

**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**

<b>Name</b>	<b>Age</b>	<b>Relationship</b>

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.

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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

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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

**Professional References:** Please provide three references who are not related to you and are not your previous employer. Please download the "Release For Business Reference" page from the website and submit two (2).

Name	Address	Telephone Number
<b>Please download the "Release For Business Reference" page from the website and submit two (2).</b>		

Have you ever worked for any other CCB or Service 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 Agent \_\_\_\_\_

Home Owners / Renter's Insurance Carrier \_\_\_\_\_

Agent \_\_\_\_\_

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? \_\_\_\_\_

Number of bedrooms \_\_\_\_\_ Number of bathrooms \_\_\_\_\_

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

Are there any smokers in your household?  Yes  No

Have you or any one 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: \_\_\_\_\_

Beginner

Intermediate

Higher skill level

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 \_\_\_\_\_