



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 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 send this completed form to [Kristin.stark@esmw.org](mailto:Kristin.stark@esmw.org) or mail it to

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