



Nu Wave
Host Home Agency

"Possibilities in Every Direction"

HOST HOME PROVIDER APPLICATION

Please be advised that this application must be completed in its entirety for processing.

Name:

Last: _____ First: _____ Middle: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ M F

SS #: (given by phone for security) Driver's License # _____ Date of Birth _____

Marital Status: Married Divorced Single Other Language Spoken: _____

How did you hear about Nu Wave Host Home Agency? _____

Please list Traffic Violation Incurred with the last 3 years: *(Please Provide current MVR)*

Violation: _____ Date of Violation: _____

Current Living Situation

Please list ALL individuals living in your home over the age of 18yrs (Please include Consumers' First Name Only if applicable)

Name:	Age:	SS#:
		<i>Phone only for security</i>
		<i>Phone only for security</i>
		<i>Phone only for security</i>
		<i>Phone only for security</i>

Have you or anyone living in your home ever been convicted of a felony? Yes No

If yes, please explain: _____

Do you own or rent your home? Yes No

Do you carry homeowner or renter's Insurance? Yes No

(Proof of Insurance required prior to placement)

Host Home Providers **MUST** acquire **Professional Liability Insurance**. (30 days after placement) The agency will assist in locating an Insurance Company that can provide a policy for you at your own expense.

Do you have any objection in acquiring Professional Liability Insurance? Yes No



Medical:

Do You have any medical issues that would deter you from meeting your responsibilities as a Host Home Provider? Yes No

If yes, please explain: _____

Are you currently taking any medications that would prevent you from driving a vehicle? Yes No

If yes, please explain: _____

Licenses, Certification, and Trainings:

(please provide all current Licenses, Certification, and Trainings with this application)

Have you been approved to provide Host Home Services through another agency? Yes No

Please list:

--	--

Education:

College: <input type="checkbox"/> Y <input type="checkbox"/> N Years Completed: _____	High School Graduate/Other <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Other
---	--

Background Check:

The Agency conducts Background check on all applicants. Do you have any objection to this? Yes No

References:

Please list two (2) references we may contact (**WHO ARE NOT RELATED TO YOU**)

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Important Disclosure

By submitting this form, you are agreeing with following statement(s): I hereby declare the information in this application for independent Contractor/Host Home Provider is true, correct, and complete to the best of my knowledge. I Understand that if I become a provider a misstatement or omission of fact on this application shall be considered cause for removal of the individual(s) from your home.

Signature of Applicant: _____

Date: _____

Please return application and documents to:

Nu Wave Host Home Agency
E-Mail: rlhnuwave@gmail.com
Phone: (720) 937-3331 (C) (720) 720-949-0566 (O) Fax: (720) 324-4923
nuwavehosthomeagency.com