

This form is intended to be completed by host and staff prior to the application process to make sure that Host's are eligible to begin the process of onboarding into the program.

Applicant Information

Name (First, Last): _____

Date: _____ DOB: _____ Age: _____

Address: _____

How long have you lived in Central Florida? (Seminole, Orange, Osceola Counties): _____

Preferred Method of Contact: _____ Phone _____ Email _____ U.S. Postal Service Mail

Contact information: 1. _____ 2. _____

1. How did you learn about Host Homes?

____ Youth Referred: Name of youth _____

____ I attended an information session ____ Flyer ____ Social media

____ Friend or Family ____ Professional connection

2. Do you have a spare spaces/room to host a youth? ____ Yes ____ No

3. What county do you live in? ____ Seminole ____ Orange ____ Osceola

4. How many bedrooms are in your home? ____ 1 – 2 ____ 2 – 3 ____ 3 – 4 ____ 4+

5. Do you rent or own? ____ Rent ____ Own

6. Are you the head of household and or leaseholder? ____ Yes ____ No

If not, who is? _____

7. Are you employed? ____ Yes ____ No

If not what is your source of income? ____ SSI ____ Other _____

8. When can you begin hosting?

9. Do you know of anyone else that would like to be a host? ____ Yes ____ No

If yes please provide a name: _____

Contact information: _____

What is your connection: _____

Official Use Only

Eligibility Met: Yes No if, no why? _____

Status: Awaiting response from applicant Send to Director for final approval/

denial Program Manager Approval: Approved Denial