



EVERGREEN

SERVICE PROVIDERS

HOST HOME PROVIDER APPLICATION

Please be advised that this application must be thoroughly completed for processing

Please provide your signature below after you have read the following statement.

“Any applicant who knowingly makes false statements of any material or thing in this application is guilty of perjury in the second degree as defined in Section 18-8-503, CRS, and upon conviction thereof, shall be punished accordingly.”

Applicant’s Signature Date

Applicant’s Full Name: _____ D.O.B: _____

Address: _____

Telephone Number: _____ E-Mail: _____

SS#: _____ CO Driver’s License #: _____ Expires: _____

Please list all individuals living in your home. Those who are 18 years of age or older, list their SS#.

Have you or anyone living in your home ever been convicted of a felony? Yes No

If yes, please explain: _____

Have you or anyone living in your home ever been convicted of a misdemeanor? Yes No

Please list Traffic Violations Incurred within the last 3 years.

Violation: _____ Date of Violation: _____

Violation: _____ Date of Violation: _____

The Agency conducts a Background check and a Motor Vehicle check on all applicants.

Do you have any objection to this? Yes No

Please make sure you complete background check form enclosed with this application for everyone over 18 years of age living in the home.

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

List Employment History for past 10 years:

Company Name	Supervisor's Name	Phone Number
Address: _____		
Street	City	Zip
Job Title: _____	Employment Dates: _____	
Duties Performed: _____		

Company Name	Supervisor's Name	Phone Number
Address: _____		
Street	City	Zip
Job Title: _____	Employment Dates: _____	
Duties Performed: _____		

Company Name	Supervisor's Name	Phone Number
Address: _____		
Street	City	Zip
Job Title: _____	Employment Dates: _____	
Duties Performed: _____		

Do you have any lifting restrictions: Yes No

If yes, please explain: _____

Do you have any medical issues that would deter you from meeting your responsibilities as a Host Home Provider? Yes No

If yes, please explain: _____

Are you currently taking any medications that would prevent you from driving a vehicle? Yes No

If yes, please explain: _____

Do you own or rent your home? Own Rent

Do you carry homeowner or renter's insurance? Yes No

Is there a specific type of disability that you would not be willing to work with? (i.e. persons with behavioral difficulties, persons identified as potential perpetrators, medical issues? Yes No

If yes, please explain: _____

Is your home wheelchair accessible? Yes No

Would you be willing to provide services to a person who utilizes a wheelchair? Yes No

Host Home Providers must acquire Professional Liability Insurance. The agency will provide assistance in locating an Insurance Company that can provide a policy for you at your own expense. Do you have any objection in acquiring Professional Liability Insurance? Yes No

Signature of Applicant: _____ Date: _____

Please return application and background checks to:
Evergreen Service Providers, Inc.
5460 Ward Road, Suite 202, Arvada, CO 80002
Phone: (303)431-0306 Fax: (303)422-4985
E-Mail: Deanne.Evergreen@comcast.net