

Host Home Provider/Independent Contractor Personal Profile

In order to help us determine the compatibility of potential Host Home Provider and Consumer(s), please answer the following questions so that we can learn more about you and your home.

Name:	Phone:
Address:	County:
	Referred by:

PERSONAL INFORMATION

Please provide your experience working with people with developmental disabilities/autism.

Why are you interested in living with a person with developmental disabilities?

Please describe your typical lifestyle (Daily/Weekly/Weekend routine, etc.) and how the person would be involved with you and your family.

What are your expectations from having a person with a disability living in your home?

What do you consider to be your strengths and weaknesses?

Please list your interests/hobbies.

How many people live in your home? Please include any consumers currently in your home.

Relationship to you:

Age:

Do you have any pets? Yes No
If yes, what kind?

What training do you feel you would need in order to be a good provider of services?

PHYSICAL SETTING

Please describe your home:

Ranch style Two Story Multi Level Other;

Is there an available Bedroom and bathroom on the main floor?
Yes No

Is your home wheelchair accessible? Yes No

Are there any steps to get into your home? Yes No

If yes, how many?

If yes, could a ramp be installed? Yes No

Are there stairs inside your home? Yes No

If yes, could a ramp be installed? Yes No

How many extra bedrooms?

How many bathrooms?

Describe your kitchen:

Describe your laundry room:

What is the yard like?

Does your home have fire extinguishers and smoke detectors? Yes No

Please list locations:

Do you Rent Own your home?

Do you have homeowners/renter's insurance? Yes No

If no, you will need to get it. We will need a copy of it.

COMMUNITY ACCESS

Please indicate how you access the community:

Car RTD Taxi Friends Other:

Do you own a car? Yes No

If yes, Make:

Model:

Year:

Do you have auto insurance? Yes No

If yes, please provide a copy of the policy. If no, you will either need to get it or you will need to sign a waiver stating that you will never transport consumers.

How close to public transportation are you?

What bus lines are close to your home?

Please provide a description of what types of community resources are within a 5 mile radius of your home. (Malls, stores, movie theaters, churches, recreational facilities, etc.)

PREFERENCES

What are you looking for in the person who would live in your home?

Age:

Sex:

Personality:

Skill Level:

Abilities:

Other:

Would you consider a person with physical or behavior challenges? Please

explain:

What assistance would you require in order to make this living arrangement successful?

Other comments: