



REFERRED BY: _____

HOST HOME PROVIDER INDEPENDENT CONTRACTOR APPLICATION

NAME _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HM PH: _____

WK PH: _____

CELL PH: _____

EMAIL: _____

DOB: _____

Marital Status: Circle One

Married Single Divorced Widow Civil Union

Do you have a valid Driver's License? _____ YES _____ NO

Driver's License Number: _____ STATE: _____

Do you have access to a reliable vehicle for transportation? _____ YES _____ NO

Do you rent or own your home? _____ Own _____ Rent

Do you have a private bedroom available for each individual? _____ YES _____ NO

How many individuals would you consider serving? _____ ONE _____ TWO

Do you have any specific individuals in mind? _____

Would you mind making minor changes to your home to accommodate DHS regularions?

_____ YES _____ NO

On a scale of 1-5, how well do you work on a computer? (5 being very good)

_____ One _____ Two _____ Three _____ Four _____ Five

Do you currently (or are you planning to) have foster care children in your home?

_____ YES _____ NO If Yes, you must have a DHS waiver

Are you currently enrolled in school, or are you planning to enroll in school soon?

_____ YES _____ NO If yes, where? _____ Hours: _____

Are you a family member or guardian of anyone that resides with EPIC?

_____ YES _____ NO If YES, please list name(s).

List the names, birthdate and relationships of each person living in your home and/or frequent contact.

Name	Relationship	Birthdate	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide the names and contact information for three unrelated personal and/or professional references

Name Phone Number

1 _____

2 _____

3 _____

Please provide employment history for the last five (5) years.

Company	Dates Employed	Job Title	Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Why do you want to become a Host Family Provider here at EPIC?

The facts set forth in this application are true and complete to the best of my knowledge. I hereby authorize the Vice President of Host Family Program, or their designee, to request a credit report, a criminal background check on me, and to investigate my personal and employment references.

Signature of Applicant

Date
