

Application to Host

Thank you for your interest in hosting a youth through our Host Family Program (HFP). Please review and complete the following application. Be sure that all adults over the age of 18 in the home initial the bottom of each page in the appropriate space and sign the last page.

Please return the completed, signed application and mail to:

If you have any questions, please feel free to call or email. Thank you and we look forward to being a part of your hosting experience.

Family Information

Host—

Name: _____ Birthdate (MM/DD/YY): _____
(Last, First, Middle, Maiden)

Email Address: _____ Cell Phone Number: _____

Occupation: _____ Employer: _____

Work Address: _____ Work Phone: _____

How Long Employed: _____ Driver's License #: _____

Host—

Name: _____ Birthdate (MM/DD/YY): _____
(Last, First, Middle, Maiden)

Email Address: _____ Cell Phone Number: _____

Occupation: _____ Employer: _____

Work Address: _____ Work Phone: _____

How Long Employed: _____ Driver's License #: _____

I am / We are: (circle one) SINGLE MARRIED PARTNERS

Home Address: _____
(House number, street, city, state, zip)

Home Phone: _____

Initial here: _____

Family Members in the Home

Other Children (under age 18) at Home:

| Name | Age/DOB | Biological / Adopted & When |
|------|---------|-----------------------------|
|------|---------|-----------------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other Adults Living in the Home:

| Name | Age/DOB | Relationship to Family |
|------|---------|------------------------|
|------|---------|------------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**All adults age 18 and over must have background clearances completed.

Do you own any firearms? (circle one) Yes No

If yes, how are they secured/stored? _____

Do you have a pool? (circle one) Yes No

If yes, how is it secured? _____

Other Information

Family Hobbies and Interests: _____

What are your reasons for hosting? _____

Initial here: _____

Host Preferences

We would like to host (number of youth): _____

Approximate ages preferred: _____

Gender Preference (circle one): Male Female Either

Special Requests (if any): _____

Other Hosting Experiences

Have you hosted in the past? (circle one): Yes No

If Yes, when: _____

With what program: _____

How many children did you host? _____

What was the outcome of that experience? _____

Information about that program you would like to share? _____

How did you hear about the Host Family Program? _____

Home Safety Check

You will be required to have a complete home safety check. Please contact the HFC to schedule an appointment.

Initial here: _____

Criminal Clearance

Have you ever been arrested for, charged or convicted of, any crimes (misdemeanor or felony), including, but not limited to: shoplifting, fraud, theft, DUI/DWI, domestic violence, child abuse, assault, aggravated assault, or possession of a controlled substance?

Host Name: _____

Circle one: Yes No

Host Name: _____

Circle one: Yes No

Please explain any "Yes" answers on a separate sheet of paper.

*Answering "YES" to the above question does not automatically disqualify you from participating in the hosting program, but providing false answers or deliberately withholding information could negatively affect your application.

Background Checks

Criminal clearance checks are required for each adult (age 18 and over) living in the home. Please see attached application forms.

Please list all states that you have lived in: _____

Our Social Security Numbers are:

Host Name: _____ SS#: _____

Host Name: _____ SS#: _____

Initial here: _____

Medical Self-Disclosure:

Host Name: _____

Have you been (within the last five years) or are you currently under treatment for any medical, psychiatric, addiction or emotional condition? (Circle one) Yes No

If "Yes", please explain condition(s), date diagnosed and reason for treatment: _____

Primary physician's name: _____ Phone: _____

Host Name: _____

Have you been (within the last five years) or are you currently under treatment for any medical, psychiatric, addiction or emotional condition? (Circle one) Yes No

If "Yes", please explain condition(s), date diagnosed and reason for treatment: _____

Primary physician's name: _____ Phone: _____

WHILE THIS INFORMATION DOES NOT NECESSARILY PREVENT US FROM HOSTING, WE UNDERSTAND THAT FAILURE TO PROVIDE COMPLETE AND HONEST INFORMATION WILL RESULT IN AUTOMATIC DISQUALIFICATION FROM CONSIDERATION.

Signature: _____ Date: _____

Signature: _____ Date: _____

Initial here: _____

Key Points

- I/we understand that I/we will be allowed to host a young person only after submitting an approved home safety check as well as criminal clearance checks.
- I/we agree to pay for the costs to provide room and board.
- I/we understand that the youth's stay is not guaranteed and may be cancelled for various reasons.
- I/we understand that the program cannot refund funds to a Host Family after the funds have been committed or spent.
- During my/our involvement with this program, I/we agree to engage in a conduct that is appropriately respectful of others and to abide by any incidental instructions that may be given by the program coordinators.
- I/we understand that under no circumstances is hitting or using force towards a young person acceptable and that this Host Home program will remove the young person from my/our home if abuse is suspected.
- I/we agree to comply with the weekly check-in schedule set forth.
- I/we understand the importance of preparing for hosting a youth. Therefore, I/we agree to participate in the training provided.
- I/we understand and agree that the Program Leadership/Board of Directors has the right to reject any application with no explanation.
- I/we understand that this Host Home program is not an adoption agency nor is it affiliated with one. The minor youth participating in the program are not part of an adoption process.
- I/we agree to be sensitive to alcohol consumption by others in the presence of the young person in my/our care.

Signature: _____

Print Name and Date: _____

Signature: _____

Print Name and Date: _____