



PHOENIX OF THE HEARTLAND HOSTS HOME PROVIDER APPLICATION

Last _____ First _____ Middle _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Birthday: _____ Social Security: _____

Other Household Members: Names - Ages - Relationship

HOUSING AND ACCESSIBILITY INFORMATION

Housing type: House Apartment Condo Mobile Home Other-Describe _____

Do you: Own _____ Rent _____ or Other describe _____

Number of Bedrooms: _____ Bathrooms (Full vs. Half): _____

Would you permit adaptations for any needed handicap devices? Yes No

Does your home have a wheelchair ramp entrance? Yes No

Are there handrails and grab bars installed? Yes No

Is the bedroom on the main floor? Yes No

Are there two accessible fire evacuation exits from the bedroom? Yes No

Is there wheelchair access common areas of the home, living room, kitchen, etc? Yes No

Is the bathroom accessible with grab bars, raised toilet seat, wheel-in shower, etc? Yes No

Please provide any additional information which describes the degree to which your home is wheelchair accessible inside and out:

Are there accessible fire extinguishers in the home? Yes No

Are there carbon monoxide detectors in the home? Yes No

Are there active smoke detectors in the home? Yes No

Pets (number and type) _____



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VEHICLE AND DRIVING INFORMATION

Do you drive a vehicle? Yes No Do you have current car insurance? Yes No

Vehicle type: Make _____ Model _____ Year _____

How many passengers can ride in this vehicle with seat belts _____

Do you have a valid Driver's License? Yes No

State where issued _____ License Number _____

Driver's License Expiration Date _____

EDUCATIONAL INFORMATION High School Graduate: Yes No

GED or High School Equivalency (circle one)? Yes No Month and Year of graduation _____

Describe your experience do you have working with individuals with disabilities

List any courses taken or certifications obtained:

Other specialized training related to individuals with disabilities (ex. Trainings, certifications, etc.)

1. _____
2. _____
3. _____

EMPLOYMENT INFORMATION (Begin with most current up to the last 3)

#1 Name of Employer: _____

Address: _____

Supervisor: _____ Phone: _____

Length of Employment: _____ to _____

Job Title: _____

Job Responsibilities: _____

Reason for Leaving: _____

#2 Name of Employer: _____

Address: _____

Supervisor: _____ Phone: _____

Length of Employment: _____ to _____

Job Title: _____

Job Responsibilities: _____

Reason for Leaving: _____



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#3 Name of Employer: _____

Address: _____

Supervisor: _____ Phone: _____

Length of Employment: from _____ to _____

Job Title: _____

Job Responsibilities: _____

Reason for Leaving: _____

If you are currently employed, will you continue with employment if you are selected as a host home provider for Phoenix of the Heartland? Yes No

PERSONAL REFERENCE

#1 Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

PROFESSIONAL REFERENCE

#2 Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

FAMILY REFERENCE

#3 Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____

Please answer the following questions.

1. Have you ever provided Host Home Services? Yes No

If yes, what Service Agency: _____

How long have you been a provider if you have been a host before. _____

2. Why are you interested in being a Host Home Provider?

A criminal, sex offender, child/adult abuse background checks will be conducted on applicants selected as a Host Home Provider. (Required for ALL household members over the age of 18)

2. Have you or any member of your household been arrested? Yes No



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3. Have you or any member of your household been accused of any abuse? Yes No

If yes, please explain and nature of offense:

4. Have you or any members of your household been convicted of a felony, child abuse, or unlawful sexual conduct? Yes No

Why are you interested in providing a Host Home Provider? _____

6. How long do you foresee being a Host Home Provider?

7. When would you be available to begin providing care?

8. Could you care for a member with zero alone time? Yes No

I could best support a person with the following needs: (choose one, or all that apply)

Daily Care Tasks

- Personal Hygiene: Assist with or supervise bathing, tooth brushing, grooming, and dressing as needed.
- Meal Preparation: Plan and prepare nutritious meals that accommodate dietary restrictions or preferences. Aid with eating if required.
- Mobility Support: Help with walking, transferring, or using mobility aids to ensure safety and independence.
- Health Monitoring: Check for signs of illness or discomfort, track vital signs if necessary, and report concerns.
- Medication Management: Administer and document all prescribed medications and monitor for side effects.
- Household Maintenance: Support with light chores such as tidying living spaces, making the bed, and laundry as appropriate.
- The living environment is safe and comfortable.
- Social Interaction: Encourage engagement in conversation, leisure activities, and meaningful routines to foster well-being.
- Safety Checks: Ensure living environment is free from hazards, and emergency contact information is accessible.



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Weekly Care Tasks

- Shopping: Assist with or handle grocery and household supply shopping.
- Housekeeping: Conduct deeper cleaning tasks such as vacuuming, mopping, bathroom cleaning, and changing linens.
- Appointments: Coordinate and accompany medical, dental, or therapy appointments as needed.
- Medication Management: Administer and document all medications and monitor for side effects.
- Care Planning: Communicate regularly with case managers, healthcare professionals, and family to review and update the care plan.
- Emotional Support: Offer reassurance, listen actively, and provide encouragement during times of stress or change.
- Advocacy: Ensure client's rights and preferences are respected and communicated to all care providers.
- Emergency Preparedness: Review emergency procedures, maintain supplies, and practice drills if appropriate.
- Documentation: Keep accurate records of care activities, incidents, and changes in health or behavior.
- Recreation and Community Involvement: Support participation in group events, outings, or hobbies that align with the client's interests.

Ongoing and As-Needed Support

- Cultural Sensitivity: Be mindful of and responsive to cultural, spiritual, or linguistic needs.
- Continued Education: Stay informed on best practices, attend relevant training courses, and seek guidance when needed.
- Respect and Privacy: Honor the client's dignity, personal space, and choices always.
- Health and Wellness: Monitor vital signs, observe for changes in health status, and report concerns promptly.
- Medication Management: Administer medications accurately and document administration times and dosages.
- Nutrition and Hydration: Ensure the client receives balanced meals and maintains adequate fluid intake.
- Personal Hygiene: Assist with bathing, grooming, and dressing as needed, respecting the client's independence.
- Mobility Assistance: Support safe movement and transfer, utilize mobility aids correctly, and encourage physical activity.
- Social Engagement: Facilitate participation in meaningful activities and encourage social interaction.



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- Emotional Support: Provide empathy, understanding, and comfort during times of distress or transition.
- Fall Prevention: Identify potential hazards, maintain a safe environment, and educate on fall risk reduction.
- Pain Management: Assess for pain, communicate findings, and implement appropriate interventions as prescribed.
- Transport and Escort: Safely assist clients to appointments or community activities, ensuring comfort and security.
- Equipment and Supplies: Inspect, maintain, and sanitize medical equipment or assistive devices regularly.
- Household Management: Support light housekeeping, laundry, and organization to maintain a clean-living space.
- Communication: Facilitate clear, respectful communication between client, family, and care team.
- Boundaries and Professionalism: Uphold ethical standards and maintain appropriate professional boundaries.
- Feedback and Improvement: Invite feedback, reflect on care practices, and implement improvements in quality service.
- Emotional Support: Offer reassurance, listen actively, and provide encouragement during times of stress or change.
- Advocacy: Ensure client's rights and preferences are respected and communicated to all care providers.
- Emergency Preparedness: Review emergency procedures, maintain supplies, and practice drills if appropriate.
- Documentation: Keep accurate records of care activities, incidents, and changes in health or behavior.

Additional Considerations

- Respect and Privacy: Honor the client's dignity, personal space, and choices always.
- Cultural Sensitivity: Be mindful of and responsive to cultural, spiritual, or linguistic needs.
- Continued Education: Stay informed on best practices, attend relevant training courses, and seek guidance when needed.



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Please check the boxes in which you have training or experience in:

- Personal Care Assistance (bathing, grooming, hygiene)
- Medication Administration
- Mobility Support and Safe Transfers
- Nutrition and Meal Preparation
- Infection Control Procedures
- First Aid and CPR Certification
- Dementia or Alzheimer's Care
- Communication with Nonverbal Clients (sign language)
- Behavior Management and De-escalation
- Use of Assistive Devices (wheelchairs, lifts, etc.)
- Wound Care and Skin Integrity Monitoring
- Palliative or End-of-Life Care
- Documentation and Reporting
- HIPAA/Confidentiality Training
- Cultural Competency in Healthcare
- Emergency Response and Evacuation
- Training in Abuse/Neglect Recognition and Reporting
- Client Rights and Advocacy
- Trauma-Informed Care
- Continuing Education/Professional Development

Any other training or experience not listed above please write below:

Please describe your daily environment in a short essay in this space:



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The above information provided is complete and accurate to the best of my knowledge. I understand that if contracted, any misinformation or omission of any of the information requested shall be considered cause for disqualification or immediate termination regardless of the date of discovery.

I authorize Phoenix of the Heartland and its designated representative to investigate all the information in this application, including reference inquiries concerning my previous and current employment and education record. I understand the contract process may include appropriate background checks, including Child/Adult Abuse, Sex Abuse, and Criminal History Reports and Driving Record Search. Information must meet Phoenix of the Heartland and the State of Iowa guidelines. A conviction record will not necessarily disqualify me from employment.

I understand that Phoenix of the Heartland is an Equal Opportunity Employer. Phoenix of the Heartland does not discriminate in its employment and contracting practices and no question on this application is used for the purpose of limiting or excusing an applicant's consideration for contracting on a basis prohibited by local, state, or federal law.

This application does not constitute a contract or an offer of a contract. The contracting of any person at the company can be terminated with or without cause and without notice, at any time, by the company, active contractors must give 90 days' notice to terminate a contract. Failure to complete any section of this application may result in an incomplete application and will not be considered further.

An applicant who knowingly and intentionally makes a false or misleading statement on a permit application or deliberately omits any material information requested on the application will have the application rejected.

I agree _____ I disagree _____

Applicant's Printed Name: _____ Date: _____

Applicants Signature _____ Date: _____