



# Host Home Provider Application

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

a. Have you previously worked for One Vision?      Yes      No

*If so, indicate where, when and reason for leaving:*

**b. Education**

i. High School (Name) \_\_\_\_\_ Location (City, State) \_\_\_\_\_  
From (Year ) \_\_\_\_\_ To (Year) \_\_\_\_\_      Graduated      Yes      No

ii. College/University (Name) \_\_\_\_\_ Location (City, State) \_\_\_\_\_  
From (Year ) \_\_\_\_\_ To (Year) \_\_\_\_\_      Major \_\_\_\_\_      Graduated      Yes      No

iii. Other School (Name) \_\_\_\_\_ Location (City, State) \_\_\_\_\_  
From (Year ) \_\_\_\_\_ To (Year) \_\_\_\_\_      Major \_\_\_\_\_      Graduated      Yes      No

**c. Employment History**

i. Company (Name) \_\_\_\_\_ From (Year ) \_\_\_\_\_ To (Year) \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position (s) \_\_\_\_\_ From (Year ) \_\_\_\_\_ To (Year) \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

ii. Company (Name) \_\_\_\_\_ From (Year ) \_\_\_\_\_ To (Year) \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position (s) \_\_\_\_\_ From (Year ) \_\_\_\_\_ To (Year) \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

iii. Company (Name) \_\_\_\_\_ From (Year ) \_\_\_\_\_ To (Year) \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position (s) \_\_\_\_\_ From (Year ) \_\_\_\_\_ To (Year) \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

1. *How did you hear about Host Homes?*
2. *Do you have a valid driver's license?*      Yes      No
3. *Can you provide reliable transportation to meet the needs of the people who live in your home on a daily basis?*  
   Yes      No
4. *Do you have at least the minimum vehicle insurance required by the State of Iowa?*      Yes      No
5. *Do you live in a*      House      Apartment      Condo      Mobile/Modular home      Other
6. *Do you*      Rent      Own
7. *Do you have renter's/homeowner's insurance?*      Yes      No
8. *If you rent, do you have landlord approval to have a non-related individual move into your home?*      Yes      No
9. *How long have you lived at your current address?*
10. *Total number of rooms in your home*      Bedrooms      Bathrooms      other:      Stairs?      Yes      No
11. *Please indicate the number and location of any fire extinguishers, smoke and carbon monoxide detectors in your home.*  
*Fire extinguishers: #* \_\_\_\_\_ *locations:* \_\_\_\_\_  
*Smoke detectors: #* \_\_\_\_\_ *locations:* \_\_\_\_\_  
*CO2 detectors: #* \_\_\_\_\_ *locations:* \_\_\_\_\_

12. Please list all the members of your household

Name	Age	Relationship

13. Do you own any pets or livestock?    Yes        No    #: \_\_\_\_\_ Explain: \_\_\_\_\_

14. Do you or other members of the household smoke?    Yes        No

15. Please provide information for 3 character references, one of which must not be your relative

Name	Address	Phone	Relationship

16. In your own words, why do you want to be a Host Home Provider?



You can email the completed application to the One Vision Host Home Team at [hosthomes@onevision.org](mailto:hosthomes@onevision.org) or mail it to One Vision, Attn: Host Homes, P.O. Box 622, Clear Lake, IA 50428. Call 641-355-5277 with any questions.