Host Home Provider Application

Eshkol Connections LLC · (720) 705-8478 · eshkolc@gmail.com

Complete this form on your computer, save it, then email or upload it.

Please complete every section that applies to you. Fields marked with * are required. You can save this PDF and finish it in more than one sitting. When you are done, email it to eshkolc@gmail.com or upload it on the Join Us page of our website.

PERSONAL INFORMATION

Today's Date *

Full Legal Name *

Street Address *

City *

State *

Zip Code *

Cell Phone *

Home Phone

Work Phone

Email Address *

Do we have permission to call your work number?

☐ Yes ☐ No

We do not ask for your Social Security number on this form. That information is collected securely later in the process, once we have spoken with you and you are moving forward.

ELIGIBILITY AND BACKGROUND

Are you lawfully eligible to work in the United States? *

☐ Yes ☐ No

Can you provide at least 5 years of criminal background history within the US? *

☐ Yes ☐ No

If no to either of the above, please explain

States you have lived in over the past 25 years, besides Colorado

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

☐ Yes ☐ No

Have you or any household member been arrested for anything other than minor traffic violations? *

☐ Yes ☐ No

If yes, please explain

Have you or any household member been convicted of a felony or misdemeanor? *

☐ Yes ☐ No

If yes, please explain

Are you or any household member currently on parole or probation? *

☐ Yes ☐ No

Do you or any household member have any communicable disease? *

☐ Yes ☐ No

HOUSEHOLD MEMBERS

List everyone who currently lives in your home.

Member 1 — Full Name	Date of Birth	Age	Relationship

Member 2 — Full Name	Date of Birth	Age	Relationship

Member 3 — Full Name	Date of Birth	Age	Relationship

Member 4 — Full Name	Date of Birth	Age	Relationship

LANGUAGE AND PRIOR EXPERIENCE

Primary Language *

Secondary Language

If English is your secondary language, would a person placed in your home understand you easily?

☐ Yes ☐ No

Will you agree to speak English when the person placed in your home is present?

☐ Yes ☐ No

Are you proficient in sign language?

☐ Yes ☐ No

Are you presently a Host Home Provider with another agency?

☐ Yes ☐ No

If yes, which agency?

Have you ever been a Host Home Provider with another agency?

☐ Yes ☐ No

If yes, which agency?

DAILY SCHEDULE

Morning schedule, Sunday through Saturday

Afternoon schedule, Sunday through Saturday

Evening schedule, Sunday through Saturday

Hours worked outside the home per week

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

Are you able to provide 24 hours of direct care? *

- [ ] Yes
- [ ] No

EDUCATION

Type of School

Name and Location

Years Attended / Graduated

Certificate or Degree Obtained

HOME DESCRIPTION

Do you own or rent your home? *

Home Type *

Total Rooms

Bedrooms *

Bathrooms *

Level of individual's bedroom

Bathroom Arrangement (private or shared)

Is your home wheelchair accessible? To what extent — entrance, stairs, bathtub, doorways?

Do you have pets in your home? *

- [ ] Yes
- [ ] No

If yes, what type of animals and how many?

INDIVIDUAL PREFERENCES

Age preferences

- [ ] Under 21
- [ ] 21 to 30
- [ ] 31 to 50
- [ ] Over 50
- [ ] No preference

Gender preference

- [ ] Male
- [ ] Female
- [ ] No preference

I believe I can serve an individual who has or needs the following

- [ ] Special diet needs
- [ ] Smokes (outside)
- [ ] Uses a wheelchair
- [ ] Uses a g-tube
- [ ] Uses a walker or cane
- [ ] Total assistance feeding
- [ ] Behavioural support
- [ ] Seizure protocol
- [ ] Assistance transferring

PERSONAL REFERENCES

Three references who are not related to you. Include name, relationship, and phone number.

Reference 1 *

Reference 2 *

Reference 3 *

SIGNATURE

By signing below you confirm that the information in this application is true and complete to the best of your knowledge, and you consent to Eshkol Connections LLC conducting the background checks required for host home certification in Colorado.

Applicant Full Legal Signature *

Date *

Attachments are optional and can be sent separately: a resume, and photos of your home. Email everything to eshkolc@gmail.com or upload it at the Join Us page on our website.