

GENERAL INFORMATION

Last name	First	Middle	Date of Application Completion
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Street address	City	State	Zip
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Telephone	Cell Number	Business Number
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Have you previously worked for Mosaic? Yes No

If yes, indicate where, when, and reason for leaving

EDUCATION

High school	Location (city/state)	From	To	Graduated (Y/N)
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College/University	Location (city/state)	From	To	Major	Graduated (Y/N)
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Other school	Location (city/state)	From	To	Major	Graduated (Y/N)
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Scholastic Honors/College or High School Activities:

Certifications: Specify states of registration and license number. (Please include copies of each as applicable: CPR, First Aid, Medical Certification, Crisis Intervention, CNA, etc.)

Please list any skills/hobbies of interest

EMPLOYMENT HISTORY

From	To	Company name	Telephone
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Starting salary	Ending Salary	Supervisor	Type of business	May we contact? (Y/N)
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Reason for leaving

From	To	Company name	Telephone
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Starting salary	Ending Salary	Supervisor	Type of business	May we contact? (Y/N)
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Reason for leaving

ENVIRONMENTAL INFORMATION ABOUT THE HOST HOME/INDEPENDENT CONTRACT SETTING

Please list all members of your household:

Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Briefly describe your home. Make note of special features that would be of assistance to you in providing services in the Host Home Program. (List special features such as wheelchair accessibility, special amenities such as spare rooms, fenced yard, recreational areas, etc.)

Please list a total number of rooms. Include how many rooms, bedrooms and bathrooms.

Please indicate the number and location of any fire extinguishers, smoke and carbon monoxide detectors in your home.

Do you have an operable phone in your home?

Do you own pets or livestock? If yes, please provide information.

Briefly describe your neighborhood, include distance to neighbors, stores, recreational areas, medical and emergency support services. (List anything that would be of assistance to you in providing Host Home supports)

TRANSPORTATION

Can you provide reliable transportation to meet the needs of the people you serve? Yes No

Please provide detail.

Please provide the following information for all persons who will be transporting the people you serve.

Name	Name
Name	Name
Name	Name

Please attach copies of the driver's license(s) and proof of insurance to be used for transportation for all persons who will be transporting the people you serve. NOTE: Prior to providing transportation, a motor vehicle record check (MVR) must be completed by Mosaic prior to anyone in the HHP setting transporting the people you serve.

HOMEOWNERS/RENTERS INSURANCE

Please attach copies of your homeowners/renters insurance coverage

Company Name:

Policy Number

REFERENCES

Name	Address	Company	Telephone number
Name	Address	Company	Telephone number
Name	Address	Company	Telephone number