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?
_____
_____
_____
_____

Are you able to provide 24 hours of direct care? Yes___ No___

HOME DESCRIPTION Do you own or rent your home? _____

__ House __ Ranch _____Total # of rooms

__ Apartment __ Single story _____ # of bedrooms

__ Townhome/Condo __ Two story _____ # of bathrooms

__ Mobile Home __ Finished basement

On what level will the individual's bedroom be located? _____
Will the individual have their own bathroom or will they share a bathroom? _____

Is your home wheelchair accessible? To what extent? (i.e.: entrance of home, no stairs, bathtub, doors to bathroom and bedroom,etc.)_____
_____

Do you have pets in your home? __Yes __No If yes, please list what type of animals and how many.

_____
_____

INDIVIDUAL PREFERENCE Fervent Love Care attempts to match the individual's preferences and needs with your own. Please mark which of the below you will be interested in serving.

AGES ___ under 21 ___ 21 to 30 ___ 31-50 ___over 50 no preference ___
GENDER ___ male ___female ____no preference

I believe I will be able to serve an individual who has the following:

__smokes (outside)
__uses a wheelchair
__uses a walker or a cane
__is nonverbal
__is sight impaired
__is hearing impaired
__has history of verbal aggression
__has a history of physical aggression
__has seizures
__ has special diet needs
__ uses a g-tube
__ needs total assistance in feeding
__ needs total assistance in bathing
__ needs some assistance in bathing
__ has special medical needs
__ uses adult Depends
__ has mental health issues (i.e. bi-polar, depression, etc.)

Do young children frequently visit your home? Yes__ No__

Would you like to share any other information to be taken into consideration when placing someone 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, Fervent Love Care'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