



12. Please list all the members of your household

Name	Age	Relationship

13. Do you own any pets or livestock?    Yes    No    #: \_\_\_\_\_ Explain: \_\_\_\_\_

14. Do you or other members of the household smoke?    Yes    No

15. Please provide information for 3 character references, one of which must not be your relative

Name	Address	Phone	Relationship

16. In your own words, why do you want to be a Host Home Provider?



Return completed application to Heather Curtis, Lead Quality Auditor, [HCurtis@OneVision.org](mailto:HCurtis@OneVision.org)