



8410 Hickman Road, Suite 102
Clive, IA 50325
Phone: 515-270-5353
Fax: 515-993-2036
Progressivecommunitynetwork.com

Host Home Provider Application

Applicant Information:

First Name: _____ Middle In: _____ Last Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Best time to reach you: _____

Best method to contact you: Phone Call Text Message Email

Is this address your primary home where services will be provided? Yes No

Other Household Members:

List ALL members living in your household, their age, and their relationship to you.

Name: _____ Age : _____ Relationship : _____

Name: _____ Age : _____ Relationship : _____

Name: _____ Age : _____ Relationship : _____

Name: _____ Age : _____ Relationship : _____

Name: _____ Age : _____ Relationship : _____

Name: _____ Age : _____ Relationship : _____

Name: _____ Age : _____ Relationship : _____

Do any of these people pay you to live in your home? Yes No



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Do you have a vehicle? Yes No

Vehicle Type: Make: _____ Model: _____ Year: _____

How many passengers can ride in the vehicle? _____

Do you have a valid driver's license? Yes No

State Issued: _____ License Number: _____

Expiration Date: _____

If selected for a Host Home, the applicant must provide proof of current auto liability insurance with a minimum personal injury coverage of \$300,000.

Educational Information:

College: None Some Associate's Bachelor's Master's Doctorate

High School Graduate: Yes No

GED or High School Equivalency: Yes No

Do you speak any other languages fluently? Yes No

Language(s): _____

Other specialized training(s): LPN RN CNA Medication Manager

Sign Language None Other _____



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Employment Information: *(Please begin with most current, up to the last 5 years).*

#1 Name of Employer: _____

Address: _____

Supervisor: _____ Phone: _____

Length of Employment: From _____ to _____

Job Title: _____

Job Duties: _____

Reason for Leaving: _____

#2 Name of Employer: _____

Address: _____

Supervisor: _____ Phone: _____

Length of Employment: From _____ to _____

Job Title: _____

Job Duties: _____

Reason for Leaving: _____

#3 Name of Employer: _____

Address: _____

Supervisor: _____ Phone: _____

Length of Employment: From _____ to _____

Job Title: _____

Job Duties: _____

Reason for Leaving: _____



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Personal References:

Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

Name: _____ Relationship: _____

Phone Number _____ Email Address: _____

Pre-interview Questionnaire:

A background check will be conducted on applicants selected for Host Home Provider.

A background check is also required for anyone 18 or older living in the home.

1. Have you been employed by Progressive Community Network previously? Yes No
If yes, when? _____ to _____

2. Have you previously been a Host Home Provider? Yes No

3. Are you currently a Host Home Provider? Yes No
If yes, please list where? _____

4. Have you or has any member of your household been convicted of a felony, child abuse, or an unlawful sexual offense? Yes No
If yes, name of person & related offense: _____

5. Have you or any member of your household been arrested for violations of the law other than minor traffic violations? Yes No
If yes, please explain: _____



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6. What motivates you to become a Host Home provider?

7. What qualities do you feel a Host Home should provide for a disabled adult?

8. Have you had any experience or involvement with the developmental disability community?

Yes No

If yes, please describe:

9. Progressive Community Network's Host Home contracts may be renewable and are written to coincide with the agency's budget year. How long do you anticipate being a Host Home Provider? _____

10. When would you be available to begin providing care? _____

11. Do you have any obligations that would require you to be away regularly during the day or evening?

Yes No

If yes, please describe: _____

12. Could you care for an adult who requires 24/7 supervision? Yes No



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13. I could best support a person with the following care needs (*choose one, or all that apply*):

Behavioral/Mental Health Medically Involved/Fragile Independent with Minimal Supports

14. Of the behaviors listed below, circle all that you would be willing to work with:

Physical Aggression Elopement Theft Verbal Aggression

Property Destruction Sexual Behaviors Criminal History

15. Do you have experience with digital documentation? Yes No

If yes, which platform? _____

16. Is there a particular individual for whom you are interested in providing services? Yes No

If yes, please name: _____

Introduce Yourself:

This section helps us get to know you better so we can make thoughtful matches between individuals seeking host homes and contractors like you who are passionate about making a difference. Share a bit about yourself, your household, and what makes your home environment unique. Whether it's your hobbies, daily routines, or family traditions, these details help us create connections that foster comfort, trust, and a sense of belonging for everyone involved.

Why do you want to open your home up to an individual with disabilities?



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Please describe what an average day in your/your family's life looks like.

What is your religious/faith base if any?

What are your interests and hobbies?

Describe your home.

Describe your neighborhood.



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Describe your family.

What are your family's traditions?

What does your "perfect" day look like?

I certify that I have truthfully answered the above questions to the best of my ability. I understand that providing false or misleading information may result in the cancellation of my Host Home Agreement Certification. Failure to complete any section of this application may be cause for you not to be considered further.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____