



Compassionate Comfort Care

Application for Host Home Provider

Personal information

First name:	Home phone:	
Last name:	MI:	Work phone:
Address		Email:
State:	Zip code:	Cell phone:

Education:

High School name:	City & State:	Year graduate:
College:	City & State:	Year graduate:
Diploma:	Additional qualifications:	

Work History:

Employer	Phone:
Address	City & state:
Dates of employment:	Supervisor
Job title/ responsibilities:	May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:	

Employer	Phone:
Address	City & state:
Dates of employment:	Supervisor
Job title/ responsibilities:	May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:	

Employer	Phone:
Address	City & state:
Dates of employment:	Supervisor
Job title/ responsibilities:	May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:	

Please list persons who have direct knowledge of your work experience (Professionals, Instructors, Business partners, Clients).	
Name:	Cell phone:
Job title	home phone:
Years known:	Email:
Name:	Cell phone:
Job title	home phone:
Years known:	Email:
Name:	Cell phone:
Job title	home phone:
Years known:	Email:

Job specific information:

Why do you feel that you can be a good HHP?
Stability and consistency are very important to our residents. Please list some reasons why we could count on you for at least a year:
Please List other obligations (i.e. jobs, family commitments) you plan to continue during your contract:
Why do you think your lifestyle would be conducive to a Host Home environment?
Host Home Provision is an around-the-clock endeavor. Please list your plans to get necessary respite, time off, and how you will be "taking care of yourself."
What persons other than you and the person in services will be residing in the home?
Have you ever been investigated for a M.A.N.E. allegation?
Have you ever been convicted of a crime? If yes, please explain the crime in full. Include an explanation for the final outcome. We do conduct criminal background checks.
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION OF INFORMATION COULD LEAD TO TERMINATION AND I RELEASE THE AGENCY, REFERENCES AND PREVIOUS EMPLOYERS FROM LIABILITY IN REGARD TO THIS APPLICATION. I ALSO AUTHORIZE COMPASSIONATE COMFORT CARE TO RUN BACKGROUND CHECKS, VERIFY COLLEGE DEGREES, CONTACT REFERENCES, AND OTHER INFORMATION PERTAINING TO THIS APPLICATION. FURTHER, I UNDERSTAND THAT ANYONE WHO WILL BE DOING BACK UP IS SUBJECT TO COMPASSIONATE COMFORT CARE RULES AND STATE REGULATIONS REGARDING HIRING AND TRAINING. FAILURE OF BACKUP PROVIDERS TO MEET OUR STANDARDS COULD DISQUALIFY THEM FROM PROVIDING SERVICES.

SIGNATURE _____ DATE: _____

In order to help us determine the compatibility of potential Host Home Providers and people we serve, please answer the following questions so that we can learn more about you and your home.

Name:	Phone:
Address:	County:
E-mail:	How you heard about us

1. Please provide your experience working with people with intellectual and/or developmental disabilities.
2. Why are you interested in living with a person with intellectual and/or developmental disabilities?
3. Please describe your typical daily routine (e.g. 7am-Wake up; 9am-Kids to school; 6pm-Dinner time, etc.)
4. What are your expectations from having a person with a disability living in your home?
5. Is there anything you are uncomfortable doing?
6. Do you have any limitations on transportation or availability? (e.g. Day Program, social events, personal preferred activities, etc.)

7. Do you have another job? If so, what is it and what is your typical schedule/hours?

8. What do you consider to be your strengths and weaknesses?

9. Please list your interests/hobbies.

10. How many people live in your home? Please include any individuals in services currently in your home.
Name: Relationship to you: Age:

(Anyone over the age of 18 that lives in your home will need to fill out a background check form)

Do you have any pets? Yes, No If yes, what kind?

Do you have CPR/First Aid, Medication Administration, safety care or any other training required to be a provider?

Home Setting:

Please describe your home:

Ranch style Two Story Multi Level Apartment Other _____

Is there an available Bedroom and bathroom on the main floor? Yes No

Is your home wheelchair accessible? ☐ Yes ☐ No

Are there any steps to get into your home? ☐ Yes ☐ No If yes, how many?

If yes, could a ramp be installed? ☐ Yes ☐ No

Are there stairs inside your home? ☐ Yes ☐ No

If yes, could a ramp be installed? ☐ Yes ☐ No

How many extra bedrooms?

How many bathrooms?

Describe your kitchen:

Describe your laundry room:

What is the yard like?

Does your home have fire extinguishers, smoke detectors, and CO2 detectors? ☐ Yes ☐ No

Do you ☐ Rent ☐ Own your home? If you rent your home, when is your lease up?

Do you have homeowners/renter's insurance? ☐ Yes ☐ No

If not, you will need to get it. We will need a copy of it.

Please indicate how you access the community:

Car RTD Taxi Friends Other:

Do you own a car? ☐ Yes ☐ No

If yes, please list the primary vehicle used for transporting yourself and the people in your home:

Make:

Model:

Year:

Do you have auto insurance? ☐ Yes ☐ No

If yes, please provide a copy of the policy. If not, you will need to get it.

How close to public transportation are you?

What bus lines are close to your home?

Please provide a description of what types of community resources are within a 5-mile radius of your home. (Malls, stores, movie theaters, churches, recreational facilities, etc.)

What are you looking for in the person who would live in your home?

Age:

Skill Level:

Abilities:

Personality:

Sex:
Other:

1. Would you consider a person with physical or behavioral challenges? Please explain:

2. What is your desired monthly compensation level? _____

3. How do you prefer to be contacted? (if you don't have a preference, check all that apply)

☐ E-Mail ☐ Cell Phone ☐ Home Phone

4. Do you have a working computer that you are comfortable using?

(You will need to be available via both e-mail and phone as you will be contacted frequently and sends/receives documents easiest through e-mail)

5. Do you have any questions or additional comments?

MOTOR VEHICLE AND CRIMINAL HISTORY CHECK

Please present Driver's License and Social Security Card upon submittal.

First name:	Home phone:
Last name: Middle name:	Work phone:
other name used:	Last date used:
Address	Email:
State: Zip code:	Cell phone:
SSN	Sex: • Female • Male
DOB:	Driver license #:

Last addresses for the last seven years: (List addresses beginning with the most recent)

Street:	City:	County:	State:	zip:	years: To - From
1.					
2.					
3.					

4.
5.
6.
7.



Authorization to Release Information and Records

I, _____ ('APPLICANT') understand that COMPASSIONATE COMFORT CARE will use information, to obtain one or more consumer reports and/or investigative consumer reports ("Report") as part of the hiring or acceptance process. I also understand that if hired or accepted, to the extent permitted by law, COMPASSIONATE COMFORT CARE may obtain further Reports so as to update, renew or extend my employment or contract. I authorize all persons who may have information relevant to this investigation to disclose it to Esther House and/or their agent. I release and agree to hold harmless all persons providing such information to COMPASSIONATE COMFORT CARE, its officers, directors, employees and agents from liability on account of such disclosure. I also release and discharge COMPASSIONATE COMFORT CARE and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original. I understand COMPASSIONATE COMFORT CARE investigation may include obtaining information regarding my credit background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, character, general reputation, personal characteristics and standard of living, driving record and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to COMPASSIONATE COMFORT CARE, the following information and/or copies of documents from my military service record: 00214, service record, and any disciplinary records.

I understand if COMPASSIONATE COMFORT CARE makes a conditional decision to disqualify me based on all or in part on my Report, I must be notified by COMPASSIONATE COMFORT CARE seven business days of their receipt of the Report. I hereby consent to this investigation and authorize COMPASSIONATE COMFORT CARE to proceed to my background. In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth, social security number and the other information and fully understand that all employment decisions are based on legitimate non-discriminatory reasons. Additionally, I make this authorization to be valid for as long as I am an applicant, employee, or contractor with COMPASSIONATE COMFORT CARE.

The name, address and telephone number of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report is: ADP | 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800- 367-5933 or online at

By signing below, I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, and any related state summary of rights.

Applicant Signature: _____

Date: _____

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

Disclosure

As an applicant for employment, Independent Contractor or a current employee of COMPASSIONATE COMFORT CARE you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, COMPASSIONATE COMFORT CARE may choose to obtain and use information contained in either a consumer report and/ or investigative consumer report from a consumer reporting agency about you: (1) when considering your application for employment, (2) when making a decision whether to offer you a contract or employment, (3) when deciding whether to continue your Independent Contract or continue your employment (if you are hired), or (4) when making other contract-related or employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports for others, such as COMPASSIONATE COMFORT CARE.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment or contract purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, associates or others with whom you are acquainted or who may have knowledge concerning any such items of information.

An investigative consumer report may be requested by the employer. You may request, in writing within a reasonable time, additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

Authorization

By signing below, I, _____, hereby voluntarily authorize COMPASSIONATE COMFORT CARE to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my contract eligibility or employment at COMPASSIONATE COMFORT CARE. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Name: _____ Date: _____



COMPASSIONATE COMFORT CARE STATEMENT OF CONFIDENTIALITY

With constant flow of personal, confidential information pertaining to the people receiving services at TOPCARE SOLUTIONS. This information needs to be passed to providers so that they can be better equipped to serve that individual. With this knowledge, we have a great responsibility to respect and maintain confidentiality about these personal matters.

Information should be shared only with people who are directly involved with the person receiving services. This includes the Interdisciplinary Team, health care professionals, and the day program employees serving this person. To share the information with others may violate confidentiality.

People with developmental disabilities may not have the skill or intellectual capacity to defend themselves if they do not agree with or believe what is said about them. so please be sensitive to anything that can undermine hard-earned dignity for the people receiving services at COMPASSIONATE COMFORT CARE.

I have read, understand, and have had any questions regarding the above information answered.

Signature: _____ Date: _____