



Host Home / Respite Provider / Family Caregiver APPLICATION

Applicant's Legal Name		Over 21?	
		Yes	No

Co-Applicant's Legal Name		Over 21?	
		Yes	No

Home Phone		Alternate Phone	Cell Work Other
Date of application		Email address	

Address			
City		State	Zip
County		How did you hear about Dungarvin?	
Length of time at this address		Length of time at previous address	

	Yes	No	If yes, ...
Have you ever been licensed, certified, or approved for foster care, childcare, or a host home?			List agency, city, state, and dates.
Have you ever been DENIED a license or certificate for foster care, childcare, or a host home?			List agency, city, state, and dates.
Have you ever applied for foster care, childcare, or a host home with another agency?			List agency, city, state, and dates.
Are there any weapons in the home?			What kind and how are they stored?
Do you have pets?			What types and how many?

Name of Applicant		Date of Application	
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Applicant should complete the left column; Co-applicant should complete the right column:

	APPLICANT	CO-APPLICANT
Are you eligible to work in U.S.?	Yes / No	Yes / No
Length of time in Colorado		
Highest level of education - Location? Major?		
Special interests and/or talents		
Are you a staff member or board member of Dungarvin, or a family member of a staff member or board member?	Yes / No	Yes / No
Ever employed or contracted by Dungarvin? If yes, where & when?	Yes / No	Yes / No
Long-term care experience? If yes, what were the circumstances?	Yes / No	Yes / No
Please describe any previous childcare experience (Including your own)		
Have you had a child of your own in an out of home placement? If yes, please explain.	Yes / No	Yes / No
Has a child of your own ever been abused? If yes, please explain.	Yes / No	Yes / No
Why do you want a person with developmental disabilities to live with you?		
Do you have an in-home business? If yes, describe.	Yes / No	Yes / No

If available, please attach copies of current certifications in CPR, First Aid, and Medication Administration.

Name of Applicant		Date of Application	
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EMPLOYMENT HISTORY (For past 10 years, attach additional sheets if necessary)		
	Applicant	Co-Applicant
CURRENT OR MOST RECENT EMPLOYER		
Dates		
Position and responsibilities		
Supervisor		
Phone		

	Applicant	Co-Applicant
PREVIOUS EMPLOYER		
Dates		
Position and responsibilities		
Supervisor		
Phone		

	Applicant	Co-Applicant
PREVIOUS EMPLOYER		
Dates		
Position and responsibilities		
Supervisor		

Name of Applicant		Date of Application	
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Phone		
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NAMES OF ALL PERSONS LIVING IN THE HOME	RELATIONSHIP	OVER 18? Yes/No	IF OVER 18, FELONY CONVICTION?

REFERENCES	All applicants must provide 3 written professional references that address character and suitability to provide care to adults with developmental disabilities. These references must have known you well for at least one year and are NOT RELATIVES.
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Anyone who knowingly and willfully makes a false statement of any material fact or thing in the application or during the approval process is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and upon conviction thereof, shall be punished accordingly.

Signature of Applicant	Date

Signature of Co-Applicant	Date

PLEASE COMPLETE THE FOLLOWING AND SUBMIT WITH YOUR APPLICATION:
<ul style="list-style-type: none"> • Driving Record Request (s) for applicant and co-applicant • CBI Request (s) for applicant and co-applicant • CAPS Authorization Form • Completed Interest Survey (attached)

Name of Applicant		Date of Application	
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HOST HOME INTEREST SURVEY (Not needed for Family Caregiver)

If known, which person(s) are you interested in serving?	
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Which of the following special needs would you consider supporting?	Yes	No	Unsure
Poor/non-existent self-help skills			
Mild to moderate medical needs			
Severe medical needs			
Seizure disorders			
Non-ambulatory (wheelchair)			
Mild to moderate behavior challenges			
Severe behavior challenges			
Sex offender			
Parent/child combination			

Which of the following ages are you interested in serving?	Yes	No	Unsure
Adults 18 – 30			
Adults 30 – 50			
Adults 50+			

Which services are you able to support?	Yes	No	Unsure
24-hour line of sight of supervision			
Respite in your home			
Respite in the individual's home			
Host home in your residence			
Remodeling to improve accessibility			
If yes, to what extent?			
Host home in the individual's home			
Please describe the ideal placement for your situation?			