MTCFCARE LLC

Host Home Provider Application Form

Colorado | Initial Interest & Screening

Contact: Support@mtcfcarellc.com | 720-362-9378

Purpose. This application helps MTCFCare LLC learn about your interest, experience, household, and home environment. It is an initial screening form and does not replace required Colorado provider enrollment, certification, background checks, home assessments, training, or other regulatory requirements.

Privacy notice. Provide only the information requested. Do not include Social Security numbers, medical records, copies of IDs, or other highly sensitive documents on this initial form. If needed, MTCFCare LLC will explain a secure process for collecting additional information.

1. Applicant Information

Full legal name	
Preferred name (if different)	
Phone number	
Email address	
Home address (street, city, ZIP)	
Preferred method of contact	☐ Phone ☐ Email ☐ Text
Best time to contact you	
How did you hear about MTCFCare LLC?	

2. Interest & Availability

Why are you interested in becoming a Host Home Provider?	
When could you potentially begin the qualification process?	☐ Immediately ☐ Within 30 days ☐ 1–3 months ☐ Other:
Are you interested in providing support in your own home?	☐ Yes ☐ No ☐ Need more information
Preferred service area/city	
Are you open to learning about the needs of different potential residents?	☐ Yes ☐ No ☐ Would like to discuss

3. Experience & Skills

Experience supporting people with intellectual or developmental disabilities	☐ None yet ☐ Personal/family experience ☐ Professional experience
Describe relevant caregiving, healthcare, behavioral support, or community experience	
Relevant training or certifications (e.g., CPR/First Aid, QMAP, as applicable)	
Languages spoken	
Skills, interests, or activities you could share	

4. Household Information

Please list the people who currently live in your household. MTCFCare LLC may need additional details later as part of required screening and home assessment.

Number of people living in the home (including you)	
Other adults in the household (names and relationship)	
Children in the household (ages only at this stage)	
Are all household members aware of and supportive of this possibility?	☐ Yes ☐ No ☐ Need to discuss
Are there pets in the home? If yes, describe	☐ No ☐ Yes:

5. Home Environment

Do you own or rent your home?	☐ Own ☐ Rent ☐ Other:
If renting, are you willing to confirm any required landlord/property approval?	☐ Yes ☐ No ☐ Not applicable
Type of home	☐ House ☐ Apartment ☐ Townhome ☐ Other:
Would a potential resident have a private bedroom?	☐ Yes ☐ No ☐ Unsure
Bathroom access suitable for the needs of a potential resident	☐ Yes ☐ No ☐ Needs assessment
Are there stairs or other accessibility considerations?	☐ No ☐ Yes:
Are there firearms or other potentially hazardous items on the property?	☐ No ☐ Yes ☐ Prefer to discuss securely.
Are you willing to participate in a home safety inspection/assessment?	☐ Yes ☐ No ☐ Need more information

6. Transportation

Do you have a valid driver's license?	☐ Yes ☐ No
Do you have regular access to a vehicle?	☐ Yes ☐ No
Would you be willing and able to transport a resident when required by the approved support plan?	☐ Yes ☐ No ☐ Depends on arrangements
Can you provide proof of appropriate auto insurance if driving is required?	☐ Yes ☐ No ☐ Need guidance
Any transportation limitations you would like us to know about?	

7. Readiness & Screening

☐ I understand that Host Home Provider qualification will require background checks, reference checks, training, and other screening.

☐ I understand that the home and household will need to meet applicable safety, suitability, and regulatory requirements.

☐ I understand that placement depends on individual needs, compatibility, authorization, and applicable approval requirements.

☐ I understand that this application is not a guarantee of approval, employment, a resident placement, or payment.

☐ I agree that MTCFCare LLC may contact me to discuss this application and next steps.

Additional information you would like to share:

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_____

_____

8. Applicant Declaration

I certify that the information I have provided is accurate and complete to the best of my knowledge. I understand that providing false or misleading information may affect consideration of my application. I authorize MTCFCare LLC to contact me regarding this application. Any formal consent for background checks, reference checks, or collection of sensitive information will be handled separately where required.

Applicant signature	
Printed name	
Date	

9. For MTCFCare LLC Use Only

Date application received	
Initial contact completed	☐ Yes ☐ No Date:

Initial screening outcome	☐ Proceed ☐ Follow-up needed ☐ Not proceeding
Follow-up items	
Assigned staff member	

Confidential applicant information — handle and store securely.