

Region V Systems Host Homes Application

IMPORTANT: This is a federally funded grant, serving the following rural counties: Adams, Butler, Cass, Clay, Fillmore, Gage, Jefferson, Johnson, Lancaster (NOT the city of Lincoln), Nemaha, Nuckolls, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, Webster, and York. Host Home Provider applicants must reside in one of these counties to be eligible to participate in our program.

Who is the legal homeowner, mortgage or lease holders? _____

Do both individuals agree to be a Host Home Provider? Yes NO

This application should be filled out by the person/s listed above. If there is more than one person this would be the co-applicant.

Applicant's Name: _____
(Frist) (Last) (M.I)

Other Names Used: _____

Applicant's Address: _____
(Street Address, City, State, Zip)

Date of Birth: _____ Social Security Number: _____
(MM/DD/YYYY)

Gender: ___ Male ___ Female ___ Transgender, male-to-female
___ Transgender, female-to-male ___ Transgender, gender non-conforming
___ Other (please describe) _____

Do you consider yourself to be: ___ Heterosexual, that is straight ___ Gay/Lesbian
___ Bisexual ___ Not sure

Pronouns Used (he, she, them): _____

Applicant Cellphone: _____ Work-phone: _____

Applicant E-mail: _____

How do you prefer we contact you? (i.e. phone, text, email) _____

What is the best time of day to contact you? _____

Co- Applicant's Name: _____
(Frist) (Last) (M.I)

Other Names Used: _____

Co-Applicant's Address: _____
(Street Address, City, State, Zip)

Date of Birth: _____ Social Security Number: _____
(MM/DD/YYYY)

Gender: Male Female Transgender, male-to-female
 Transgender, female-to-male Transgender, gender non-conforming
 Other (please describe) _____

Do you consider yourself to be: Heterosexual, that is straight Gay/Lesbian
 Bisexual Not sure

Pronouns Used (he, she, them): _____

Co-Applicant Cellphone: _____ Work-phone: _____

Co-Applicant E-mail: _____

How do you prefer we contact you? (i.e. phone, text, email) _____

What is the best time of day to contact you? _____

Please list all children and other adults living in your home.

Including yourself, how many children and adults live in your home? _____

Name: _____
(First) (Last) (M.I.)

Date of Birth: _____ Gender Identity: _____
(MM/DD/YYYY)

Relationship to applicant: _____

Name: _____
(First) (Last) (M.I.)

Date of Birth: _____ Gender Identity: _____
(MM/DD/YYYY)

Relationship to applicant: _____

Name: _____
(First) (Last) (M.I.)

Date of Birth: _____ Gender Identity: _____
(MM/DD/YYYY)

Relationship to applicant: _____

Do you have any pets living with you? Please specify. _____

Do you have any firearms inside your residence? Yes NO

If Yes, please specify. _____

Housing Information: ___ Own ___ Rent ___ Single-Family Home
 ___ Mobile Home ___ Multi-Unit ___ Basement Unit
 ___ Second Floor ___ Apartment/ Condo

How long have you lived at your current place of residence? _____

Are you able to prove a private, legal bedroom for a young adult? Yes NO

Are you planning on moving in the next 12 months? Yes NO Unsure

Are you receiving subsidized housing (I.e. Section 8 or other housing voucher)? Yes NO

Please list your employment for the past 5 years, starting with your current job.

Occupation: _____ Time Employed: _____

Place of Employment: _____

City: _____ Phone: _____

Occupation: _____ Time Employed: _____

Place of Employment: _____

City: _____ Phone: _____

Occupation: _____ Time Employed: _____

Place of Employment: _____

City: _____ Phone: _____

If you are not currently working, what is your source of income/resources? _____

Co-Applicant Please list your employment for the past 5 years, starting with your current job.

Occupation: _____ Time Employed: _____

Place of Employment: _____

City: _____ Phone: _____

Occupation: _____ Time Employed: _____

Place of Employment: _____

City: _____ Phone: _____

Occupation: _____ Time Employed: _____

Place of Employment: _____

City: _____ Phone: _____

Does smoking/vaping occur inside your residence? Yes NO

Does it occur inside your home? Yes NO

Do you keep alcohol in your home? Yes NO

Do you currently use illegal drugs? Yes NO

Do you have a current Nebraska driver's license? Yes NO

Do you have a reliable vehicle and current vehicle insurance? Yes NO

Are you bilingual or multilingual? If yes, what languages do you speak? _____

Below, please provide information about yourself, your family and community, some of your life's experiences, etc. Write it with the young person in mind as a reader. The purpose of this information is for the young person to get to know you a bit, find out why you want to be a host, and to see if you might be someone that would be a good match for them.

1) Please tell us why you are interested in hosting a young person in your home?

2) The Host Homes Program does not discriminate based on race, color, national origin, sex (pregnancy, gender identity, or sexual orientation), religion, disability, political beliefs, marital or family status, genetic information, or covered veteran status.

Would you have any reservations with hosting young adult what may be different form you and/or your family? If yes, please describe. (Answering yes to this question does not necessarily disqualify you form becoming a Host Homes Prover.) Yes NO

If yes, please describe. _____

3) Do you have any reservations hosting young adults who may:

Have a mental health condition? Yes NO Unsure

Be in recovery or currently using alcohol and other illegal drugs? Yes NO Unsure

Have current/history of involvement in the criminal justice system? Yes NO Unsure

Have a development disability? Yes NO Unsure

Be pregnant or currently parenting? Yes NO Unsure

4) Please describe your family culture (i.e. traditions, habits, practices, and values).

5) Please write about your strengths, skills, and any other relevant information that you would like to share: _____

Do you or other individuals living in your home have any physical and/or mental health concerns that could impact someone else living in your home? Yes NO

If Yes, please specify. _____

List two references whom you have known at least 1 year and one reference whom you have known 5 years. These references should be not be related to you. If you are applying with another person, your references should know both of you and how you function as a family.

Name: _____ Phone Number: _____

Email: _____ Length known: _____

Name: _____ Phone Number: _____

Email: _____ Length known: _____

Name: _____ Phone Number: _____

Email: _____ Length known: _____

Region V Systems is prohibited from contracting with an individual for paid services who is on the federal Office of Inspector General's "List of Excluded Individuals and Entities" (LEIE) database. As an applicant associated with Region V Systems' federal Host Homes Program, **this is to inform you that your Social Security Number(s) (as provided with this application) will be used to verify that your name(s) is(are) not on the LEIE database.**

Region V Systems' ability to contract for your services/payment for services will be delayed and/or denied if your name(s) is(are) documented in the LEIE database.

If you have questions or concerns about this information, please contact Region V Systems' Corporate Compliance Officer, Kim Michael, at kmichael@region5systems.net or call 402-441-4350. You may view the federal Office of Inspector General's public website used for LEIE verification at: <https://exclusions.oig.hhs.gov/>

I hereby certify that the information contained in the Region V Systems Host Homes Application is true and complete to the best of my knowledge.

X

Applicants Signature and Date

X

Co-Applicants Signutre and Date