



**Arkansas Valley Community Center**  
 1500 San Juan Avenue P.O. Box 1130 La Junta, CO 81050  
 (719) 384-8741 Fax (719) 384-4278 email avcc@arkvalleyccb.org

## AVCC HOST HOME PROVIDER APPLICATION

### GENERAL INSTRUCTIONS

Complete all parts of this application and sign. You may bring this application to Arkansas Valley Community Center or mail to: Arkansas Valley Community Center, Human Resources- Host Home, 1500 San Juan Ave., La Junta, CO 81050.

### SECTION 1: PERSONAL INFORMATION *(please print legibly)*

Last Name	First Name	Middle Name	Social Security Number	Drivers License Number
Address			Phone (Day)	Phone (Night)
City	State	Zip	Email	
Which county do you reside?	How long?		Hours you currently work	

Please provide information about the individuals currently living in your home or who may be there while you are a Host Home Provider:

Name	Date of Birth	Relationship

Have you ever worked for AVCC before? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please give dates:	Positions(s)
Have you ever applied for foster care license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where you denied? <input type="checkbox"/> YES <input type="checkbox"/> NO	Explain
Are you currently providing day care or foster care to anyone in your home? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been approved to provide Host Home services through any other agency? <input type="checkbox"/> YES <input type="checkbox"/> NO	

If yes, please list agencies and dates of service

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Please provide your daily schedual, including hours worked and any on-going commitments (including classes, club meeting times, activities, etc.)

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## SECTION 2: BACKGROUND CHECK

A CRIMINAL BACKGROUND CHECK IS REQUIRED OF ANY ADULT (persons 18 and older) LIVING WITHIN THE HOST HOME	
Have you or any members of your household been arrested for violations of the law other than minor traffic violations? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain
Have you or any members of your household been convicted of a felony or misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain
Have you or any members of your household been arrested for violations of the law other than minor traffic violations? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain
Are you or any member of your household currently on parole? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain
Do you or any members of your household have a communicable disease? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain

## SECTION 3: EDUCATION, TRAINING AND SPECIAL SKILLS

Please circle highest grade completed. 7 8 9 10 11 12 GED Some College AA BA/BS Other	
Do you have any special certifications in related fields? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, what are they?
What is the primary language spoken in your home?	
What other languages do you use fluently?	
Are you proficient in sign language? <input type="checkbox"/> YES <input type="checkbox"/> NO	List other special skills (if any) that would be helpful as a Host Home provider

## SECTION 4: EMPLOYMENT HISTORY

<b>Current Employer</b> (Company Name)			Are you currently working for this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
City	State	Zip	Phone/Fax:	Month/Year employment began From to
Briefly describe your position and duties				
Reason For Leaving				

<b>Previous Employer</b> (Company Name)			Are you currently working for this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
City	State	Zip	Phone/Fax:	Month/Year employment began From to
Briefly describe your position and duties				
Reason For Leaving				

<b>Previous Employer</b> (Company Name)			Are you currently working for this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
City	State	Zip	Phone/Fax:	Month/Year employment began From to
Briefly describe your position and duties				
Reason For Leaving				

## SECTION 5: HOST HOME INFORMATION

<b>Please check the appropriate setting for your home below and indicate number of rooms available</b>				
<input type="checkbox"/> House	<input type="checkbox"/> Ranch	Total number of Rooms:		
<input type="checkbox"/> Apartment	<input type="checkbox"/> Single-story	Number of Bedrooms:		
<input type="checkbox"/> Townhouse/Condo	<input type="checkbox"/> Two-story	Number of Bathrooms:		
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Tri-level	Number of Available Bedrooms:		
Location of available bedrooms				
Is your home wheelchair accessible? <input type="checkbox"/> YES <input type="checkbox"/> NO				
What hours are you available to provide support services to persons living in your home?				
Is any person currently living in your home receiving services from this or any other human service agency? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Please tell us about the people who may live with you, husband/wife, children etc.				

<b>I prefer to work with the following age group &amp; people</b>				
<input type="checkbox"/> Under 21	<input type="checkbox"/> 21 - 30	<input type="checkbox"/> 30 - 50	<input type="checkbox"/> Over 50	<input type="checkbox"/> No Preference
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No Preference		
<input type="checkbox"/> One Person	<input type="checkbox"/> Two Persons	<input type="checkbox"/> Three Persons	<input type="checkbox"/> No Preference	

<b>I think I can accommodate an individual who</b>	
<input type="checkbox"/> Smokes	<input type="checkbox"/> Has special Diet Needs or feeding/swallowing difficulties
<input type="checkbox"/> Uses a cane/walker/wheelchair	<input type="checkbox"/> Is unemployed or no longer working
<input type="checkbox"/> Has difficulty with stairs	<input type="checkbox"/> Has special behavioral needs or concerns
<input type="checkbox"/> Is Non-Verbal	<input type="checkbox"/> Has special medical needs/concerns or needs special equipment
<input type="checkbox"/> Is Visually Impaired	<input type="checkbox"/> Uses adult depends
<input type="checkbox"/> Is Hearing Impaired	<input type="checkbox"/> Uses sign language or needs communication device

Describe your interests that may take you away from the person(s) you will serve.

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Who will assist you or provide care to the consumer while you are away?

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What are your plans for help during emergencies, holidays, vacations, days when AVCC is closed, etc.?

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Please note any pets that share your home.

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Do you have any young children who frequently visit your home? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please give us their ages
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Please give us other information you would like considered when placing someone in your home.

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<b>Activities you frequently participate in or would be interested in sharing with consumers</b>			
<input type="checkbox"/> Movies/TV/VCR	<input type="checkbox"/> Theater	<input type="checkbox"/> Concerts	<input type="checkbox"/> Travel
<input type="checkbox"/> Shopping	<input type="checkbox"/> Music	<input type="checkbox"/> Reading	<input type="checkbox"/> Crafts
<input type="checkbox"/> Sports	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Hiking	<input type="checkbox"/> Bingo
<input type="checkbox"/> Jogging/Walking	<input type="checkbox"/> Camping	<input type="checkbox"/> Car Rides	<input type="checkbox"/> Swimming
<input type="checkbox"/> Photography	<input type="checkbox"/> Fishing	<input type="checkbox"/> Gardening	<input type="checkbox"/> Card Games
<input type="checkbox"/> Church	<input type="checkbox"/> Sewing	<input type="checkbox"/> Bowling	<input type="checkbox"/> Meeting & Clubs

Other activities you would like to engage in or share with consumer.

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## SECTION 6: REFERENCES

<b>Personal References</b> Please provide the following information for THREE non-relatives who know you well.			
Name	Address	Phone (Home)	Phone (Work)
Type of Relationship		Length of time they have known you	
Name	Address	Phone (Home)	Phone (Work)
Type of Relationship		Length of time they have known you	
Name	Address	Phone (Home)	Phone (Work)
Type of Relationship		Length of time they have known you	

Do you know anyone currently providing services for our agency? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, who?
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## SECTION 7: APPLICANT SIGNATURE

**Applicant Note:** This application form is intended for use in evaluating your qualifications to be an Independent Host Home Provider. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the inquiry process or, if discovered after executing a contract, terminating that contract. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from consideration. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to execution of a contract.

**Certification And Release:** I certify that I have read and understand the applicant note above and that the answers given by me to the foregoing questions and to the statements made by me are complete and true to the best to my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or termination of contract at any time during the terms of the contract. I authorize the company and / or its agents including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said person, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during the contract period.

Applicant Signature	Date
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