



Broadening Horizons, Inc.

Family Home Provider Application

An Equal Opportunity Employer

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

Address: _____
 Street, P.O. Box, Route City State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Social Security Number: _____ - _____ - _____

I am Married Single and am interested in becoming a Family Home Provider and I would like to:

- Have Participant(s) placed in my home full time
- Have Participant(s) placed in my home for relief/respice
- Continue to provide services for participant(s) already placed in my home

Name of any SCL Agency previously contracted by:

- _____ 1. I am at least 21 years of age.
- _____ 2. I have never been convicted of; or entered a plea of guilty to a "sex crime"
- _____ 3. I have never been convicted of; or pled guilty to the commission of a capital offense, Class A felony, or Class B felony involving the death of the victim, or rape in the first degree or sodomy in the first degree of the victim or serious physical injury to a victim.
- _____ 4. I have no prior felony conviction, plea bargain, amended plea bargain, or participated in a diversion program which I did not complete.
- _____ 5. I do not have any drug related convictions within the past 5 years
- _____ 6. I have never been convicted of; or plead guilty to any charge of abuse, neglect, or exploitation.
- _____ 7. I have never been found by the Cabinet fro Health and Family Services to have committed child abuse or neglect
- _____ 8. I have not had a DUI within the past 12 months

Character References: (excluding relative; list 3 people who have known you for at least 1 year)

Name	Address	Phone Number

Spouse/Partner/Paramour Last Name: _____ First Name: _____ M.I. _____

Cell Phone: _____ Work Phone: _____

Social Security Number: _____ - _____ - _____

- ____ 1. I am at least 21 years of age.
- ____ 2. I have never been convicted of; or entered a plea of guilty to a "sex crime"
- ____ 3. I have never been convicted of; or pled guilty to the commission of a capital offense, Class A felony, or Class B felony involving the death of the victim, or rape in the first degree or sodomy in the first degree of the victim or serious physical injury to a victim.
- ____ 4. I have no prior felony conviction, plea bargain, amended plea bargain, or participated in a diversion program which I did not complete.
- ____ 5. I do not have any drug related convictions within the past 5 years
- ____ 6. I have never been convicted of; or plead guilty to any charge of abuse, neglect, or exploitation.
- ____ 7. I have never been found by the Cabinet fro Health and Family Services to have committed child abuse or neglect
- ____ 8. I have not had a DUI within the past 12 months

Character References: *(excluding relative; list 3 people who have known you for at least 1 year)*

Name	Address	Phone Number

Give a brief description of your (and Spouse's/partner's/paramour's) experience working with person(s) with Behavioral Health concerns; Developmental disabilities, and/or Intellectual disabilities.

List any training you (and Spouse's/partner's/paramour's) have related to providing services to person(s) with Behavioral Health concerns, Developmental disabilities, and/or Intellectual disabilities; and describe in what capacity you used each training.

Please read before signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge; and I have withheld information which if disclosed, would alter the integrity of this application.

I authorize persons listed as character references to provide information related to my ability to provide services in the capacity of a Family Home Provider to Broadening Horizons. I agree Broadening Horizons will not be held liable in any respect if a position as a certified Family Home Provider is not extended, or is withdrawn, or service agreement is terminated because of false statements, omissions, or answers made by myself on this application. In the event a service agreement is established with Broadening Horizons; I will comply with all rules and regulations as set forth by the company in any communication distributed to personnel of Broadening Horizons.

In compliance with the Immigration Reform and Control Act of 1986; I understand I am required to provide approved documentation to Broadening Horizons verifying my right to work in the United States prior to beginning training as a Family Home Provider. I have received from Broadening Horizons a list of approved documents required.

Signature: _____ Date: _____

Date Interviewed: _____ Interviewer Signature: _____

Orientation Questioner: *(please complete the following questions prior to returning this application. These questions are used as a means of enhancing the interview process and ensuring applicants who may fit needs of the company are contacted in a prompt manner).*

1. Why are you interested in becoming a Family Home Provider for Broadening Horizons?

2. How did you hear about Broadening Horizons' Family Home Provider Program?

3. What is your experience providing services for persons with behavioral health concerns, developmental disabilities, and/or intellectual disabilities?

4. What is your experience of Family Home Provider services?

5. What are you looking for in an agency?

6. What is the most important way which an agency could support you as a Family Home Provider?

7. Do you consider yourself to be a leader; or a follower?

8. How well do you believe you adapt to change?

9. Have you ever encountered a stressful situation; how did you manage the situation?

10. Does your entire family and/or other residents in your home share interest in becoming a Family Home Provider?

11. What else would you like us to know about you?

