



Providing Services and Supports  
to People With Intellectual &  
Developmental Disabilities Since  
1990

# Community Support Services, Inc

Business Application for Host  
Home Provider

14292 E. Evans Ave.  
Aurora, CO 80014  
Phone: 720-870-3712  
Fax: 720-70-3743  
[www.cssicreates.org](http://www.cssicreates.org)

*Thank you for your interest in pursuing a business as a Host Home Provider with Community Support Services, Inc. Please carefully review the information below that provides an overview of our applicant screening process.*

*Community Support Services uses progressive steps in the application processes. Each step is dependent on the success of the previous step determined by our internal quality standards and practices.*

1. *Application is received and reviewed.*
2. *Pre-Screening is conducted.*
3. *Interview is scheduled and conducted.*
4. *Background Screening fee of \$65.00 is collected. (credit history, motor vehicle record, social security number trace, criminal history, to check the sex offender registry and to verify education and references. If the cost of obtaining the background check exceeds \$65, the applicant will be required to pay the additional cost to the agency. The background check may exceed \$65 if the applicant has lived in more than one state or has been known by more than one name. Any balance due must be paid to the agency prior to scheduling a second interview. This fee is NONREFUNDABLE regardless of the outcome of the background screening.)*
5. *Background Screening is conducted.*
6. *Second Interview is scheduled and conducted in the home where services are intended to occur.*
7. *Background Screening fee of \$60.00 is collected for anyone residing in the home 18 years old or older. (social security number trace, criminal history, and sex offender registry. We will also obtain a motor vehicle record if the applicant intends on having this person considered for respite. If the fee exceeds \$60, the applicant will be required to submit the additional cost. Any balance due must be paid to the agency prior to contract execution. This fee is NONREFUNDABLE regardless of the outcome of the background screening.)*
8. *NOTE: All screening fees are non-refundable regardless of decision to proceed with a contractual arrangement.*

*If you are selected as an Independent Contractor to perform Host Home Provider services, the following must be submitted to our office before entering into a contractual agreement:*

1. Have a safe and reliable vehicle with proof of current vehicle insurance and registration, as required by state law for personally owned vehicles or vehicles being utilized by the Host Home Provider.
2. Proof of current renter's or homeowner's insurance for the home where host home services will be performed.
3. Proof of current Professional/General Liability Insurance (that meets State guidelines and Community Center Board Contract Stipulations) covering you as a Host Home Provider.
4. Proof of a registered business Trade Name with the Colorado Secretary of State.
5. Submit to a formal HUD inspection of the home where services will be performed. The Host Home Provider must supply the necessary safety equipment and ensure the overall safety of the home premises.

*If you are selected as a Host Home Provider you must:*

1. Understand the value of and contribute to the progression of each person as they learn, grow, experience, and enjoy life.
2. Embrace and carry out the agency's philosophy of Outcome Based Services by observing, listening, and following through on what will make an individual's life a quality life.
3. Represent and deliver services that are satisfactory to the person served, family members, Interdisciplinary Team members, and internal team members which consistently results in overall customer satisfaction at all times.
4. Provide 24 hour services to the person residing in your home. Typically the person will maintain a job or vocational program for a portion of the day or week.
5. Employ a team player attitude and approach in service delivery. Maintain open and consistent communication with the agency, its representatives and Interdisciplinary Team members.
6. Guarantee that no more than two people receiving services reside in the host home, with the exception of approved temporary respite services according to the Division for Developmental Disabilities rules and regulations.
7. Obtain a checking account in your Trade Name and maintain income and expense records related to your business.
8. Identify and ensure services and supports to the person receiving services are provided only by agency approved respite services. Coordination of respite arrangements and payments are the responsibility of the Host Home Provider Business.
9. Reside in a home which continuously meets or exceeds HUD standards. Promptly follow-up on any home maintenance needs or requests.
10. Be open and flexible to monitoring services, both announced and unannounced, conducted by Community Support Services, Inc., Community Center Boards, and the Division for Developmental Disabilities.
11. Adhere to the Division for Developmental Disabilities rules and regulations and Community Support Services, Inc., policies and procedures at all times.
12. Must successfully complete all training requirements.
13. Possess a sincere desire and commitment to support people with developmental disabilities in working towards and obtaining their desired outcomes in life.

When the application is complete, return it to the following address:

14292 E. Evans Ave.  
Aurora, CO 80014  
Attn: HR Department

Fax: 720-870-3743

**COMPLETION OF THIS APPLICATION PACKET AND BACKGROUND SCREENING DOES NOT GUARANTEE, IMPLY OR CONTRACT YOU AS A HOST HOME PROVIDER.**



## EDUCATION

	List Name and Address of Schools	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED			
College or University			
Subjects Studied			
Vocational or Technical			
Subject Studied			
List Licenses, Certificates, or other Pertinent Training	<hr/> <hr/> <hr/>		

Are you currently attending school? Yes  No

If yes, specify days/ hours per week: \_\_\_\_\_

## EMPLOYMENT HISTORY

- Are you currently employed? Yes  No
- If selected as a Host Home Provider, do you plan to continue with employment?  
Yes  No  If yes, give details. \_\_\_\_\_  
\_\_\_\_\_
- Are you currently providing Host Home or Respite services for another agency or Community Center Board? Yes  No
- List the names of all agencies or Community Center Boards that you have provided Host Home or Respite services. Include current agencies or Community Center Boards, regardless of the length of time. \_\_\_\_\_  
\_\_\_\_\_
- Have you ever had an allegation of Mistreatment, Abuse, Neglect or Exploitation?  
Yes  No
- If yes, did it result in substantiated Mistreatment, Abuse, Neglect or Exploitation?  
Yes  No

Please complete for all full-time or part-time employment beginning with the most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include active military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_ May we contact: Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_ May we contact: Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_ May we contact: Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_ May we contact: Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**Have you listed all service agencies or Community Center Boards that you have provided Host Home or Respite services to, past or present, regardless of length of time? Yes  No**

Please explain any gaps in your employment history? \_\_\_\_\_  
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 \_\_\_\_\_

Have you ever been fired or forced to resign? Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**MILITARY** (Complete only if you served in the military)

Branch of Service: \_\_\_\_\_ Number of Years / Months of Service: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**REFERENCES**

Please list three references, not relatives or former employers.

NAME	ADDRESS	PHONE	RELATIONSHIP

Have you worked or attended school under any other names? Yes  No

If yes, give names: \_\_\_\_\_

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**YOUR HOME**

List Other Household Members:

Name of Household Member	Age	Relationship

Will any other person be staying in your home? Yes  No

Housing Type: (circle one) Single family house Apartment Condo Mobile Home  
Townhouse Do you: Rent  Own

Number of Years at this Address: \_\_\_\_\_ Do you have current

Renter's or Homeowner's Insurance? Yes  No

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Number of Family Rooms/ Den: \_\_\_\_\_

Number of Smoke \_\_\_\_\_ Detectors: Location: \_\_\_\_\_

Number of Fire \_\_\_\_\_ Extinguishers: Location: \_\_\_\_\_

*Smoke Detectors and ABC Fire Extinguishers will be required on each level of the home.*

Number of Pets: \_\_\_\_\_ Type: \_\_\_\_\_

The home in which you provide services must be an adequate setting for the individual(s) who will potentially reside in it. Even though a formal home, or HUD, inspection will be conducted, initial information about your home is of vital importance.

Please list specific features about your home including special amenities such as spare rooms, fenced yards, swimming pools, security systems, location of the rooms available for individual(s), layout of home (multi-level, ranch, two-story), finished basement, etc.

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Briefly describe your neighborhood, including distance to neighbors, grocery shopping, stores, recreational areas, medical and emergency services, types of homes, or any nearby attractions that may be of the interest, health, or safety of the person living in your home.

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## ACCESSIBILITY

Would you be willing to make adaptations for handicap devices? Yes  No

Is your home currently wheelchair accessible? Yes  No  Partially

Are there ramps on the front door and at least one alternate exit? Yes  No

Are handrails and grab bars installed? Yes  No

Is there a bedroom and bathroom on the main floor? Yes  No

Would the person have wheelchair access to all common areas of the home, i.e. living room, kitchen, etc.?  Yes  No



## **SPECIFIC EXPERIENCE**

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Please describe your experience as it relates to being a Host Home Provider. Include the number of years/months that you have provided services to individuals with intellectual and developmental disabilities. What types of intellectual and developmental disabilities are you familiar with? Describe the specific services and supports you have provided in caring for and mentoring individuals.

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Do you have experience supporting individuals with challenging behaviors? Describe the type of challenging behavior(s) that you have encountered and your approach in supporting an individual during these behaviors.

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Do you have experience supporting people with physical challenges such as an individual who is visually impaired, deaf, or utilizes a walker or wheelchair? Describe your experience.

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Do you have experience supporting people with medical needs such as G-Tube, therapies, catheters, etc.? Describe your experience.

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Do you have experience supporting people with neurological challenges such as seizures? Describe your experience.

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## APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein (including but not limited to the Additional Driver Record Information and Any Other Required Background Screening) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for a Host Home Business. I further understand that, if a contract is executed with Community Support Services, Inc. any misrepresentations or omissions of facts in any application document may be cause for contract termination at any time without prior notice.

I consent to and authorize Community Support Services, Inc. to contact my former employers, references, and any and all other persons or organizations for information bearing upon my qualifications. I further authorize the listed employers, schools, and personal references to give Community Support Services, Inc. (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against party(ies) for providing a good faith reference.

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Applicant's Printed Name

Social Security Number

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Applicant's Signature

Date

**Trade Names** are registered with the Colorado Secretary of State. Visit their website at [www.sos.state.co.us](http://www.sos.state.co.us) and follow the instructions below:

To file documents online for a new record:

- Under the "Let Us Help You" section, select "File a business document."
- Under the "Register A.." section, select "Trade Name."
- Select to File a Statement of Trade Name for "an Individual."
- Complete the form. All fields with a red asterisk (\*) must be completed.
- Select "Submit" after information has been entered in the appropriate fields. The Transaction Preview page will be displayed after selecting "Submit", unless an attachment is necessary, in which case the Manage Attachments page will be displayed.
- If the website does not proceed to the Transaction Preview page, scroll to the top of the page and look for error messages in red. Correct the errors and then select "Submit".
- The Transaction Preview page will display an image of the document. Review the document for errors. If any changes or corrections need to be made, select "Return to Form" at the bottom of the screen to go back to the form. Otherwise, select "Accept" to proceed to the payment screen.
- A copy of the document may be printed from the Transaction Preview page by selecting the print button in the image window.
- Enter either credit card or prepaid account information on the Online Payment page, then select "Pay Now". Do not click "Pay Now" more than once. Clicking "Pay Now" more than once may result in multiple charges to your account.
- A confirmation page will display. The document is now filed and will appear in the History and Documents for the affected record. You may print a copy of the confirmation page for your records.

Do not use the Internet browser's "Back" button while navigating the Secretary of State website. Using the "Back" button will cause errors to occur and may result in the loss of information.

If after submitting the payment online you receive a message saying the page has expired or you have been timed out, return to the Business Division and search the business database for the record. Enter the entity name or ID number and select "Search". If you enter a name, a list of entities with similar names will display. Select the ID Number of the appropriate entity. If you do not find your record by the entity name or ID number, your document was not filed.

**Please note, you must establish a bank account in your Trade Name. Payment will be made only to the Trade Name on file and not the individual.**