



**Metro Support Services, Inc.**

**Phone: 720-872-2730**

**Host Home Provider  
REQUIREMENTS & APPLICATION CHECKLIST**

**Instructions: Please complete the application packet and send all forms with the copies 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:**

✓	Inservice/Training	Frequency	Issued	Expires
	MSS Application			
	(2) Release forms for Professional References			
	MSS Agency Orientation			
	Mistreatment, Abuse, Neglect and Exploitation (M.A.N.E.)	Annually		
	Incident Reporting			
	Medication Administration (Full Med)	Every 5 Years		
	Medication Admin Refresher	Annually		
	CPR & First Aid	Every 2 Years		
	Behavior Management (TCI/CAIT, Safety, CPI or MANDT)	Annually		
	Epilepsy	Annually		
	Infectious Disease (OSHA)	Annually		
	Personal Needs	Every 2 Years		
	<b>Other:</b>			

✓	Contractual Items	Frequency	Issued	Expires
	Driver's License	At each expiration		
	Social Security Card	Once		
	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 found on MSS website)	At each expiration / Annually		
	Professional Liability Insurance (Link for ins app on MSS website)	Annually		
	Vehicle Safety Inspection (form on MSS website)	Annually		
	HUD Inspection (Completed by MSS staff member)	Every 18 Months		

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