



Dear Potential Host Home Provider,

On behalf of Highland Rivers Health, I would like to welcome you to the Host Home Provider application process. We appreciate your interest in providing services to our individuals. We believe that the lives of our individuals are impacted through positive relationships and, with this in mind, we have worked to develop a network of Host Home Providers that are committed to enriching the lives of these individuals. The approved Host Home Provider is encouraged to make ongoing efforts to incorporate an individual with developmental disabilities into their home, family, and activities as opposed to them being in a hospital or institutional setting.

Highland Rivers has the right to select applicants who meet the needs of the individuals we serve and meet the appropriate guidelines set forth by the state. As such, not every applicant will be approved to provide services. If we do make the decision to proceed in this process with you, you will be required to submit supporting documentation before your application can be submitted to the state. The Residential Business Developer will be in contact with you regarding these documents. All documentation must be submitted within 60 days of the initial approval.

With all of this in mind, we invite you to review the enclosed Host Home application and provide the requested information completely and thoroughly. If you have any questions or concerns, please contact me at 706-537-2801. We look forward to working with you in our mutual endeavor to positively impact the lives of others.

Sincerely,

Laura Treadwell

Residential Business Developer

Work: (706) 270-5050 ext. 1209

Cell: (706) 537-2801

Fax: (706) 270-5052

lauratreadwell@highlandrivers.org



Host Home Application

Contact Information

Full Legal Name _____
Last First Middle

Address _____
Street

_____ City State Zip

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Home Description

Type of Home _____
(ranch, 2 story, etc.)

Number of Bedrooms _____ Number of Bathrooms _____

Number of steps: to the front door _____ to the back door _____

Handicap Accessible? Y / N

If yes, please list the features _____



Host Home Application

Household Demographics

Do you have pets? Y / N If yes, please list: _____

Please list all household members:

Name	Relationship

Applicant Profile

List Certifications/Licenses: _____

Medical Impairments? Y / N If yes, please describe: _____

Hobbies: _____

Place of Employment: _____

Work Schedule: _____

Describe your personality:

Are you accepting of other cultures/ethnicities? Y / N If no, please explain: _____



Host Home Application

Applicant History

Have you ever worked for another provider? Y / N

If yes, please list the name: _____

Has your family ever been investigated for any serious reportable incident? Y / N

If yes, please explain: _____

Do you have experience working with individuals with developmental disabilities? Y / N

If yes, please explain: _____

Please list any behaviors, religions, genders, etc. that you are not willing to work with:

Thank you for taking the time to assist us in our efforts to provide the best life possible for individuals with Developmental Disabilities. The information you have provided will help us match you with the best possible fit for your home and family. We appreciate your interest in being a Host Home Provider and we will contact you when your application has been reviewed.