



Host Home Provider Application

A Family For Every Child's Host Home Program provides training, resources, and support to help you every step of the way. If you have a spare room in your home and a desire to make a difference in the biggest social issue in Lane County, we invite you to join us and make a difference in your community. Together, we can help provide a safe and supportive home for unhoused youth.

| BASIC INFORMATION: Provider 1 | |
|-------------------------------|-----------------------------|
| NAME (First & Last) | PRONOUNS |
| | |
| EMAIL | PHONE NUMBER |
| | |
| BIRTHDATE | OCCUPATION |
| | |
| BEST TIME TO REACH YOU | PREFERRED METHOD OF CONTACT |
| | |

| BASIC INFORMATION: Provider 2 (optional) | |
|--|-----------------------------|
| NAME (First & Last) | PRONOUNS |
| | |
| EMAIL | PHONE NUMBER |
| | |
| BIRTHDATE | OCCUPATION |
| | |
| BEST TIME TO REACH YOU | PREFERRED METHOD OF CONTACT |
| | |

INFORMATION ABOUT YOUR HOME

STREET ADDRESS

| |
|--|
| |
|--|

| CITY | STATE | ZIP CODE |
|------|-------|----------|
|------|-------|----------|

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Rented Owned

BACKGROUND CHECK

Are you able to pass a criminal background and abuse history check? Yes No

To ensure the safety and security of our youth and young adults, we require a comprehensive background check which includes a national fingerprint check and further checks for any criminal records or history of abuse or sex offenses. This is an essential part of our process.

REFERENCES

REFERENCE #1

| NAME (First & Last) | RELATIONSHIP TO YOU |
|---------------------|---------------------|
| | |
| EMAIL | PHONE NUMBER |
| | |

REFERENCE #2

| NAME (First & Last) | RELATIONSHIP TO YOU |
|---------------------|---------------------|
| | |
| EMAIL | PHONE NUMBER |
| | |

| REFERENCE #3 | |
|---------------------|---------------------|
| NAME (First & Last) | RELATIONSHIP TO YOU |
| | |
| EMAIL | PHONE NUMBER |
| | |

By typing or signing my name below, I am affirming that all of the information provided throughout this form is, to the best of my knowledge, true and correct.

Provider #1 Signature

Date

Provider #2 Signature

Date