



**Substance Use:**

Does anyone in the home drink alcohol?      Yes [ ]      No [ ]

Does anyone in the home use tobacco/vape?      Yes [ ]      No [ ]

Does anyone living in the home use any controlled or illegal drugs?      Yes [ ]      No [ ]

If yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

<b>Have you ever</b>	<b>Yes</b>	<b>No</b>
Been arrested by a law enforcement officer?		
Been charged with any offense even if dismissed?		
Been convicted of any offense?		
Been charged with or convicted of an offense against a youth/minor?		
Abused, neglected or molested any child?		
If you checked yes to any of the above, please explain the circumstances and dates:		

**Employment**

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Duration: \_\_\_\_\_      Monthly Income: \_\_\_\_\_

Co-Applicant:

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Duration: \_\_\_\_\_      Monthly Income: \_\_\_\_\_

If you are not currently employed, what is your source of income? \_\_\_\_\_  
\_\_\_\_\_

Are you receiving assistance (food stamps, cash assistance, etc.) Yes [ ] No [ ]  
If so, through which agency and how much? \_\_\_\_\_

**List two non-related professional references whom you have known for at least 5 years.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City Zip County

Email (required): \_\_\_\_\_  
Nature of relationship: \_\_\_\_\_  
Length of time known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City Zip County

Email (required): \_\_\_\_\_  
Nature of relationship: \_\_\_\_\_  
Length of time known: \_\_\_\_\_



I am willing to be a host home for Youth Attention Center's Transitions program. I am aware that my role as a host home is voluntary and that I may choose to resign at any time.

I have read, understand, and am willing to abide by the guidelines set forth in the host home handbook. I agree to submit to the following checks: DHHS Clearance check, ICHAT Background Check, OTIS (Offender Tracking Information System) and Sex Offender. I also agree to work with the program Caseworker and client to develop and implement independent living goals for the youth in my care.

I agree to keep all information pertaining to the youth in my care confidential, meaning not to share information with anyone other than the youth and/or Caseworker. Things that must remain confidential include all personal information beyond the name of the youth as well as all information pertaining to the mental and physical health of the youth (i.e. diagnoses, sicknesses, involvement in counseling, and school records). Identifying information provided to anyone other than the youth and/or Caseworker without the written permission of the youth and/or Caseworker is grounds for cessation of payment, removal of the youth, and/or removal as a host home.

I understand that the monthly amount I receive as a host home for Youth Attention Center is to compensate for the costs associated with mentoring. I give my permission for the above named references to be contacted and questioned about my interest in the program and their opinion of my qualifications.

The information I have provided in this evaluation is true to the best of my knowledge.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CaseWorker Signature: \_\_\_\_\_

YAC Director Signature: \_\_\_\_\_