



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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about the opportunity to become a Provider?

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 Community Options Recruiter, 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 \_\_\_\_\_

Community Options Recruiter Signature: \_\_\_\_\_ Date \_\_\_\_\_