



## 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:

YES of Pend Oreille County  
229 N Calispel AVE  
Newport, WA 99156  
509-447-1125

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### 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: \_\_\_\_\_

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### 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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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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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 and Affirming Care, etc?

Yes\_\_\_\_ No\_\_\_\_

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

Yes\_\_\_\_ No\_\_\_\_ Name: \_\_\_\_\_

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## Criminal Clearance

Have you ever been convicted of any crimes (misdemeanor or felony), including, but not limited to: 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.

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## Background Checks

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

As an applicant and potential Youth Emergency Service volunteer, I hereby authorize Washington Law Enforcement to conduct a background investigation to determine my qualifications to participate as a volunteer. I understand that the background investigation I am authorizing will be conducted solely for the purpose of protecting and preventing any harm to anyone who may require services. All information obtained in this background investigation will be treated as confidential.

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

Host:

Host:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Alias Used (If any)

\_\_\_\_\_  
Alias Used (If any)

\_\_\_\_\_  
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)

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Date of Authorization

YES of Pend Oreille County

YES is an advocate and supporter of the LGBTQ+ community and of people of color without regard to immigration status. We are committed to creating an affirming community for all who are currently marginalized and 'othered' because of their faith, sexual preference, gender identity or the color of their skin, origin of their birth or their legal status.

We aspire to inspire communities to recognize, respond and act to end youth homelessness and inequity.

YES is committed to supporting homeless and at-risk young people, promoting stability, growth and their ability to thrive.

We create space for transformation.

With regards to the above, please consider how you would feel to placing a young person of color and/or who identifies as LGBTQ+. (Lesbian, Gay, Bisexual, Transgender, Queer, questioning, +) or Two Spirit. ("Two-spirit" refers to a person who identifies as having both a masculine and a feminine spirit, and is used by some Indigenous people to describe their sexual, gender and/or spiritual identity.)

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### 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                      Youth with child

Gender Preference:    Male    Female    Gender Fluid    Non-Binary    Transgender    Two Spirit

Circle all that apply.

What is your level of comfort sharing your home with an openly gay, bi-sexual, lesbian or transgender young people?

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

YES will provide the Host Homes with multiple training resources on Safe and Affirming Care for individuals who identify as LGBTQ+ in addition to YES support. YES is committed to providing culturally responsive services for BIPOC young people and will provide training and resources for Host Home Families to acquire this learning.

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## Other Information

How do you identify?

Straight \_\_\_ Gay \_\_\_ Lesbian \_\_\_ Transgender \_\_\_ Bi-sexual \_\_\_ Queer \_\_\_  
Intersex \_\_\_ Gender Fluid \_\_\_ Choose all that apply \_\_\_

### Other Hosting Experiences

Have you hosted in the past? Yes \_\_\_ No \_\_\_

If yes, when? \_\_\_\_\_

With what program? \_\_\_\_\_

### Home Study

Do you have a current foster care license? Yes \_\_\_ No \_\_\_

If yes:

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

How did you hear about the Host Home Program? \_\_\_\_\_

Please tell us why you would like to host: Add another page if necessary.

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### Key Points

YES of Pend Oreille County

- 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 young person only after submitting to an approved home safety check as well as criminal background check.
- 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, intimidation or demeaning behavior and language ever acceptable. YES will remove the young person from the home if abuse is suspected and notify the authorities.
- 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.
- I/We understand that if a young person chooses your home and you choose them to be your guest, it is an arrangement that can be immediately suspended by you or the young person's choice for no cause.
- I/We understand that we are not a 'foster parent' and will treat the young person as a guest, not deploying parental type authority, discipline or censure. Prior to a placement a Host Home and Young Person's Agreement will be in place so all parties will be well aware of the parameters of the arrangement

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

Personal References Name:

Number:

YES of Pend Oreille County

_____	_____
_____	_____
_____	_____

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## 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.

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## Mandated Reporter Acknowledgement

Mandatory 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 DCYF (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: \_\_\_\_\_