**Community Host Home Application**

**Personal Information**

|  |  |
| --- | --- |
| Applicant Name | Spouse Name |
|  |  |
| Date of Birth (mm/dd/yyyy) | Date of Birth (mm/dd/yyyy) |
|  |  |
| Present Employer and Length of Employment | Present Employer and Length of Employment |
|  |  |
| E-mail Address | E-mail Address |
|  |  |
| Home and Cell Phone Numbers | Home and Cell Phone Numbers |
|  |  |
| Home Address | Mail Address (if different from home) |
|  |  |
| Have you ever been involved in a similar program with another agency? If so, which agency, when, for how long and why did the involvement end? | |
| Please list any workshops, conferences, training or other educational experiences you have been involved with that would be relevant to being a host home. | |

**Family Make-up**

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| --- | --- |
| **Parent:**   two parents  single parent  single | **Children at home:**  Yes  No  If yes, please complete below |
| **Children details:** |  |
| Name:  Gender:  Date of Birth (mm/dd/yyyy): | Name:  Gender:  Date of Birth (mm/dd/yyyy): |
| Name:  Gender:  Date of Birth (mm/dd/yyyy): | Name:  Gender:  Date of Birth (mm/dd/yyyy): |

Note: You will need a criminal record check, a Child and Family Services check and a vulnerable persons record check for each family member over the age of 18 who resides in the home.

**Description of Home**

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| Single Family Dwelling  Duplex  Townhouse  Apartment  |
| Are you an Owner  or Renter  (If renter, a letter of support from your landlord will be required) |
| Describe the accommodation available for the hosted family. (eg; number of bedrooms, private or shared bathroom, basement suite, separate entrance, etc.) |

**Family Life Style**

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| What is your family’s religious belief? |
| What languages are spoken in the home? |
| What are your family’s dietary choices? |
| What types of hobbies, interests, sports or community involvement does your family enjoy? |
| Do you have pets? If yes, please provide details. |
| What rules do you have regarding smoking in the house? |
| What rules do you have regarding the consumption of alcohol in the house? |

**Hosting a Family**

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| Please describe why you/ your family are interested in hosting a Rowan House family. |
| Please describe the ideal family that you would like to host. (eg: number or ages of children, ethnic background, religious beliefs, etc.) |
| What expectations do you have of the family that you would host? |
| How much financial remuneration do you expect for hosting a family? |
| When would you like the family to move in? Is there a time period that you would consider ideal to host a family? (eg: 3 months, 6-12 months, indefinitely, etc.) |
| What kind of support, if any, would you want from Rowan House? |
| Are there any concerns that you have about hosting a family? |
| Additional comments, questions or concerns. |

**References**

Please list three professional references that we may contact.

|  |  |
| --- | --- |
| Name: | E-mail Address: |
| Address: | Home and Cell Phone Numbers: |
| Name: | E-mail Address: |
| Address: | Home and Cell Phone Numbers: |
| Name: | E-mail Address: |
| Address: | Home and Cell Phone Numbers: |

I/We hereby agree that all of the above information is accurate and up to date. I/We understand that the above information will be shared for the purpose of informing interested Rowan House Emergency Shelter residents about us as a prospective Community Host Home. I/We also understand that not Rowan House Society, but rather the interested individual Rowan House Emergency Shelter resident, will decide whether our home is suitable for her family, and that Rowan House is under no obligation to ensure that our home be selected.

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Applicant Signature Date

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Applicant Signature Date