



Host & Companion Provider Application

Primary Host/Companion's Full Name: _____

I'm interested in becoming a: **Host Provider** **Companion Provider**

Driver's License #	
State	
Home Number	
Cell Number	
Email Address	

Co-Provider's Full Name: _____

Driver's License #	
State	
Home Number	
Cell Number	
Email Address	

Home Address:

Style of Home: single-family duplex apartment condo other: _____

How long have you lived there? _____

Do you have any plans to move in the near future? (Within 1 year) _____

If yes, why? _____

List all persons living in your home:

Name	Age	Occupation	Relation to Host

Do you have any pets? Yes No

If yes, what type of pets do you have? (breed, age, etc.)

Why are you interested in becoming a Host or Companion Provider?

How do you feel providing these services will affect your spouse/child(ren) who may live with you? What positive or negative aspects of host parenting do you foresee? How would you describe your family's attitude towards a customer living in their home?

Describe the attitudes of any significant or extended family members toward you becoming a host or companion provider.

Describe your personality and general attitude towards children? What are your attitudes and standard practices towards discipline?

Describe any experience you have in caring for, supervising or teaching individuals with developmental disabilities?

Describe how you would maintain positive relationships with an individual's family if they lived in your home.

Describe how you would plan and manage an individual's medical and physical care while managing yours and your family's medical and physical care.

Describe how you would manage an individual's emotional and social needs while managing yours and your family's emotional and social needs.

Describe your ability or willingness to meet the changing needs of an individual needs as they age or require additional medical or physical support.

Does anyone currently living in your home have physical or mental health problems? If so, please describe.

Please describe your current and previous marriage(s) (ex: date of marriage, separation or divorce and reason for separation or divorce)

Describe the characteristics of an individual who would be best suited to you and your family:

Describe any safety hazards in or around your home and/or neighborhood:

Do you Currently Work for Easterseals Midwest? Yes No

Does anyone in your home smoke? Yes No

Local School District: _____

Local Elementary School: _____

Local Middle School: _____

Local High School: _____

Provide the name, address, phone and/or email address of three people would be willing to provide you with a reference (excluding family):

1. Name: _____ **Phone:** _____
Address: _____ **Email:** _____

How long have you know the person: _____

2. Name: _____ **Phone:** _____
Address: _____ **Email:** _____

How long have you know the person: _____

3. Name: _____ **Phone:** _____
Address: _____ **Email:** _____

How long have you know the person: _____

Please email this completed form to keisha.simon@esmw.org

Or mail to:
Easterseals Midwest
Attn: Keisha Simon, Community Living Director
11933 Westline Industrial Drive
Maryland Heights, MO 63146

Or fax to:
314-567-8273
Attn: Keisha Simon, Community Living Director