



ROOTS, Limited Liability Co.

HHP/FCG Application

This application must be completed entirely. All applicants must complete and pass a background check prior to any training and contracting.

Name/Contact Information:

First Name (required):	Middle Name:	Last Name (required):
Preferred Name:	E-mail Address (required):	
Cell Phone Number:	Phone Number (required):	
Address 1 (required):		
Address 2:		
City (required):	State (required):	Zip Code (required):
Country:	County:	

Work History:

Work History 1:		
Company Name (required):	Position (required):	Company Phone Number (required):
Responsibilities (required):		
May We Contact this Employer: Yes/No	If No, please provide an explanation:	
Work History 2:		
Company Name (required):	Position (required):	Company Phone Number (required):
Responsibilities (required):		
May We Contact this Employer: Yes/No	If No, please provide an explanation:	
Work History 3:		

Company Name (required):	Position (required):	Company Phone Number (required):
Responsibilities (required):		
May We Contact this Employer: Yes/No	If No, please provide an explanation:	
Work History 4:		
Company Name (required):	Position (required):	Company Phone Number (required):
Responsibilities (required):		
May We Contact this Employer: Yes/No	If No, please provide an explanation:	

Education History:

School Name (required):	School Type:	Area of Study:
GPA:	Did you Graduate?: Yes/No	
Additional Education History (if applicable):		
School Name (required):	School Type:	Area of Study:
GPA:	Did you Graduate?: Yes/No	
Additional Education History (if applicable):		
School Name (required):	School Type:	Area of Study:
GPA:	Did you Graduate?: Yes/No	

References:

Reference 1		
Name (required):	Professional or Personal:	Years Known:
E-mail Address (required):	Phone Number (required):	
Reference 2		
Name (required):	Professional or Personal:	Years Known:
E-mail Address (required):	Phone Number (required):	
Reference 3		
Name (required):	Professional or Personal:	Years Known:
E-mail Address (required):	Phone Number (required):	

5. Have you ever been charged with or convicted any benefit program abuse or fraud? YES NO If yes, please give date and explain:
6. How did you become aware of the host home/family care giver program? Why do you desire to become a HHP/FCG?
7. Have you ever been a host home or foster care provider before? YES NO If so, please indicate the agency with whom you contracted.

Name of Agency:	Address/Phone:
Dates of Employment:	Position Held/General Duties:
Reason for Leaving:	Name/Title of Direct Supervisor:

8. Please describe your prior experience working with individuals with developmental disabilities as well as any other qualifications or training that might prepare you to be a host home provider (include any current licensures or certifications).

9. Identify the other members of your household (include ages).
- a.
 - b.
 - c.
 - d.
 - e.
10. Briefly describe your home. Include number of floors, stairs etc. Make note of special features that would be of assistance to you in providing service in the Host Home Program. (List special features such as wheelchair accessibility, special amenities such as spare rooms, fenced yards, recreational areas, etc.)
- a. Total number of rooms: _____ Bedrooms: _____ Bathrooms: _____
 - b. Additional Details:

Acknowledgement:

By signing below and submitting your application you hereby certify that the facts set forth in the above employment application are true and complete to the best of your knowledge.

Applicant Signature: _____ **Date:** _____ .