



MEMORANDUM

TO: Prospective Host Home/Alternative Care Provider
FROM: Adult Residential Services Department
SUBJECT: Host Home Application

Thank you for your interest in becoming a Host Home Provider/Alternative Care Provider for Laradon's Adult Residential Services Department. Enclosed is a Laradon Host Home Provider/Alternative Care Provider Questionnaire and Employment/Contractor Inquiry Release/Authorization form. Please complete all forms and return to the address listed below so that we can begin your application process. You will only be considered for a possible Host Home Provider/Alternative Care Provider when all forms are returned completely filled out.

[Host Home Application](#) (Word 2003)

Don't have Microsoft Word 2003? [Click here for free download.](#)

This is "Word Viewer" and allows you to only view, print and copy Word documents.

- or -

[Host Home Application](#) (PDF)

Don't have Adobe Reader? [Click here for free download.](#)

Mail or e-mail your application to:
Laradon

Attn: Adult Residential Services Department
5100 Lincoln Street
Denver, CO 80216
christin.frasier@laradon.org

Completion of this questionnaire and background checks does not guarantee, imply or contract you as a Host Home Provider/Alternative Care Provider. If you are chosen as a prospective Host Home Provider/Alternative Care Provider, the Placement Coordinator will notify you.

Start with your most recent job or experience. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer: _____	Duties: _____
Supervisor: _____	Reason for Leaving: _____
Address: _____	Hourly Rate: _____
Telephone Number: _____	Title: _____
Dates of Employment: From _____ To _____	Pay: Start _____ Ending _____
Employer: _____	Duties: _____
Supervisor: _____	Reason for Leaving: _____
Address: _____	Hourly Rate: _____
Telephone Number: _____	Title: _____
Dates of Employment: From _____ To _____	Pay: Start _____ Ending _____
Employer: _____	Duties: _____
Supervisor: _____	Reason for Leaving: _____
Address: _____	Hourly Rate: _____
Telephone Number: _____	Title: _____
Dates of Employment: From _____ To _____	Pay: Start _____ Ending _____
<p>References: Give name, address, and telephone number of three references who are not related to you and are not your previous employer.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	

May Laradon contact all persons and employers listed on this questionnaire?

Yes No Signature: _____

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. In the event that a Host Home agreement is reached, I understand that false or misleading information given on this questionnaire or during interview(s) may result in the immediate cancellation of all agreements.

Signature of Potential Provider

Date

Addendum To Host Home/Respite Care Questionnaire
Please Complete The Following Questions

1. Have you ever been a Laradon employee before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date. _____
2. Are you prevented from lawfully working in this country because of Visa or Immigration Status? _____
3. Do you or does anyone living in your home currently have any type of communicable disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please explain. _____
4. Have you or any member of your family ever been arrested for violations of any law other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please explain. _____
5. Have you or any member of your family ever been convicted of any felony, child abuse, or an unlawful sexual offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," name of person: _____
6. Why are you interested in providing Host Home Services? (Please state on back of this sheet if you need more room.) _____
7. What experience do you have working with people with developmental disabilities? _____
8. Are you interested in permanent or temporary placement of a participant in your home? _____
9. What qualities do you feel are needed by the Provider to make a Host Home a success? _____
10. List the skills that you possess that would make you a successful Host Home Provider: _____
11. List any certifications you have obtained that would help make you a successful Host Home Provider? _____
12. Are you interested in providing services to a particular person? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please list the person's name. _____ Explain how you know this person. _____

I certify that I have to the best of my ability truthfully answered the above questions (Specifically #1-5).

Signature of Potential Provider

Date

PROVIDER/SUPPORT PERSON INVENTORY

When people live together there is a greater chance of success if there are common interests. This inventory will be utilized to assist Laradon in making the best possible match. Please check the appropriate number for each interest/activity.

4 = Often

3 = Sometimes

2 = Rarely

1 = Never

Line through all four numbers = would like to

LEISURE (AT HOME)

Television	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Video games	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Table games	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Active games	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Exercise	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Gardening	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Plants	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Household chores	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Taking walks	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Knitting, needlework	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Woodwork/Crafts	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Collecting	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Drawing/Painting	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Listening to music	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Outdoor sports	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Books/Magazines	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Photography	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Keeping a pet	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Chatting with friends	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Cooking	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

RECREATION

Hiking	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Gong out to eat	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Movies	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Sporting events	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Shopping	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Museums/Exhibits	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Church	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Social events	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Musical shows	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Provider/Support Person Inventory

Page 2

Theatre	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Concerts	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Dancing/Parties	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Special interest groups	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Community groups	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Swimming	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Camping	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Live shows	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Senior centers	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Traveling	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Fairs/Carnivals	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Amusement parks	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Lectures/Speakers	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Visiting friends/family	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Walking around a mall	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Classes	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Fishing	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Parks	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Bingo	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Other: _____