

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