



Host Home Application

Thank you for your interest in hosting a youth through our Host Home Program. Please review the following information and return completed forms to:

Youth Emergency Services
229 N Calispel AVE
Newport, WA 99156
509-447-1125

Family Information* (Please Print)

**Adults age 18 and over must have background clearances completed*

Host Name: _____ Host Name: _____
Last, First, Middle, Maiden Last, First, Middle, Maiden

Birthdate: ___/___/___ Age: _____ Birthdate: ___/___/___ Age: _____

I am/We are (circle one) SINGLE MARRIED PARTNERS

Email Address: _____ Email Address: _____

Cell Phone: _____ Cell Phone: _____

Best Time to be Reached: _____ Best Time to be Reached: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Length of Employment: _____ Length of Employment: _____

Home Address: _____

City, State, Zip: _____

Additional Family Members in the Home*

**Adults age 18 and over must have background clearances completed*

Other Adults Living in the Home	Age/Date of Birth	Relationship to Applicant(s)
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Other Children Living in the Home	Age/Date of Birth	Relationship to Applicant(s)
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Understanding the Responsibilities

YES youth come from a variety of backgrounds and may have suffered from Adverse Childhood Experiences (ACEs). These experiences include but are not limited to: abandonment, drug/alcohol abuse, physical/sexual/emotional violence, physical/emotional neglect, misplacement due to own sexual orientation, witness to guardian violence, household mental illness, parental separation or divorce, incarceration/absent household member, and/or one or more deceased parents.

Are you willing to attend additional training sessions in order to better understand Adverse Childhood Experience's, Confidentiality, De-Escalation Techniques, Mandatory Reporting, First Aid/CPR, Trauma informed care, etc?

Yes____ No____

Is anyone living in the home First Aid/CPR certified?

Yes____ No____ Name: _____

Criminal Clearance

Have you ever been arrested for, charged or convicted of, any crimes (misdemeanor or felony), including, but not limited to: shoplifting, fraud, theft, DUI/DWI, domestic violence child abuse, assault, aggravated assault, or possession of a controlled substance?*

Host: Yes____ No____

Host: Yes____ No____

Please explain any "Yes" answers on a separate sheet of paper*.

**Answering "Yes" to the above question does not automatically disqualify you from participating in the hosting program, but providing false answers or deliberately withholding information could negatively affect your application.*

Background Checks

Clearance checks are required for each adult (age 18 and over) living in the home.

Please list all states in which you have lived. Attach extra pages if more room is needed.

Host:

Host:

Name

Name

States lived in

States lived in

Social Security Number

Social Security Number

Driver License Number

Driver License Number

Signature

Signature

Full Name (printed)

Full Name (printed)

WHILE THIS INFORMATION DOES NOT NECESSARILY PREVENT US FROM HOSTING, WE UNDERSTAND THAT FAILURE TO PROVIDE COMPLETE AND HONEST INFORMATION WILL RESULT IN AUTOMATIC DISQUALIFICATION FROM CONSIDERATION.

Host Signature: _____

Date: _____

Host Signature: _____

Date: _____

All Host Home Placements are voluntary. At YES we make every effort possible to place homeless and at-risk youth in homes in which both the youth and families are most comfortable.

Host Preferences

Would you prefer to provide: (circle one) emergency short term long term housing?

We would like to host (# of) _____ youth

Circle one: Siblings No Preference

Gender Preference: Male Female Either

What is your level of comfort sharing your home with an openly gay, bi-sexual, lesbian or transgender youth? (Please circle one):

Not comfortable 1 2 3 4 5 6 7 8 9 10 Fully Comfortable

Other Information

How do you identify yourself?

Sis ___ Lesbian ___. Transgender___ Bi-sexual___ Queer___ Other___ Non-Binary___

Preferred pronouns: _____

Other Hosting Experiences

Have you hosted in the past? Yes___ No___

If yes, when? _____

With what program: _____

How did you hear about the Host Home Program? _____

Please tell us why you would like to host: _____

Key Points

- I/We understand that our participation in the YES Host Home Program is voluntary and our relationship with the program can be dissolved at any time.
- I/We understand that I/We will be allowed to host a child only after submitting to an approved home safety check as well as criminal clearance checks.
- I/We agree to pay for the costs to provide room and board.
- I/We understand that UNDER NO CIRCUMSTANCES is hitting or using force towards young people acceptable and that this organization will remove the student from the home if abuse is suspected.
- I/We understand the importance of preparing to host a young person. Therefore, I/We agree to participate in the training provided.
- During my/our involvement with this program, I/We agree to engage in conduct that is appropriate and respectful of others.
- I/We understand the importance of and agree to abide by any incidental instructions given by the case managers/program coordinators.

Printed name: _____ Signature: _____ Date: _____

Printed name: _____ Signature: _____ Date: _____

Upon completion of the application process you will be asked to provide the following documentation:

	Host	Host
Photocopy of driver's license	_____	_____
Photocopy or proof of auto insurance	_____	_____
Background check forms	_____	_____
3 Personal References	_____	_____

Personal References:	Name:	Number:
	_____	_____
	_____	_____
	_____	_____

Home Safety Check

You will be required to complete a home safety check. Please contact the office at 509-447-1125 to schedule an appointment.

Mandated Reporter Acknowledgement

Mandated reporters are persons or groups of persons who have frequent contact with children and families and are required by Washington's State law to report suspected cases of child abuse and neglect to CPS or to the appropriate law enforcement agency (RCW 26.44.030). It is the intent of the law that these designated persons, who are in positions to identify children who are at risk from abuse and neglect, will report suspected child abuse and neglect so that the need for protective services can be assessed.

Mandatory reporter training can be completed by watching the online video at:

<https://prezi.com/yx8m0sysqgec/all-children-deserve-to-be-safe/>

If you are having problems viewing this video or would like the link emailed to you, please contact the office at 509-447-1125.

I acknowledge that I have seen and understand the video on Mandated Reporting. I understand the video on Mandated Reporting. I understand that as a Host Family/Volunteer, I am a Mandated Reporter to the state of Washington.

Host: _____

Host: _____

Host: _____

Host: _____

Date: _____

Date: _____