## **Host Home Application**

Applicant's Name (Last, First, M)			D	.O.B	
Previous Names Used:					
Phone:	Er	nail:			
Co-Applicant's Name (Last, First, M) _			D.	O.B	
Previous Names Used:					
Phone:	Er	nail:			
Address:			<b>7:</b>		0
Street	City		Zip		County
Housing Information:					
Owned [ ] Rented [ ] Mobil	le Home [ ]	Apartm	nent/Condo		
		Арагиі		LJ	
How long have you lived there:					
Do you have homeowner's/renter's in	nsurance?	Yes [ ]	No [ ]		
Are you able to provide an extra bed	room/bed for	youth?	Yes [ ]	No [	]
Are you planning on moving within th	ne next year?	Yes [ ]	No [ ]		
What other states have you lived in (	past 10 year	rs)?			
Number of people living in the home	?				
Number of bedrooms in the home?					
List all animals/pets in the home					
Do you have a current driver's license	? Yes [ ]	No [ ]			
Do you have a car? Yes [ ] No [ ]					
Do you have car insurance Yes [ ]	No [ ]				

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 contro	lled or i	llegal drugs?	Yes [ ] No [ ]
If yes to any of the above, please explain:			
Have you ever		Yes	No
Been arrested by a law enforcement officer?			
Been charged with any offense even if dismiss	ed?		
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	explair	n the circumsta	nces and dates:
Franksins			
Employment			
Occupation: Place of employment:			
Duration:			e:
Duration.	_	Worthing Income	<del>-</del>
Co-Applicant:			
Occupation:			
Place of employment:			
Duration:		Monthly Income	

YAC 2/2023

If you are not currently emp	loyed, what is your	source of income?	
Are you receiving assistance If so, through which agency		•	
List two non-related profe years.	essional references	s whom you have kno	wn for at least 5
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:			

Describe why you are interes	sted in be	ecoming a host home	through the Youth Attention
Center and how you will help	the yout	th under your care to	transition to independence.
Do you have any concerns w			
Do you undorotana the requi	romonto		no program. Too [ ] Too [
Resident Information: List	everyon	e in the home	
(Please provide a copy of I	Oriver's I	License for everyon	e over the age of 18 in the
home.			
Name	Age	Driver's License	Relationship to Client
		1	
	1	i	

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:	