

CHESTOR HOUSE APPLICATION FOR INDEPENDENT CONTRACTORS / HOST HOME PROVIDER

PERSONAL INFORMATION

Name:	Phone: (H)
Address:	Phone: (W)
	Phone: (C)
	Email:

EDUCATION

College:	City & State:	Dates of Attendance:
Major(s):	Degree:	Date of Degree:
Additional Education or Qualifications (seminars, certifications):		
High School:	City & State:	Date of Graduation:

WORK HISTORY

Employer:	Phone:
Address:	City & State:
Dates of Employment:	Supervisor:
Job Title or Responsibilities:	
Reason for Leaving:	
Reviewed By: Date:	
Employer:	Phone:
Address:	City & State:
Dates of Employment:	Supervisor:
Job Title or Responsibilities:	
Reason for Leaving:	
Reviewed By: Date:	
Employer:	Phone:
Address:	City & State:
Dates of Employment:	Supervisor:
Job Title or Responsibilities:	

Reason for Leaving:
Reviewed By: _____ Date: _____

PERSONAL REFERENCES

Please list persons who have direct knowledge of your work experience (Professionals, Instructors, Business partners, Clients.) You may list one peer.			
<u>Name</u>	<u>Job Title</u>	<u>Phone</u>	<u>Yrs Known/Relationship</u>

JOB SPECIFIC INFORMATION

Why do you feel that you would be a good addition to the Chestor House Program?
Stability and consistency are very important to our residents. Please list some reasons why we could count on you for a least a year?
Please List other obligations (i.e.) jobs, family commitments) you plan to continue during your contract:
Why do you think your lifestyle would be conducive to a therapeutic Host Home environment:
Host Home Provision is an around-the-clock endeavor. Please list your plans to get necessary respite, time off, and how you will be “taking care of yourself.”
What persons other than you and the consumer(s) will be residing in the home?
Have you ever been convicted of a crime? If yes, please explain the crime in full. Include an explanation for the final outcome. We do conduct criminal background checks.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION OF INFORMATION COULD LEAD TO TERMINATION AND I RELEASE THE AGENCY, REFERENCES AND PREVIOUS EMPLOYERS FROM LIABILITY IN REGARD TO THIS APPLICATION. I ALSO AUTHORIZE CHESTOR HOUSE TO RUN BACKGROUND CHECKS, VERIFY COLLEGE DEGREES AND OTHER INFORMATION PERTAINING TO THIS APPLICATION.

FURTHER, I UNDERSTAND THAT ANYONE WHO WILL BE DOING RESPITE IS SUBJECT TO CHESTOR HOUSE RULES AND STATE REGULATIONS REGARDING HIRING AND TRAINING. FAILURE OF RESPITE STAFF TO MEET OUR STANDARDS COULD DISQUALIFY THEM FROM PROVIDING SERVICES.

SIGNATURE _____

DATE: _____

**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:
Relationship to you:	Age:
Relationship to you:	Age:
Relationship to you:	Age:
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:

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: