



# 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.”

|                                |   |
|--------------------------------|---|
| _____<br>Applicant's Signature | _____<br>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

Is 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

Referred by: \_\_\_\_\_

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](mailto:Deanne.Evergreen@comcast.net)