



## HOST HOME INDEPENDENT CONTRACTOR QUESTIONNAIRE

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Permission to call work # Yes \_\_\_\_ No \_\_\_\_

Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you lawfully eligible to work in the United States? Yes \_\_\_\_ No \_\_\_\_

Are you able to provide at least five years of criminal investigation background information with the United States? Yes \_\_\_\_ No \_\_\_\_

If no, please explain: \_\_\_\_\_

List all the States you have lived in for the past 25 years besides Colorado.

\_\_\_\_\_

Is there anything that may be discovered on your background check you would like to disclose now?

Yes \_\_\_\_ No \_\_\_\_ \_\_\_\_\_

\_\_\_\_\_

List all persons that will be living in your home including spouse, children, and any others:

NAME	DATE OF BIRTH	AGE	RELATIONSHIP

Have you or any member of your household been arrested for violations of the law other than minor traffic violations? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you or any member of your household been convicted of a felony or misdemeanor? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

\*A positive response will not necessarily disqualify an applicant. A criminal investigation will be conducted prior to entering into a contract.

Are you or any member of your household currently on parole/probation? Yes \_\_\_ No \_\_\_

Note \* A background check is required of all adults (18 years and older) living within a Host Home.

Do you or any member of your household have any communicable disease? Yes \_\_\_ No \_\_\_

What is your primary language? \_\_\_\_\_ What is your secondary language? \_\_\_\_\_ If English is your secondary language, do you believe a person placed in your home would be able to understand you easily? Yes \_\_\_ No \_\_\_

Will you agree to speak English when the person placed in your home is in your presence? Yes \_\_\_ No \_\_\_

Are you proficient in sign language? \_\_\_\_\_

Are you presently a Host Home Provider with another agency? Yes \_\_\_ No \_\_\_ If yes, what agency?

\_\_\_\_\_

Have you ever been a Host Home Provider with another agency? Yes \_\_\_ No \_\_\_ If yes, what agency?

\_\_\_\_\_

Please provide your daily schedule, including your work schedule and any other commitments you have.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
EVENING							

How many hours do you work outside the home? \_\_\_\_\_

What are your plans for working when a person receiving services is placed in your home?

\_\_\_\_\_  
\_\_\_\_\_

---

---

Are you able to provide 24 hours of direct care? Yes\_\_\_ No\_\_\_

HOME DESCRIPTION Do you own or rent your home? \_\_\_\_\_

___ House	___ Ranch	_____ Total # of rooms
___ Apartment	___ Single story	_____ # of bedrooms
___ Townhome/Condo	___ Two story	_____ # of bathrooms
___ Mobile Home	___ Finished basement	

On what level will the individual's bedroom be located? \_\_\_\_\_

Will the individual have their own bathroom or will they share a bathroom? \_\_\_\_\_

Is your home wheelchair accessible? To what extent? ( i.e.: entrance of home, no stairs, bathtub, doors to bathroom and bedroom,etc.)\_\_\_\_\_

---

Do you have pets in your home? \_\_Yes \_\_No If yes, please list what type of animals and how many.

---

---

INDIVIDUAL PREFERENCE Empowering Ability Today LLC attempts to match the individual's preferences and needs with your own. Please mark which of the below you will be interested in serving.

AGES \_\_\_ under 21 \_\_\_ 21 to 30 \_\_\_ 31-50 \_\_\_ over 50 no preference \_\_\_  
GENDER \_\_\_ male \_\_\_ female \_\_\_no preference

I believe I will be able to serve an individual who has the following:

___smokes (outside)	___ has special diet needs
___uses a wheelchair	___ uses a g-tube
___uses a walker or a cane	___ needs total assistance in feeding
___ is nonverbal	___ needs total assistance in bathing
___ is sight impaired	___ needs some assistance in bathing
___ is hearing impaired	___ has special medical needs
___has history of verbal aggression	___ uses adult Depends
___has a history of physical aggression	___ has mental health issues (i.e. bi-polar, depression, etc.)
___has seizures	

Do young children frequently visit your home? Yes\_\_\_ No\_\_\_

Would you like to share any other information to be taken into consideration when placing someone in your home?

Activities I participate in and would share with the individual I serve:

☐ movies    ☐ theatre    ☐ concerts    ☐ travel    ☐ sports    ☐ reading    ☐ library  
☐ crafts    ☐ going out to eat    ☐ camping    ☐ malls    ☐ shopping    ☐ bowling    ☐ bingo  
☐ music    ☐ swimming    ☐ TV    ☐ sewing    ☐ church    ☐ gardening    ☐ fishing  
☐ hiking    ☐ walking    ☐ cards & games    other

Why are you interested in becoming a Host Home Provider? \_\_\_\_\_

---

---

---

Describe any experience you have relating to the DD field. (Foster Care, Host home, Nursing home):

---

---

---

How do you see an individual you may serve as changing your life positively?

---

---

---

---

What can you do when difficult situations come up in regard to the person you are hosting?

---

---

---

---

Explain to us an average day in your home.

---

---

---

---

In your opinion, what skills do you possess that would make you a successful Host Home Provider?

---

---

What skills do you feel you need to gain in order to be a successful Host Home Provider?

---

---

---

---

---

Is there any type of individual that you do not feel comfortable working with?

---

---

---

---

---

How do you see this person changing your life? List positive and negative aspects:

---

---

---

---

---

---

---

How long do you see yourself being a Host Home Provider?

---

---

---

---

List any trainings or certifications that you currently have:

---

---

---

---

The position of Host Home Provider requires yearly training and paperwork. Do you understand you will be required to take annual training and turn in required paperwork? ☐ Yes ☐ No

In addition, a Host Home Provider needs to provide strict documentation for the individuals they serve of medical issues and medications, behaviors, daily contact notes, incident reports (if needed), etc. Do you feel you can accurately report information on a daily and as needed basis in a clear and understandable way? ☐ Yes ☐ No

Describe your skill level on completing monthly paperwork:

---

---

---

Are you willing to transport individuals to appointments, Empowering Ability Today LLCs events & functions, and other functions and events important to the person? ☐ Yes ☐ No

If no, please explain:

---

---

---

Have you ever been notified by the Office of the General Inspector that you may not participate or be employed by agencies involved with Medicaid or Medicare benefits? Yes ☐ No ☐

List Three Personal References (Name, Address and Contact Number)

---

---

---

Host Home Independent Contractor Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date