

Provider Application

Tree of Life Supports & Services, LLC

Date of Application: _____

APPLICANT INFORMATION

Primary Applicant:

Full name					
Other Names Used (maiden, etc.)					
Date of Birth		SSN			
Phone Number		Email Address			
Street Address					
City		State		Zip	

1. Are you a United States Citizen? Yes No
2. Are you eligible to work in the United States? Yes No
3. Have you ever been convicted of a misdemeanor? Yes No
4. Have you ever been convicted of a felony? Yes No
5. Have you ever been convicted of any unlawful sexual offense? Yes No

If you answered yes to questions 3, 4, or 5, explain the charge:

Other Adults and/or Children

Full name	Date of Birth	SSN	Relationship

Education:

School	City & State	Degree or Certification Earned	Date Completed



EMPLOYMENT HISTORY (last 5 years)

Company:	Dates of employment:
Address:	Phone:
Position & Responsibilities:	
Reason For Leaving:	

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Position & Responsibilities:	
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Company:	Dates of employment:
Address:	Phone:
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Reason For Leaving:	

Skills

Professional References (No relatives)

Name	Relationship	Phone Number	Email



Residential Information

- 1. Do you live in a: House Apartment/Condo Townhouse Other
- 2. Do you: Rent Own
- 3. How many bedrooms are in the home: _____
- 4. Is your home wheelchair accessible: Yes No
- 5. Do you have a main floor bedroom? Yes No
- 6. Do you have a main floor bathroom? Yes No
- 7. Do you have pets: Yes No
 - a. If yes, how many: _____
 - b. and, what kind: _____
- 8. Are you currently, or have you been a host home provider? Yes No
 - a. If yes, when: _____
 - b. What agency: _____
- 9. How many clients do you currently have living in your home? _____
- 10. Are you willing to complete all trainings required to be a provider: Yes No
- 11. Are you willing to complete all necessary daily, weekly, & monthly paperwork required to be a provider?
- 12. Why do you want to become, or enjoy being, a provider? _____

ATTESTATION

I certify that all information provided in this application is true and complete to the best of my knowledge.

I authorize Tree of Life Supports & Services, LLC to verify the information provided, conduct background checks, and contact references.

Signature of Applicant: _____

Date: _____

