



HSI HOST HOME APPLICATION

Basic Information

Applicant Information		
Last Name:	First Name:	Middle Name:
Mailing Address:		Physical Address:
Contact Phone Number (include all contact numbers):	Contact Fax Number:	Contact Email Address:
Information for other Household Members:		
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

Previous Addresses

Please list addresses for the past five years.

Applicant Information		
Street Address:	City, State	Date moved in:
		Date moved out:
Landlord Name		Landlord Phone number
Monthly Rent	Reason for Leaving	



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Applicant Information		
Street Address:	City, State	Date moved in: Date moved out:
Landlord Name	Landlord Phone number	
Monthly Rent	Reason for Leaving:	
Applicant Information		
Street Address:	City, State	Date moved in: Date moved out:
Landlord Name	Landlord Phone number	
Monthly Rent	Reason for Leaving:	
Applicant Information		
Street Address:	City, State	Date moved in: Date moved out:
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Education and Experience

Education*		
Highest degree completed:	Name of school where highest degree obtained:	State:
What experience do you have with sign language? What kinds (ASL, ESL, etc.)? List any courses or certifications obtained:		
Do you have any other specialized training (e.g. skilled trade, LPN, etc.)		
List Professional, Trade, Business or Civic or Volunteer Activities or offices held:		

***Attach evidence of qualifications, certifications or specialized training noted above**

Work Experience			
Name of Organization:	Address:	Telephone: ()	Dates of Service:
Name of Organization:	Address:	Telephone: ()	Dates of Service:
Name of Organization:	Address:	Telephone: ()	Dates of Service:
Name of Organization:	Address:	Telephone: ()	Dates of Service:
Name of Organization:	Address:	Telephone: ()	Dates of Service:
Name of Organization:	Address:	Telephone: ()	Dates of Service:

Attached additional entries if needed

Personal References (minimum of three – two professional, one personal)			
Name:	Address:	Phone Number:	Relationship:



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Name:	Address:	Phone Number:	Relationship:
Name:	Address:	Phone Number:	Relationship:

Income Information

The Host Home Provider usually cannot rely completely on the contract provider payments to adequately meet the Provider's family needs. If selected for a Host Home, my household will have income from the following sources:

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Please indicate any changes in family income you anticipate during the next year:

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Placement Information

How long do you anticipate being a Host Home Provider?
When would you be available to begin providing care?

Additional Documentation

In addition to completing all of the above sections, for an application to be considered complete the following documents need to be attached when submitting to HSI:

- Host Home Self Study
- Evidence of qualifications, education, certifications and any other specialized training as noted above
- Evidence of homeowner's, renters insurance or personal property insurance;
- Documentation of home ownership (ex. Current mortgage statement) or renter's lease. Document(s) must be in the name of the potential Host Home provider;



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- Evidence of current vehicle insurance, valid Nevada driver's license and current Nevada registration;
- Current Vehicle Safety inspection;
- A minimum of two professional and one personal reference checks;
- Signed statement of agreement addendum

I. Signature

Please note that provisional status, as a Host Home provider, is a multi-step process involving:

- Application and timely submission of additional documentation (as specified above)
- Site visit
- Successful completion of training requirements

Additionally, acceptance as a provider at the end of application process does not guarantee that you will receive contracts.

HSI and MHDS values individual choice of provider by people served and their families. This phase will consist of interviews with Regional Center Service Coordinators, HSI Case Managers, people served, guardians, etc. These interviews will generally be scheduled by the person's team and are not a part of the application process.

I certify that I have truthfully answered the above questions to the best of my ability. I understand that providing false or misleading information may result in revocation of any contracts and/or provision certification that may be issued with High Sierra Industries.

Applicants Signature: _____ Date: _____