



HOST HOME APPLICATION

Applicant Name: _____

Home Address: _____

Type of house: (single family, apartment, town house) _____

Is your home accessible? _____

How long have you lived in your house? _____

Do you plan to move in the near future? _____

Name of all people living in your house and relationships with you? _____

Do you have pets? If so, what type? _____

Relevant work experience: _____

Have you ever been a host home provider before? If so with what agency? _____

Why do you want to become a host home provider? _____

What experience do you have working with people with interfering behaviors? _____

What experience do you have de-escalating people who are upset? _____

How do you plan to building and maintain positive relationships with host home client families?

How do you plan to meet the medical needs of a host home client? _____

Have you identified a relief provider for your host home? _____

How do you plan to manage your own physical and emotional needs while meeting the needs of the client you are supporting? _____

What type of client do you believe would best match with you? _____



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Return completed form to Thom Short Director, Adult Day and Host Home Programs at
tshort@eastersealsia.org