



**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?**



You can email the completed application to Heather Curtis, Lead Quality Auditor, at [HCurtis@OneVision.org](mailto:HCurtis@OneVision.org) or mail it to P.O. Box 622, Clear Lake, IA 50428. Call 641-355-1248 with any questions.