

Host Home Application

PERSONAL HISTORY		
Name (Last, First, MI):	Birthdate: / /	Applicant cell phone:
Current street address:		Do you have a landline phone: Yes No Landline number:
City:	State: Zip code:	Applicant work phone:
E-mail:		Best method of communication:
Current Driver's License Number:	Car Insurance Company:	Level of Liability Insurance: <i>*Proof Required</i>
Do you have a car?		Yes No
Are you willing to drive your host home participant to appointments if needed?		Yes No

CO-APPLICANT (A separate application for each adult residing in home is required)		
Name (Last, First, MI):	Birthdate: / /	Co-applicant cell phone:
Current street address:		Co-applicant work phone:
City:	State: Zip code:	
E-mail:		Best method of communication:

EDUCATIONAL HISTORY		
High School:	Address:	Date graduated:
College:	Address:	Date graduated:
Graduate School:	Address:	Date graduated:
Other:	Address:	Date graduated:

BACKGROUND		
Do you have a current Arizona Department of Public Safety Fingerprint Clearance Card?	Yes	No
If no, are you able to obtain one? (Fingerprinting and background checks are required for SOR volunteers who have one-on-one contact with teens).	Yes	No
Are you CPR/First Aid Certified?	Yes	No
If no, are you willing to obtain prior to placement of a participant?	Yes	No

HOUSING			
<input type="checkbox"/> Own	<input type="checkbox"/> Renting	<input type="checkbox"/> Single-Family House	
<input type="checkbox"/> Multi-unit	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Basement Unit	
<input type="checkbox"/> Second Floor	<input type="checkbox"/> Apt/Condo	<input type="checkbox"/> Other: _____	
Do you have a fire extinguisher in your home? Yes No			
Do you have a Smoke Detector? Yes No		Do you have a Carbon Monoxide Detector? Yes No	
How long have you been at your current address? _____ year(s) _____ month(s)		How long have you lived in Arizona? _____ year(s) _____ month(s)	
What other states have you lived in the past 10 years?			
Do you have homeowner's or renter's insurance?			Yes No
Carrier:		Policy number:	
Are you able to provide a bedroom/private space for a youth?			Yes No
Are you planning to move in the next year?			Yes No

HOME OCCUPANTS			
All children living in the home	Relationship	Gender Identity	Birthdate
Are immunizations for children under the age of 18 residing in the home up-to-date?			Yes No
Are you able to provide proof of up-to-date child immunizations for each child?			Yes No
Do you have any pets living with you? Yes No		If pets are dogs, are they licensed and vaccinated? Yes No <i>*Proof Required</i>	
If yes, please specify breed and weight of each dog:			

WORK HISTORY <i>*You may attach current resume.</i>			
Company Name:	Street address:	City:	State: Zip code:
Job title:	Supervisor:	Phone number:	
Dates of employment:		Is it okay to contact? Yes No	
Company name:	Street address:	City:	State: Zip code:
Job title:	Supervisor:	Phone number:	
Dates of employment:		Is it okay to contact? Yes No	

CRIMINAL HISTORY		
Have you ever been arrested by any law enforcement officer?	Yes	No
Been charged with any offense even if dismissed?	Yes	No
Been convicted of a felony or misdemeanor (other than traffic violations)?	Yes	No
Been charged with/or convicted of an offense against a youth/minor?	Yes	No
Abuse, neglected, or molested any child?	Yes	No
If you checked yes to any of the above, please explain the circumstances and dates:		
Are you willing to complete a full Criminal History Self Disclosure form?	Yes	No

TOBACCO, DRUGS AND ALCOHOL				
Do you smoke?	Yes	No	Do you use e-cigarettes or a vape pen?	Yes No
If yes, do you smoke/vape in your home?			Yes	No
If yes, are you willing to adjust to smoking/vaping outside of your home to keep the home environment smoke free for a pregnant mother and her child?			Yes	No
Do you drink alcohol?			Yes	No
Do you have concerns about your drinking?			Yes	No
If yes, explain why you are concerned:				
Do you use medical marijuana?			Yes	No
Have you ever used illegal drugs?			Yes	No
If yes, do you currently use illegal drugs?			Yes	No
If selected as a host home for this project, are you willing to consistently use a lock box, which will be provided for you for all substances (medications, alcohol, drugs, tobacco/inhalants)?			Yes	No

MISCELLANIOUS	1 = not easy at all					5 = extremely easy				
How easy is it for you to talk about sexual orientation?	1	2	3	4	5					
How easy is it for you to talk about gender identity?	1	2	3	4	5					
How likely are you to provide housing to a participant that is just exiting a juvenile detention or prison facility? (circle one)										
Extremely unlikely	Unlikely	Unsure (would need more information)			Likely	Extremely likely				



Please write a little bit about why you are interested in hosting a young person in your home:

Please describe the characteristics of a young person you would wish to host:

Please write about your strengths, skills and any other relevant information that you would like to share:

Please describe any physical and/or mental health concerns in your family that could impact someone living in your home:

REFERENCES			
List 2 references whom you have known at least a year and one reference whom you have known 5 years. If you are applying with a co-applicant, one reference should know both of you and how you function as a family.			
NAME	PHONE NUMBER	RELATIONSHIP	LENGTH

By signing on the line below I understand and hereby certify that the facts contained in the Arizona Youth Partnership Host Home Program Application are true and complete to the best of my knowledge. Any misrepresentation will result in a cancellation of this application. I give Arizona Youth Partnership the right to contact all references and to secure all additional information about me relating to my Host Home Application. I hereby release liability from Arizona Youth Partnership and its representatives for seeking such information and all other places, corporations, or organizations for furnishing such information.

Picture I.D. Presented: _____ *(copy attached)*

Applicant Signature

Date

Co-Applicant Signature

Date

AZYP SOR Representative

Date



DISCLOSURE and RELEASE ARIZONA YOUTH PARTNERSHIP

In connection with my Host Home Application (including contract for services) with you, I understand that consumer reports which may contain public information may be requested from Kroes Detective Agency, a licensed and bonded Arizona Private Investigation Company.

The reports may include the following types of information: public record information concerning previous employers, driving record, workers' compensation claims, credit history, bankruptcy, criminal records from federal, state and county agencies and all previous driving records from other states.

MY SIGNATURE ON THIS DISCLOSURE AND RELEASE FORM CONFIRMS THAT I UNDERSTAND THIS FORM AND I AUTHORIZE ANY AND ALL PERSONS OR ENTITIES TO FURNISH THE ABOVE INFORMATION. I HEREBY RELEASE ALL PARTIES FROM ANY LIABILITY FOR PROVIDING INFORMATION TO ARIZONA YOUTH PARTNERSHIP INC., INCLUDING KROES DETECTIVE AGENCY. .

You have the right to make a request to Kroes Detective agency, ARIZONA YOUTH PARTNERSHIP, INC. and all AFFILIATED COMPANIES, upon proper identification, the substance of all information in its files on me at this times of my request, including the source of the information; I hereby consent for you to obtain the above from Kroes Detective Agency.

Name: _____

Other Names Used: _____

Current Address: _____

Current Phone Number: _____

Social Security Number: _____

Other SSN Used: _____

Date of Birth: _____

Driver's License Number: _____ State: _____

Signature: _____ Date: _____

Name of person making the request: _____

Company: _____ Date: _____

FAX TO KROES AGENCY: 520-886-0949



Host Home Requirement Checklist

The Starting Out Right for Homeless Parenting Youth Program (SOR HPYP), a program of Arizona Youth Partnership, cannot grant an approval on an application without the following required documents:

- Driver's License
- Criminal History Self Disclosure Form
- Notarized Criminal History Self-Disclosure Form
- Vehicle insurance card
- Homeowner's or renter's insurance
- Fingerprint clearance card
- CPR and First Aid card
- Immunizations on child(ren) residing in the home
- Pet vaccinations

All application documents are to be returned to:

Laura Pedersen, Starting Out Right for Homeless Parenting Youth Program Director
7575 W Twin Peaks Rd., Suite 165
Tucson, AZ 85743
Or via email at laurap@azyp.org

For additional information contact Laura at laurap@azyp.org or 520-719-2014