



## HOST HOME PROVIDER APPLICATION

<b>Primary Host Home Provider:</b>				
Last Name:	First Name:	Middle Initial:		
Social Security #	Date of Birth:	Gender (circle) Male Female		
Drivers License #	DL Exp Date:	State Licensed:		
<b>Co-Host Home Provider:</b>				
Last Name:	First Name:	Middle Initial:		
Social Security #	Date of Birth:	Gender (circle) Male Female		
Drivers License #	DL Exp Date:	State Licensed:		
<b>Contact Information:</b>				
Full Home Address:				
Home Phone	Cell	Work		
Fax	Email			
Auto Insurance Policy Info	Policy # and Period			
Home Owners Insurance Info	Policy # and Period			
<b>Education:</b>				
Last Grade Completed:	(Circle One and Date) High School Diploma _____ GED _____			
College Degree(circle) Yes No	Name of College:	Major:		
Competency Test Date:	Demonstration of Competency (circle) Yes No N/A			
<b>Medical Restrictions</b> of HHP(s), if any: _____ _____				
<b>Number of Clients Requesting:</b>				
<b>Consumer Demographics:</b> (circle)	Senior Male	Senior Female	Adult Male	Adult Female
(Cont. Consumer Demographics - circle preferences)	Teen Male	Teen Female	Youth Male	Youth Female
<b>Consumers Contacted:</b> _____ _____				
<b>Other Residents Living in the Home:</b> (include: Name, DOB, Age, Relationship and Sex - Needs to include minor children) _____ _____				
<b>Individuals who will assist with transportation:</b> (Include: Name, DOB, DL # and State of License) _____				
<b>Pets:</b> (circle) Dog(s) Cat(s) Other (specify) _____ Total # of Pets _____				
<b>Current Vaccinations:</b>				
<b>Current Vet:</b>				

I agree that everything included in this application is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date