



Metro Support Services, Inc.
Phone: 720-872-2730

Host Home Provider
REQUIREMENTS & APPLICATION CHECKLIST

Instructions: Please complete the application packet and send it with copies of items listed below to MSS. If more than one person in the household plans to provide unsupervised care to the Client, each person must complete an application packet and provide the information listed below. Please complete one checklist for each application and attach the checklist to the application packet.

The following training certifications are required but additional / others are most encouraged.
All contractual items must be completed prior to the move-in date of the Individual.

Name: _____

Submission Date: _____

PLEASE FILL OUT THE FORM

✓	Contractual Requirements	Location	Frequency	Expires
	MSS Application	Form available on MSS website	One time only	N/A
	(2) Release forms for Professional References	Form available on MSS website	One time only	N/A
	MSS Agency Orientation	Schedule with MSS staff	One time only	N/A
	Social Security Card		One time only	N/A
	Driver's License		At each expiration	
	Auto Insurance		At each expiration	
	Home Owner's / Renter's Insurance		Annually	
	Release for Background Check	Form available on MSS website	Every 18 Months	
	DBA (Trade Name)	Link for Trade Name on MSS website	At each expiration/ Annually	
	Professional Liability Insurance	Link for Insurance App on MSS website	Annually	
	Vehicle Safety Inspection	Form available on MSS website	Annually	
	HUD Inspection	Schedule with MSS staff	Every 18 Months	

(See page 2 for required trainings)

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Name: _____

Submission Date: _____

✓	Training	Location	Frequency	Expires
	Medication Administration (Full Med)	(3-part training): -Relias: “Medication Management for IDD- part 1” -Relias: “Medication Management for IDD- part 2” -Face-to-face Clinical session with agency nurse	One time only	
	Medication Admin Refresher	(2-part training): -Relias: “Medication Management for IDD- part 1” -Relias: “Medication Management for IDD- part 2”	Annually	
	Safety Care-Behavior Intervention (TCI/CAIT, CPI or MANDT also accepted)	Class (2-day class for initial training. 1-day class for ongoing training)	Annually	
	Mistreatment	(2-part training): -Relias: “Abuse & Neglect of Individuals with IDD” -Relias: “Client/Patient Rights”	Every 2 years	
	CPR & First Aid	1-day Class <u>OR</u> online “American Heart Association” certification and face-to-face clinical session with agency nurse	Every 2 years	
	Incident Reporting	(2-part training): -Relias: “Incident Reporting” -Relias: “Writing Effective Incident Reports”	Every 2 years	
	GER Practicum	Therap - Contact MSS staff for instruction <i>*Note: Must take Incident Reporting prior to completing GER Practicum training.</i>	Every 2 years	
	OSHA/ Bloodborne Pathogens	Relias: “Infection Control”	Every 2 years	
	Personal Needs	1-day Class	Every 2 years	
	Epilepsy	Relias: “Healthcare Needs for People with IDD: Seizures”	One time only	
	Person Centered Thinking	Relias: “Person Centered Planning for Individuals with Developmental Disabilities”	One time only	
	Nutrition	Relias: “Nutrition and Exercise Focused Learning”	One time only	
	Other:			