



Would you need to change your current residence before starting a Host Home?

Yes  No

How much notice would you need to move, if necessary?

Do you drive a vehicle? 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?

State where issued              License Number                      Expiration Date

If selected for a Host Home, Applicant must provide proof of current auto liability insurance with a minimum personal injury coverage of \$300,000.

**EDUCATIONAL INFORMATION**

High School Graduate: Yes  No  GED or High School Equivalency? Yes  No

Other specialized training, e.g., skilled trade, LPN, college degrees & areas of study:

List Professional, Trade, Business or Civic or Volunteer Activities & any offices held:

**EMPLOYMENT INFORMATION (Please begin with most current.)**

#1 Name of Employer:

Address:

Supervisor:              Phone:

Length of Employment:              to

Job Title:

Job Duties:

Reason for Leaving :

#2 Name of Employer:

Address:

Supervisor:              Phone:



Please indicate any changes in family income you anticipate during the next year:

**PRE-INTERVIEW QUESTIONNAIRE**

1. Have you been employed by Community Link previously? Yes  No

If yes, give date & position:

2. Have you ever provided Host Home Services? Yes  No  If yes, what Service Agency or County:

3. Does anyone living in your home currently have a communicable disease?

Yes  No

If yes, please explain:

4. Have you or has any member of your household been convicted of a felony, child abuse, or an unlawful sexual offense? Yes  No  If yes, name of person & related offense:

5. A background check will be conducted on applicants selected for Host Home Provider. A background check is also required for anyone 18 or older living in a Host Home.

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

If yes, please explain:

6. Why are you interested in providing a Host Home?

7. What qualities do you feel a Host Home should provide for an adult with an intellectual/developmental disability ?

8. List the skills and qualities that would make you a good Host Home Provider?

9. Community Link Host Home contracts may be renewable, and are written to coincide with the agency's budget year. How long do you anticipate being a Host Home Provider?

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

11. Do you have any obligations that would require you to be away regularly during the day or evening? Yes  No  Please describe:

12. Could you care for an adult or child who cannot be left unattended? Yes  No

13. Are you primarily interested in providing services for: Adults  Children   
Either

14. Is there a particular individual for whom you are interested in providing services?  
Yes  No  If yes, please name:

*Failure to complete any section of this application may be cause for you not to be considered further.*

*The information I have provided above is complete and accurate to the best of my knowledge. I understand that providing false or misleading information or omission of fact on this application may result in the cancellation of my Host Home Agreement.*

*"Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the employment application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and upon conviction thereof, shall be punished accordingly."*

Applicant Name:

Date:

**Applicant’s Statement  
Contractors**

I have applied for contract work with Community Link and certify that answers given herein are true and complete to the best of my knowledge. I authorize Community Link to investigate all statements made in this application and understand that providing misleading or false information on this application or in an interview may result in contract termination. I understand that Community Link will verify all information provided is complete and correct.

I hereby release Community Link and its representatives from liability for seeking information from law enforcement, references, previous employers or any other appropriate firms and /or entities. I also release from liability any persons, organizations, or corporations for providing information regarding, but not limited to, my character, general reputation, personal characteristics, professional skills and criminal background.

I understand checks regarding my background may include but are not limited to searches of: County, State and/or Federal Bureau of Investigations criminal/arrest records, Department of Motor Vehicles reports, National Sex Offender Registry, and Social Security trace. Employment with Community Link is contingent upon satisfactory background checks.

I understand and acknowledge that my relationship with this organization is of a contract nature. I release Community Link and its employees from any liability related to providing information following my separation from Community Link.

In the event I enter into a contract I understand that I am required to abide by Community Link Policies and Procedures as well as all State of Colorado Medicaid rules and regulations.

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Applicant Name

Signature

Date