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5) Do you own pets or maintain any animals? Yes _____ No _____

If yes, describe _____

Have they ever shown any sign of aggression or unfriendliness? _____

6) Briefly describe your neighborhood, include distance to neighbors, stores, churches, recreational areas, public transportation, medical and emergency support services, types of homes, or anything of note that would be a benefit to a consumer living in your home.

7) Do you feel safe taking walks in your neighborhood?

CHALLENGING BEHAVIORS INFORMATION

1) Have you ever worked with individuals who were dually diagnosed (MR/MH)?

2) Have you ever worked with individuals who have displayed any of the following behaviors?

Circle YES or NO for each category

- | | | |
|-----|----|---|
| YES | NO | Stereotypical behaviors (rocking, hand-waving, etc.) |
| YES | NO | Spitting |
| YES | NO | Pica (including feces) |
| YES | NO | Verbal abuse (cursing, name-calling, or other inappropriate verbalizations toward staff and/or other consumers) |
| YES | NO | Self-abuse |
| YES | NO | Physical aggression toward others |
| YES | NO | Property destruction |
| YES | NO | Inappropriate sexual behaviors |
| YES | NO | Lying, stealing |
| YES | NO | Autistic-like behaviors (sun staring, spinning, rocking, etc.) |
| YES | NO | Teasing |
| YES | NO | Running away |
| YES | NO | Excessive or prolonged screaming |
| YES | NO | Biting |

3) Is there a certain behavior/physical disability that you feel you cannot tolerate at all?

Is there a behavior that you can deal with but will not allow in your home?

If yes, explain: _____

4)

5)

PHYSICAL DISABILITIES SKILLS

1) Have you ever worked with individuals who have had any of the following?
Circle YES or NO for each category

- | | | |
|-----|----|---|
| YES | NO | Non-ambulatory (wheelchair bound) |
| YES | NO | Needed assistance in ambulating (walker, canes, etc.) |
| YES | NO | Deaf |
| YES | NO | Blind |
| YES | NO | Nonverbal |
| YES | NO | Prosthetic devices |
| YES | NO | Advanced medical needs (catheter, tube feeding, etc.) |
| YES | NO | Diabetic or other specialized dietary care needs |
| YES | NO | Seizures |

2) List/Explain the training that you have had in working with any of the above physical disabilities.

GENERAL STATEMENT

**HOST HOME APPLICANT'S CERTIFICATION AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

I certify that all statements set forth in my application are complete and correct. I understand that if I become an independent contractor, any false statements on this application shall be considered sufficient cause for termination of contract.

I authorize Cheyenne Village to make any inquiry deemed necessary, including former employment, personal history, etc. I understand that the results may deem me ineligible for the Host Home Provider Program.

Cheyenne Village may release or verify the following items (any information requested):
Please initial all verifiable items.

Past Employers	_____	Duties & Responsibilities	_____
Salary History	_____	Reasons for Leaving	_____
Dates of Employment	_____	Eligibility for rehire	_____
Positions Held	_____	CO Bureau of Investigation Check	_____
Years of Education	_____	Dept of Motor Vehicle Check	_____
Degree Obtained	_____		_____

Signature _____

Date _____

Please Print Name _____

Social Security Number _____