

Metro Support Services, Inc.

P.O. Box 966 Eastlake, CO 80614
Phone (720) 872-2730
Fax (720) 872-2738



Date of Application: _____

Name: _____
Last First Middle

Address: _____
Street Address City County State, Zip

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email address:** _____

Date of Birth: _____ **Social Security Number:** _____

Position Desired: Host Home Provider Back-up Provider Other: _____

Please list below all persons who will be living in your home

<i>Name</i>	<i>Age</i>	<i>Relationship</i>

Describe any experience you have had with people with developmental disabilities _____

Why are you interested in becoming a host home provider? _____

How will the individual you serve be involved with you and/or your family? _____

Describe the person (sex, age, personality, disabilities, etc.) to whom you would be interested in providing service.

Would you consider an individual with either physical or behavioral challenges? _____

Please list your educational background

<i>School/University</i>	<i>Highest Grade Completed</i>	<i>Degree Earned</i>	<i>Area of Study</i>

Please list all previous employers, starting with your most recent job experience. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer Name _____

Address _____

Phone _____ Supervisor _____

Position/Title _____

Description of Duties _____

Start Date _____ End Date _____

Starting Pay _____ Ending Pay _____

Reason for leaving? _____

May we contact? Yes No

Employer Name _____

Address _____

Phone _____ Supervisor _____

Position/Title _____

Description of Duties _____

Start Date _____ End Date _____

Starting Pay _____ Ending Pay _____

Reason for leaving? _____

May we contact? Yes No

Employer Name _____

Address _____

Phone _____ Supervisor _____

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May we contact? Yes No

Employer Name _____

Address _____

Phone _____ Supervisor _____

Position/Title _____

Description of Duties _____

Start Date _____ End Date _____

Starting Pay _____ Ending Pay _____

Reason for leaving? _____

May we contact? Yes No

Are you presently employed? Yes No

Do you intend to keep your job while working as a Host Home Provider? Yes No

If so, would you be available during the day if your consumer required medical visits or care while ill, etc.?

Yes No

Please Describe Your Home and the bedroom available for the individual

Total Number Bedrooms	Total Baths	Ranch Style?
Pets	Stairs on porch	Fenced yard
Lock on bedroom door	Broom on 1st level	Broom on 2nd level
Broom basement level	Private bath	Walk in shower
Tub	Unfurnished	Furnished

Have you ever worked for a similar service or gov't agency ? Yes No

If yes, who was your supervisor and the date(s) of employment? _____

Do you drive a vehicle? Yes No

Type of Vehicle Make/Model _____ Current Vehicle Inspection? Yes No

How many persons will your vehicle safely transport? _____

Do you have a wheelchair accessible van? Yes No

Have you had any vehicle accidents/tickets within the last 5 years? Yes No

If yes, please explain _____

Automobile insurance Carrier _____

Coverage Full Liability _____

Home Owners / Renter's Insurance Carrier _____

Do you have Professional Liability Insurance? Yes No

Do you live in a: House Apartment Mobile Home

Do you: Rent Own

How long have you lived at your present address? _____

Would you be willing to make adaptations for handicap devices? Yes No

Are there any smokers in your household? Yes No

Is smoking ok if it's outside? Yes No

Have you or anyone living in your home ever been arrested or charged with a crime (including traffic violations)? Yes No If yes, please explain _____

Do you have a computer in your home? Yes No

Do you have a Scanner? Yes No Do you have faxing ability from home? Yes No

Best describe the level of your computer ability

Internet Skills: Novice Skilled Navigator Expert at multiple tabs and browsers

Outlook: What is Outlook? I recognize "respond to all" I can create custom folders

Excel: No way I only have Apple I can save a master file It doesn't scare me

Documents: I know how to scan & print to PDF I can scan multiple page docs

Conferencing: I can Zoom I can "Teams" I can be there in person

Please list any additional information that you feel may be relative to considering you for the position desired: _____

The statements made in this application are, to the best of my knowledge, complete and correct. I understand that Metro Support Services, Inc. may verify the information by contacting my references and past employers and through evaluation of my driving record and criminal history. In the event that a Host Home agreement is reached, I understand that false or misleading information given on this questionnaire or during interview(s) may result in the immediate termination of all agreement or contracts.

Signature _____ Date _____