



Application to Become a Host Home Provider with Envision

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

E-MAIL: _____

Have you been previously employed by Envision? Yes: _____ No: _____

If yes, what dates were you employed by Envision? _____

Are you currently or have you ever contracted to be a Host Home Provider for another agency?

Yes: _____ No: _____ If yes, what agency and when? _____

If you currently are, will you continue with the other agency? Yes: _____ No: _____

Have you or anyone in your household ever been convicted of a crime? Yes: _____ No: _____

If yes, please explain: _____

How were you referred to Envision? _____

Why are you interested in being a Host Home Provider with Envision? _____

EMPLOYMENT HISTORY:

Please provide all employment information for your past three employers starting with your current or most recent employer.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From _____ To _____ Salary/Wage: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From _____ To _____ Salary/Wage: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From _____ To _____ Salary/Wage: _____

Job summary: _____

Reason for leaving: _____

OTHER SKILLS AND QUALIFICATIONS: _____

EDUCATIONAL HISTORY:

List school name and location, years completed, course of study, and any degrees earned.

High school: _____

College/University: _____

College/University: _____

College/University: _____

Technical training: _____

Other: _____

REFERENCES:

List three references with names and telephone numbers (do not include relatives or employers)

1. _____

2. _____

3. _____

I hereby authorize Envision to contact, obtain, and verify the accuracy of information contained in this request from all previous employers, educational institutions, and references. I also hereby release from liability Envision and its representatives for seeking, gathering, and using such information to make decisions concerning my status as an independent contractor for Envision and all other persons or organizations for providing such information.

THIS IS NOT AN APPLICATION FOR EMPLOYMENT.

If you are retained by Envision as an Independent Contractor you will:

- Not be entitled to workers compensation benefits
- Not be entitled to unemployment insurance benefits unless unemployment coverage is provided by you or some other entity
- Be obligated to pay federal and state income tax on any moneys paid pursuant to the contract relationship
- Be required to provide professional and liability insurance

I represent and warrant that I have read and fully understand the foregoing and that I seek to become an independent contractor under these conditions.

Applicant signature: _____

Date: _____

HOUSEHOLD COMPATABILITY AND MATCHING INFORMATION

Please answer the following questions as accurately as possible.

Do you own or rent? _____ How long have you lived in your home? _____

What is the square footage of the extra bedroom in your home? _____

What is your house style? Ranch _____ 2-Story _____ Bi-Level _____ Tri-Level _____

Other style: _____

Is your house wheelchair accessible? Yes: _____ No: _____

If yes, do you have a roll in shower with no lip? Yes: _____ No: _____

If no, could it be easily made to be wheelchair accessible? Yes: _____ No: _____

Do you have any pets? Yes: _____ No: _____ If yes, what type and how many? _____

Please identify other household members residing in your home:

<u>NAME:</u>	<u>AGE:</u>	<u>RELATIONSHIP:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list activities you regularly or like to participate in: _____

Please list your hobbies and interests: _____

Please circle all aspects of a person supported that you feel would be a good match with your household:

Is a male is a female enjoys children likes animals smokes does not
smoke likes males likes females likes to stay home likes to be on the go
under 30 years old 30-60 years old over 60 years old visually impaired
hearing impaired has downs syndrome has cerebral palsy has seizures
has autism behavioral challenges uses a wheelchair uses a cane uses a walker
uses adaptive equipment requires physical assistance other: _____

Describe your personality characteristics, circle all that apply:

practical idealistic stable reliable introspective patient loner playful
imaginative courageous funny nurturing compassionate sensitive friendly
consistent responsible calm excitable trusting trustworthy genuine
ambitious mischievous creative listener energetic enthusiastic sincere
dependable independent goal-oriented opinionated decisive spontaneous
action-oriented intelligent expressive analytical deliberate loyal outgoing
organized perceptive worrier conscientious clever quiet talkative
kind serious open-minded optimistic confident fun loving