



Provider Application Checklist

(Attach this form to your application with all associated documents)

- ☐ Completed application with all sections filled out
- ☐ Check/Money order totaling \$100.00 for each adult house hold member (e.g. 2 adult household members = \$200.00)

Part 1

- ☐ State of NV ID Card or Drivers License for each adult providing services
- ☐ State of NV DL for each adult providing transportation
- ☐ Signed Criminal History Statement for each adult household member
- ☐ Pet immunization records, if applicable
- ☐ Immunization records for all adult household members who will be providing service

Part 2

- ☐ Vehicle registration for each vehicle to be used for transportation
- ☐ Vehicle insurance for each vehicle to be used for transportation
- ☐ Vehicle Safety Checklist for each vehicle to be used for transportation

Part 3

- ☐ Attestation / Firearms Statement
- ☐ Homeowners/Renters insurance policy
- ☐ Mortgage Statement or Lease Agreement

Part 4

- ☐ Three months of your most recent bank statements

Part 5

- ☐ Copy of High School Diploma/GED/or equivalent for all those providing services
- ☐ Copy of specialized training, college diploma if applicable

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HSI is a registered not-for-profit,
501(c)(3) organization..

Our Mission:

We develop, deliver and use
learning systems that benefit
people with disabilities and those
who support them.

Tax ID#
88-0139145

Thank you for your interest in becoming a Host Home Provider with High Sierra Industries (HSI). We appreciate you embarking on this partnership with us. Please review the description of our Host Home Authorization Process provided below.

The first step in the journey is a self-evaluation of whether you meet initial screening criteria. When you have reviewed and verified that you meet all initial screening criteria, then you are ready to proceed to complete the application packet.

Upon receipt of your completed application packet, the Provider Relations Manager will review the packet to ensure it meets initial screening criteria. You will receive a notice on the status of your application within 2 weeks. If you have not heard from the Provider Relations Manager within that timeframe, please contact us at (775) 829-7400 x300.

You may receive a call from the Provider Relations Manager to discuss your application packet. Be prepared to discuss the program and your goals as a Host Home Provider. If the application process moves forward, Human Resources (HR) will contact you within 5 days to schedule a face-to-face meeting with you, all adult household members, and any support staff. Please allow 2-4 hours to complete this meeting with HR, get fingerprinted and drug screened at different office locations. You will be provided with a tracking form for each step in this process that must be returned to HR within 48 hours. **Under no circumstances will HSI accept the return of tracking forms after 48 hours of the meeting with HR.**

Upon receipt of satisfactory drug screen and reference checks, you will be contacted to schedule your initial training courses, which are approximately 40 hours.

After successful completion of training and receipt of a satisfactory background check, you will be assigned a Case Manager. Yay! The Case manager will:

1. schedule a Home Study to verify the information you provided in your application
2. schedule a Housing Quality Inspection to document attributes of your housing environment and any hazards that might be present

Upon successful completion of the Home Study and the Housing Quality Inspection, you may receive a notice authorizing you as a Host Home Provider with High Sierra Industries.

The Host Home Authorization Process typically takes 6-8 weeks. It can take longer. Authorization by HSI as a Host Home Provider does not guarantee the placement of a person in your home. When a person is exploring a Host Home placement and their values align with yours, a Case Manager will reach out to you to meet with the person. You may meet with this person several times or you may meet with different people before a rapport is established and all parties are comfortable moving forward with the placement. Once a compatible "match" is found, HSI will enter into an Independent Contractor Agreement with you to provide services.

Please let us know if we can help you in any way while completing the application and we look forward to you joining our team!

Initial Screening Criteria

1. As the Primary Provider, *you*:
 - a. facilitate the person's well-being and involvement in the community
 - b. are at least 21 years old
 - c. can provide proof of a high school diploma or equivalency
 - d. have NO disqualifying criminal convictions
 - e. have a current State of Nevada issued identification card or driver's license
 - f. will satisfactorily complete a background check & drug screening test
 - g. can provide proof of current insurance covering your home, property and vehicle
 - h. can provide a safe vehicle and current registration for transportation
 - i. provide 3 months of recent bank statements to demonstrate that your household is financially stable
 - j. can provide proof of all required immunizations and/or medical exemption signed by a medical provider or signed religious exemption statement
 - k. provide us a check or money order totaling \$100.00 to cover the cost we are billed for your drug screen and background check
 - l. own a computer to complete & submit various forms
2. *Every Adult Household Member 18 or older*:
 - a. have NO disqualifying criminal convictions
 - b. will satisfactorily complete a background check & drug screening test
 - c. provide additional checks or money orders totaling \$100.00 for **each** adult household member in your home (in addition to one for yourself)
3. *Every adult who will be providing services or transportation (Support Staff)*:
 - a. 18 years or older
 - b. can provide proof of a high school diploma or equivalency
 - c. have NO disqualifying criminal convictions
 - d. Provide a current State of Nevada issued identification card or driver's license for each
 - e. will satisfactorily complete a background check & drug screening test
 - f. provide additional checks or money orders totaling \$100.00 for **each** adult person providing services or transportation (in addition to one for yourself and any adult household member)

Instructions

Complete all sections and put N/A or not applicable. Leave no blanks.

Attach all requested documents; make extra copies of HSI provided forms as needed.

Each household member must sign the document in the applicable location.

Completed applications and check/money order for the total amount due for background checks (\$100.00 for each adult household member)

should be dropped off at 555 Reactor Way, Reno NV. 89502.

Definitions

Primary Provider: A person, 21 years of age or older, responsible for ensuring services are provided in accordance with plan of care and applicable laws and regulations; signs contractual agreements. This person may not serve as guardian of the person.

Household Member: A person staying in home 14 days or more in a 30-day period or more than 7 continuous days.

Professional Reference: A recommendation from a person who can vouch for your work performance & qualifications such as a former employer or supervisor.

Adult Household Member: A person, 18 years of age or older, who is responsible for ensuring services provided in accordance with the plan of care and applicable laws and regulations

Support Staff: A person, 18 years of age or older, who is responsible for ensuring services are provided in accordance with the plan of care and applicable laws and regulations

Eligibility Requirements

- ☐ You are at least 21 years old
- ☐ State of Nevada issued identification card or driver's license for each adult (18+)
- ☐ You can provide proof of a high school diploma or equivalency
- ☐ No disqualifying criminal convictions for any adult member of your household (Criminal History Statement attached below)
- ☐ Adult household members will complete a background check & drug screening test
- ☐ Insurance covering your home, property and vehicle in place
- ☐ Safe vehicle and current registration for transportation
- ☐ Household is financially stable with 3 months of recent bank statements to demonstrate
- ☐ A check or money order totaling \$100.00 for each adult household member

If you cannot meet the above requirements-STOP and do not complete this application. You are not eligible to be a Host Home Provider with High Sierra Industries at this time.

Part 1 Basic Household Information**Primary Provider Contact Information**

Last Name:		First Name:		Middle Name:	
Physical Address:					
Mailing Address:					
Home Number:		Cell Number		Work/Alt. Phone: Fax:	
Email Address:					
Date of Birth (DOB):		Age:		Social Security Number (SSN):	
Will be providing services? Yes No					
*Can provide immunization verification?		Yes No		Will be providing transportation? Yes No	
*Can provide documented medical exemption?		Yes No		Criminal History Statement completed and attached? Yes No	
*Can provide documented religious exemption?		Yes No		Willing to complete background check? Yes No	
Occupation:					
Interests and hobbies (include clubs and groups you belong to):					
Describe your personality:					
Describe how you cope with stress:					
Daily schedule:					
Signature:				Date:	

*If answering "No" for all three, then you do not meet minimum requirements. Do not go any further. You are welcome to reapply once minimum requirements have been met. If answering "Yes," then provide applicable documentation.

Please see the Adult Immunization Schedule at the end of this application for the vaccination(s) required to meet HSI's vaccination policy unless you have a documented medical exemption signed by your medical provider or a religious exemption statement.

Support Staff Member

Last Name:	First Name:	Middle Name:			
Physical Address:					
Mailing Address:					
Home Number:	Cell Number:	Work/Alt. Phone:	Fax:		
Email Address:					
Date of Birth (DOB):	Age:	Social Security Number (SSN):			
Are you planning on providing services?	Yes	No	If No, do you have support planned or arranged?	Yes	No
If No, please describe how you intend to provide support services:					

Adult Household Member:

Last Name:	First Name:	Middle Name:
How long a member of this household?		
Home Number:	Cell Number:	Work/Alt. Phone: Fax:
Email Address:		
DOB:	Age:	SSN:
Will be providing services?	Yes	No
Will be providing transportation?	Yes	No
Criminal History Statement completed and attached?	Yes	No
Willing to complete background check?	Yes	No
Occupation:		
Interests and hobbies (include clubs and groups you belong to):		
Describe your personality:		
Describe how you cope with stress:		
Daily schedule:		
Signature:	Date:	

Adult Household Member:

Last Name:	First Name:	Middle Name:	
How long a member of this household?			
Home Number:	Cell Number:	Work/Alt. Phone:	Fax:
Email Address:			
DOB:	Age:	SSN:	
Will be providing services?	Yes	No	
Will be providing transportation?	Yes	No	
Criminal History Statement completed and attached?	Yes	No	
Willing to complete background check?	Yes	No	
Occupation:			
Interests and hobbies (include clubs and groups you belong to):			
Describe your personality:			
Describe how you cope with stress:			
Daily schedule:			
Signature:		Date:	

Adult Household Member:

Last Name:	First Name:	Middle Name:
How long a member of this household?		
Home Number:	Cell Number:	Work/Alt. Phone: Fax:
Email Address:		
DOB:	Age:	SSN:
Will be providing services?	Yes	No
Will be providing transportation?	Yes	No
Criminal History Statement completed and attached?	Yes	No
Willing to complete background check?	Yes	No
Occupation:		
Interests and hobbies (include clubs and groups you belong to):		
Describe your personality:		
Describe how you cope with stress:		
Daily schedule:		
Signature:		Date:

If all adult household members have not completed & attached the Criminal History Statement and are not willing to complete a background check
STOP HERE-You are not eligible to be a Host Home Provider at this time.

Attach a copy of State of Nevada Identification Card or Driver's License for each adult providing services.

Attach a copy of State of Nevada Driver's License for each adult providing transportation.

Attach a Criminal History Statement for each adult living in the home.

Household Members Under the Age of 18:

Last Name:	First Name:	Middle Name:
How long has this person been a member of the household?		
DOB:	Age:	Relationship:
Interests and hobbies (include clubs and groups):		
Describe their personality:		
Describe how they cope with stress:		
Daily schedule:		
Last Name:	First Name:	Middle Name:
How long has this person been a member of the household?		
DOB:	Age:	Relationship:
Interests and hobbies (include clubs and groups):		
Describe their personality:		
Describe how they cope with stress:		
Daily schedule:		
Last Name:	First Name:	Middle Name:
How long has this person been a member of the household?		
DOB:	Age:	Relationship:
Interests and hobbies (include clubs and groups):		
Describe their personality:		
Describe how they cope with stress:		
Daily schedule:		

If you have run out of boxes for household members, STOP and please contact our Provider Relations Manager at jonathan.rubio@hsireno.com to discuss your application.

Indicate Whether Your Household Includes the Following Pets:

Dogs	Yes # _____	No	Rodents	Yes # _____	No
Cats	Yes # _____	No	Insects	Yes # _____	No
Fish	Yes # _____	No	Horses	Yes # _____	No
Reptiles	Yes # _____	No	Livestock	Yes # _____	No
Birds	Yes # _____	No	Other:	Yes # _____	No
Ferrets	Yes # _____	No			

Describe your pet(s). Be sure to include details about weight, breed/type, age, etc.

Describe your pet's living environment (indoor, outdoor, tank gallons, etc.).

Describe your pet's disposition and skills. Be sure to describe your pet's preferences and any situations your pet finds stressful.

Attach a copy of current immunization record for each pet as applicable.

Part 2 Description of Your Home and Neighborhood**Housing Type:**

House	Apartment	Condo	Mobile Home
Other: _____			

Do You:

Own	Rent	Other: _____	Rent/Mortgage Amount \$ _____
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1 Story	2 Story	Other: _____
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If You Rent:

Landlord Name: _____	Landlord Phone number: _____
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Other Information About Your Current Home:

# of Bedrooms: _____	# of Bathrooms: _____	Length of Occupancy: _____ Years _____ Months
Will you make modifications/adaptions to your home to meet the needs of the person served?		Yes No
Would you be willing to pay for those modifications?		Yes No
Evidence of home owners insurance, renters insurance, or personal property insurance attached?		Yes No
A current mortgage statement or renters lease in the name of the Primary Provider attached?		Yes No
Are there firearms kept in the house? (Firearms Statement attached below)		Yes No

Fill out the Attestation / Firearms Statement indicating if firearms are in the home, and, if yes, describe the type, quantity and storage method of firearms and ammunition.

Attach your home owners/renters insurance policy.

Attach a current mortgage statement or lease.

If You Have Occupied Your Home for Less Than Five Years, Complete the Following About Your Previous Residence(s):

Physical Address:			
Did You:	Own	Rent	Other: _____
Landlord Name:	_____	Landlord Phone number:	_____
Occupancy:	From: _____	To: _____	____ Years ____ Months
Reason for Leaving:	Monthly Rent Amount: _____		

Physical Address:			
Did You:	Own	Rent	Other: _____
Landlord Name:	_____	Landlord Phone number:	_____
Occupancy:	From: _____	To: _____	____ Years ____ Months
Reason for Leaving:	Monthly Rent Amount: _____		

If you have run out of boxes to list the places you have lived within the past five years, STOP and contact our Provider Relations Manager at jonathan.rubio@hsireno.com to discuss your application.

Describe your home (2 story, accessibility features, etc.)

Describe your neighborhood (type, proximity to public transportation, grocery stores, restaurants, medical care, etc.)

Describe your neighbors (interactions of household members with neighbors, etc.).

Describe frequent visitors to your home (names, ages, relationship, etc.).

Placement Preferences

What motivates you to apply to be a Host Home Provider?

How long do you anticipate being a Host Home Provider? When are you available to start providing care in your home?

I could best support a person with the following care needs (choose all that apply and provide details):

Behavioral/Mental Health	Reason:
Medically involved/fragile	Reason:
Independent	Reason:
Older adult/senior care	Reason:

Could you care for an adult who cannot be left unattended?

Yes

No

Describe how a person from a different culture or ethnicity would fit into your home (include responses to cultural concerns i.e., religious practices, eating habits, holiday traditions).

Describe your reaction to a person you serve dating or engaging in a significant relationship.

Describe your reaction to the person you serve breaking the household rules or some of your property.

Do you plan to hire support staff to assist you with providing this service?	Yes	No
If yes, provide name of person:		

Describe support networks you plan to utilize to provide services to a person.

Describe the primary means of transportation you expect the person you serve to utilize.

Attach vehicle registration and insurance policy for each vehicle that will be used to transport a person you serve.

Attach a Quarterly Motor Vehicle Checklist (attached below) for each vehicle that will be used to transport a person you serve.

How do you anticipate each of your household members adjusting to a new person who needs care/support living in your home?

Please provide additional descriptions of the type of person who would or would not be a good fit for your home:

Part 3 Household Values

Describe the family dynamics, interests, and activities you participate in together as a household.

Describe how each household member interacts with others living in the home.

Describe your family meal time (include which meals are eaten as a family).

Describe what your household does after school/work until bedtime.

Describe what activities your household participates on typical Saturdays, Sundays, holidays, and vacations.

Describe your church or other religious affiliations.

How do you feel about getting regular feedback about how to provide services in your home from a variety of different people who might include a Case Manager, Service Coordinator, or Behavior Analyst? How do you think the other members of your household will respond to this feedback?

Describe alcohol or drug use with the household members (include family history, where alcohol is stored, potential drug related issues with members of the family).

Does anyone living in your household have a communicable disease?

Yes

No

If yes, describe:

Other Household Information

Is there anyone in the home who may pose a risk to the health, safety, or welfare of a person placed in your home? If yes, provide name of person and describe:	Yes	No
Has any member of your household been convicted of a felony, child/elder abuse, or an unlawful sexual offense. If yes, provide name of person and related offense:	Yes	No
Has any member of your household been cited/arrested for anything other than minor traffic violations? If yes, provide name of person and related offense:	Yes	No
Have you or any member of your family been suspended or debarred from accepting Medicaid or If yes, provide name of person and related offense:	Yes	No

If you answered any question in this section, STOP and contact our Provider Relations Manager at jonathan.rubio@hsireno.com to discuss your application.

Host Home Providers must be financially self-sufficient and cannot rely on the contract provider payments to meet household needs. If selected as a Host Home Provider my household income will be from the following sources:

Changes to my household income next year will be:

Attach 3 most recent months of bank statements.

Part 5 Primary Provider Education and Experience

Indicate your highest level of education:

High School Diploma/GED	Some College	Bachelor's Degree	Advanced Degree
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If you do not have a high school education, STOP HERE-You are not eligible to be a Host Home Provider at this time.

Describe any relevant specialized training you have completed (LPN, RN, sign language, etc).

Attach evidence of your education (diploma, GED, etc.) and that of any support staff. Attach evidence of your specialized training.

Describe your knowledge and experience with people who have an intellectual disability.

Service Provider Experience

Have you ever been a Host Home Provider?	Yes	No
Has any organization denied your application to be a Host Home Provider?	Yes	No
Can you converse in American Sign Language?	Yes	No
Have you ever been investigated for a serious reportable incident?	Yes	No
If yes, explain:		

What skills and abilities do you possess that would make you an excellent Host Home Provider?

Complete your work history for the last 10 years:

Dates Employed:	Position Title:	Organization Name:	Address:	Phone #:
Supervisor Name:		Supervisor Title:		
Dates Employed:	Position Title:	Organization Name:	Address:	Phone #:
Supervisor Name:		Supervisor Title:		
Dates Employed:	Position Title:	Organization Name:	Address:	Phone #:
Supervisor Name:		Supervisor Title:		
Dates Employed:	Position Title:	Organization Name:	Address:	Phone #:
Supervisor Name:		Supervisor Title:		
Dates Employed:	Position Title:	Organization Name:	Address:	Phone #:
Supervisor Name:		Supervisor Title:		
Dates Employed:	Position Title:	Organization Name:	Address:	Phone #:
Supervisor Name:		Supervisor Title:		
Have you ever worked for HSI or WARC before?				
If yes, dates of employment and position title:				

List Professional, Trade, Business, Civic, or Volunteer Positions/Offices/Activities:

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Part 6 The Nevada Developmental Services (DS) Regional Centers require all applicants complete the following:

Have you ever worked with any agency which contracts with the State of Nevada Developmental Services Regional Center?	Yes	No
Have you ever worked for an agency, either within or outside the State of Nevada that serves a vulnerable population?	Yes	No
Have you ever been the accused (placed on re-assignment/administrative leave) in an abuse, neglect or exploitation investigation?	Yes	No
If Yes answer the following:		
Were the accusations confirmed or substantiated? (e.g. termination, suspension, performance plan/retraining)?		
What was the outcome?	Termination	Suspension
	Other:	Retraining
I declare that the information provided to the above questions is true and complete.		
Printed Name:	Signature	
Date:		

Part 7 Six Professional References

Name:	Organization:	Phone Number:	Professional Relationship:
Name:	Organization:	Phone Number:	Professional Relationship:
Name:	Organization:	Phone Number:	Professional Relationship:
Name:	Organization:	Phone Number:	Professional Relationship:
Name:	Organization:	Phone Number:	Professional Relationship:
Name:	Organization:	Phone Number:	Professional Relationship:

Part 8 Signature and Certification

I certify that I have truthfully and accurately answered the questions in this application. I authorize High Sierra Industries to begin verifying information provided in this application including contacting any references. I understand that providing false or misleading information may result in revocation of my status as a Host Home Provider with High Sierra Industries and revocation of any contracts.

Primary Provider Signature

Date

Adult Immunization Schedule	
Influenza: inactivated (IIV), recombinant (RIV) OR live, attenuated (LAIV)	1 dose annually
COVID-19	Completed 2 dose series of Pfizer (3 weeks) or Moderna (4 weeks) or single dose of Johnson and Johnson.
Tetanus, diphtheria toxoids, and acellular pertussis vaccine (Td) (Tdap)	1 dose Tdap, then Td or Tdap every 10 years
Measles, mumps, and rubella vaccine (MMR)	Two doses of MMR the 1 st dose must be on or after 1 st birthday
Varicella vaccine (VAR)	<p>If born after 1980:</p> <p>No evidence of immunity - 2 doses 4-8 weeks apart if previously did not receive varicella containing vaccine VAR or MMRV.</p> <p>If previously received 1 dose varicella-containing vaccine, 1 dose at least 4 weeks after first dose</p>
Zoster recombinant (RZV) (preferred) OR Zoster live (ZVL)	<p>Age 50 years or older: 2 dose series RZV 2-6 months apart</p> <p>Age 60 years or older: 2 dose series RZV 2-6 months apart or 1 dose ZVL if not previously vaccinated.</p>
Pneumococcal 13-valent conjugate vaccine (PCV-13) OR Pneumococcal 23-valent polysaccharide vaccine (PPSV23)	<p>Age 65 years or older: 1 dose PPSV23 (if PPSV23 was administered at least 5 years after previous dose)</p> <p>Age 65 years or older: 1 dose PCV13 based on shared clinical decision-making</p> <p>*If both PCV13 and PPSV23 are to be administered, PCV13 should be administered first and PPSV23 should be administered at least 1 year apart</p>
Hepatitis A vaccine (HepA)	<p>2 to 3 doses depending on vaccine</p> <p>HepA 2-dose series (Havrix 6-12 months apart)</p> <p>HepA 2-dose series (Vaqta 6-18 months apart)</p> <p>HepA-HepB 3-dose series (Twinrix at 0,1,6 months)</p>
Hepatitis B vaccine (Hep-B)	<p>2 to 3 doses depending on vaccine</p> <p>HepB 2-dose series (Heplisav-B 4 weeks apart)</p> <p>HepB 3-dose series (Engeriz-B or Recombivax HB at 0,1,6 months apart)</p> <p>HepA-HepB 3-dose series (Twinrix at 0,1,6 months)</p>



Quarterly Motor Vehicle Checklist

Date: _____

Make and Model: _____ Model Year: _____

Color: _____ Type: _____ License Plate Number: _____

Registered Owner: _____

Address: _____

City, State: _____ Zip Code: _____

Drivers License Number: _____ Expiration Date: _____

Telephone Number: _____ Alternate Number: _____

Insurance Company: _____

Basic Safety Check (required)

Additional Safety Check (optional)

Safety belts operational for every passenger?	Yes _____	Flares and reflectors for emergencies?	Yes _____
Tire tread within legal guidelines?	Yes _____	Fire extinguisher?	Yes _____
Spare tire present and inflated?	Yes _____	Flashlight?	Yes _____
Tire jack present?	Yes _____	Tow chain or rope?	Yes _____
Brakes in good working order?	Yes _____	First-aid kit?	Yes _____
Windshield wipers operational?	Yes _____		
Headlights and turn signals operational?	Yes _____		
All mirrors intact?	Yes _____		

Case Manager signature: _____ Date: _____ Host Home Provider signature: _____ Date: _____



Firearms Statement

This statement shall serve as an attestation that the host home applicant _____ does _____ doesn't possess firearms in the home.

If applicable,

The firearms are located

The ammunition is located

The host home applicant is aware that all firearms and ammunition are required to be located in a secure, locked location, and has agreed to abide by this regulation.

Case Manager signature Date:

Host Home applicant signature Date:



CRIMINAL HISTORY STATEMENT

Statements 1-14 below refer to any criminal conviction which may be either a felony or a misdemeanor.

1. I have never been convicted of murder, voluntary manslaughter, or mayhem.
2. I have never been convicted of assault with intent to kill or to commit sexual assault or mayhem.
3. I have never been convicted of sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure or any other sexually related crime that is punished as a felony (including felony prostitution).
4. I have never been convicted of prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding seven years.
5. I have never been convicted of a crime involving domestic violence that is punished as a felony.
6. I have never been convicted of a crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding seven years.
7. I have never been convicted of abuse or neglect of a child or contributory delinquency.
8. Within the past seven years, I have not been convicted of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug or defined in chapter 454 of NRS within the immediately preceding seven years.
9. I have never been convicted of abuse, neglect, exploitation or isolation of older persons or vulnerable persons, or any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other state or other jurisdiction that prohibits the same or similar conduct.
10. Within the past seven years, I have not been convicted of any provision of law relating to the State Plan for Medicaid or a law of any other state or other jurisdiction that prohibits the same or similar conduct.
11. I have never been convicted of a violation of any provision of NRS 422.450 to 422.590, inclusive statutory provisions relating to Nevada's State Plan for Medicaid.
12. Within the past seven years, I have not been convicted of a criminal offense under the laws governing Medicaid or Medicare.

13. Within the past seven years, I have not been convicted of any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property.
14. Within the past seven years, I have not been convicted of any felony involving the use of threatened use of force or violence against the victim or the use of a firearm or other deadly weapon or of any attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding seven years.

I affirm that the statements 1-14 above are true and correct. I authorize the submission of my fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its background check report.

Signature

Date

Print Name

Nevada Revised Statutes 449.176 through 449.188 require that applicants complete this type of statement to be employed at an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a home for individual residential care or a residential facility for groups. These statutes are available online at: <http://leg.state.nv.us/NRS/NRS-449.html>.

Rev. 02/01/10

N:\SLA_Shared\Host Home Program Manual\Criminal History Statement.docx

Posted 4/6/2010



Financial Verification Statement for Contracts with the State of Nevada

Current Monthly Income: \$_____

Current mortgage or rent amount: \$_____

Is your current mortgage/lease/rent agreement set-up in any form of a subsidized payment system?

☐

Yes

☐

No

Average Monthly Utility Bill: \$_____

*Please include **one year** of all utility bills. i.e. NV Engery- Water-Sewer- Trash- and Home phone.*

I attest that the information provide with in this financial verification statement are true and understand that failure to provide correct and accurate information will immediately disqualify me from the Host Home contract with the State of Nevada and H.S.I.

Applicant Printed Name

Date

Applicant Signature

Date

Witness Signature

Date