

Host Home and Relief Home Packet





restoring hope

www.werestorehope.com

What is Restoring Hope?

Restoring Hope, LLC is an agency that contracts with the Missouri Department of Mental Health to provide residential services to individuals with developmental disabilities. We also contract with the Children's Division of the Missouri Department of Social Services. We strive to meet the needs of supporting individuals with developmental disabilities in the community by providing a safe, healthy, and wholesome environment through families who desire to build genuine, loving relationships. We believe it is our mission to support those with disabilities by encouraging and assisting them to accomplish health and fitness goals, valued personal goals, and a sense of belonging in their home and community. We provide a supportive atmosphere of love, care, acceptance, dignity, and respect while upholding their right to make their own decisions and choices, be an integral member of the community in which they live, and to be the best that they have the desire to be.

What is a Host Home?

A Host Home is when a family opens their home to take in and care for a child or an adult with a developmental disability. The Host Home program is very similar to the foster home model with added supports, built-in relief time, and more substantial financial compensation. As a Host Home, you will assist the individual in maintaining a healthy, happy, and safe life within the home and community environment.

What do Host Homes do?

Host Homes specifically follow the individualized support plan for the individual they are supporting. The actual level of support, supervision, and assistance varies. During the matching process, the needs and preferences of both the host family and the individual are considered to ensure a successful placement.

What is a Relief Home?

Each host home is allocated between 4-10 days each month when the individual they support goes to a Relief Home. A Relief Home might not have an individual with developmental disabilities living full-time in their home, but will support those individuals whenever the Host Home utilizes its relief days. One of the advantages to becoming a Relief Home is the flexibility it offers by allowing families to do as much or as little relief work as they wish each month. Many Host Homes begin doing relief work until they receive a full-time placement in their home because it enables them to get to know the individuals supported by our agency, as well as provide extra income until they receive a full-time placement.

Who can be a Host Home or Relief Home?

There is no standard profile for who can become a host home or relief home. Every home has varying backgrounds and unique experiences that bring them to Restoring Hope. They may be stay-at-home moms or dads, retirees desiring additional income, empty-nesters looking for a way to still make a difference, or professionals in the human services field with experience caring for individuals with disabilities. Often applicants express the desire to do something fulfilling or meaningful in their lives. There are no limitations in regards to sex, age, religion, relationship preference, or ethnic backgrounds. Each Host Home or Relief Home brings a unique option for teams to consider when pairing individuals with these families.

How do I get started?

If you are interest in gaining additional information or partnering with Restoring Hope, please contact us (417) 255-8781 or info@werestorehope.com.

Becoming a Contractor with Restoring Hope

Please note that Restoring Hope contracts with all of its Host Home and Relief Home Providers. If you wish to become a Host Home or Relief Home LLC (Limited Liability Company), as a courtesy, Restoring Hope will arrange and pay for filing fees for you to become one, and you will receive an EIN (Employer Identification Number.) You will also sign a contractor's agreement with Restoring Hope, LLC.

If you decide to contract with Restoring Hope, you may choose the name of your LLC, or if you do not choose a name, we will use your last name. For example, if your name is Jane Doe, your company name would be Doe Lifecare Services, LLC, then every pay period (once a month) you will receive a direct deposit into your company's LLC bank account. Since you are a contractor and not an employee, Restoring Hope will not take any taxes out of your compensation, but you will be responsible for filing your own taxes, if any, with the IRS, and will receive a 1099 form at the end of each year.

As soon as you receive your EIN and your LLC documentation folder, you should open your LLC bank account. One great advantage to becoming an LLC, is that you may be able to take many more deductions on your taxes than if you were an employee. Your Tax preparer can answer other questions you may have about the advantages of an LLC.

Please Note

Prior to taking any trainings and before your Contractor's Application is processed, you will need to speak with Tara Kempf, the Host Home Coordinator. Tara can answer many of your questions regarding the requirements to become a Host Home or Relief Home provider with Restoring Hope, and help you navigate through the initial documentation and trainings that are required.

Please feel free to contact Tara at any time before you complete your application, at 417-337-1643.



Tara Kempf
Host Home & Placement Coordinator



P: 417.255.8781 | **F:** 417.256.2063
M: 417.337.1643 | **W:** werestorehope.com
306 Davis Dr. Suite 200, West Plains, MO 65775

Restoring hope one relationship at a time.

**PLEASE COMPLETE ALL FIELDS OF ENTIRE PACKET. IF THERE IS NO ANSWER, PUT N/A.
NO FIELDS SHOULD BE LEFT BLANK.**

Contractor's Application

Because English is the language spoken and understood by the developmentally disabled individuals supported by Restoring Hope, LLC, all persons applying to become direct care support providers with our agency must be able to speak fluent, conversational English, not only to effectively communicate with the individuals in their care, but also for the safety and welfare of our consumers. English language fluency is also required to communicate effectively with support team members and for daily DMH-required documentation.

Application Form

Contractor's Information

Full Name: _____ Date: _____
Last First M.I.

Any Aliases or
Other Names Used: _____

Address: _____
Street Address Apartment/Unit #

City County State ZIP Code

Phone: _____ Email: _____

Birth Date: _____ Social Security Number: _____

Position(s) Applied
for: _____ **Host Home** **Relief Home**

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you been convicted of a felony or
misdemeanor? YES NO If yes, when? _____

Have you ever been investigated by
DMH? YES NO If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three character references:

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Employment History

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

To the best of my knowledge, the information contained in the application is complete and accurate. I understand providing false information is grounds for termination of contract. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, contract work, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my volunteering. I authorize any employer and all Contractors, including RESTORING HOPE, LLC, to request and/or receive such information.

If hired, I agree to adhere to the state regulations while working with individuals with developmental disabilities. I understand that my contract may be terminated at any time, with or without cause, and with or without prior notice.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISION

Signature

Date

Agency Representative

Date

Please note that anyone over the age of 18 who resides in your home OR is a frequent visitor in your home, **MUST** complete the following, **BEFORE** they come in contact with a consumer.

1. FCSR (background check)
2. Abuse & Neglect Training (found on Restoring Hope website)
3. Confidentiality Agreement
4. Confidentiality Quiz
5. Consumer Rights Agreement

Also, your spouse, family members, or friends who live in your home and who are over the age of 18, who might provide any direct care support (even for a short period of time) must also complete and submit **ALL** of the same documentation on the preceding pages that is required by the primary caregiver, including First Aid/CPR training, in addition to the above.

Please sign and date below and return this page with the rest of your application.

I, (print name) _____, understand the requirements listed above and agree to provide the requested documentation of proof of training as required by the Missouri Department of Mental Health. I will also notify Restoring Hope **BEFORE**, any individual, other than those already listed in my Home Study, comes to live in my house.

Signature

Date

Confidentiality Agreement

I recognize and acknowledge that the services Restoring Hope, LLC provides to its consumers are confidential to enable Restoring Hope, LLC to perform those services, consumers furnish confidential protected health information to the agency.

I, by reason of my work, volunteer activities, or by my presence with my employer, may come into possession of protected health information concerning the services performed by Restoring Hope, LLC for its consumers, even though I may not take any direct part in or furnish the services performed for those consumers. I agree that I will not at any time during or after my access to these records containing protected health information, disclose (which could mean giving someone records, or talking with someone) any such provided services or protected health information to any person or entity whatsoever, or other privileged information prepared that is not needed for consumer treatment, payment, or health care operations of Restoring Hope, LLC. I understand that the use or disclosure of such information may give rise to injury to the consumer and may violate state and federal confidentiality provisions.

I recognize and acknowledge that although the information contained in the consumer's file with Restoring Hope, LLC can only be disclosed by the consumer or his/her legal guardian, that the file and protected health information is the property of Restoring Hope, LLC, that no original records or portions of a consumer's file and protected health information shall be removed for any reason, and that I will keep no negatives, use no microfilm, or keep or sell any photocopies of computer discs to any second parties.

I acknowledge that in receiving, storing, processing or otherwise dealing with any consumer protected health information from Restoring Hope, LLC, I am bound by any HIPAA federal regulations that apply, FERPA, by 42 CFR Part 2 et seq., "Confidentiality of Alcohol and Drug Abuse Patient Records", and by any other Missouri state law or other federal law that is applicable.

I, _____, (PRINT NAME), have read all of the above sections of this agreement, and I fully understand and shall comply with them. I understand that failure to comply may lead to sanctions for me and/or my employer.

Signature

Date

CONSUMER RIGHTS AGREEMENT

Missouri Department of Mental Health

THE CONSUMER SHALL BE ENTITLED TO THE FOLLOWING RIGHTS WITHOUT LIMITATION

- Due Process
- To have humane care and treatment, to the extent that the facilities, equipment, and personnel are available for medical care and treatment in accordance with the highest standards accepted in medical practice
- To have safe and clean housing
- To attend religious services
- To receive prompt evaluation and care, treatment, habitation, or rehabilitation
- To be treated with respect
- To be the subject of an experiment only with the consumer's consent or the consent of the person legally authorized to act for the consumer
- To have the consumer's private doctor examine the consumer at his/her own expense
- To be evaluated and cared for in the least restrictive environment
- To refuse hazardous treatment or surgery unless ordered by a court
- To request and have a second opinion before hazardous treatment or irreversible surgery, except in emergencies
- To have nourishing, well-balanced meals
- To not work unless it is a part of his/her treatment, rehabilitation, or habilitation
- To be free from verbal or physical abuse
- To have his/her records kept confidential
- To correspond by sealed mail with officials of DMH, his/her lawyer, or a court
- Unless otherwise stated by law, to have the same legal rights and responsibilities as any other citizen
- To receive an impartial review of alleged violations of the rights listed above and any also otherwise assured under law

THE CONSUMER IS ALSO ENTITLED TO THE FOLLOWING RIGHTS,
WHICH MAY BE LIMITED:

- To wear his/her own clothes and to keep and use his/her personal possessions
- To keep and spend a reasonable amount of their own money
- To receive visitors of their own choosing at reasonable times
- To have access to their medical and service records
- To use a telephone both to make and receive confidential calls
- To exercise physically and be able to pursue outdoor recreation
- To have access to current newspapers, magazines, and television programs

I have read and I understand the Resident (Consumer) Rights. Furthermore, I agree to uphold the Rights of each individual, including each Resident (Consumer) Right to Confidentiality.

Signature

Date

Family Care Safety Registry Authorization

I, _____ (Please Print Name), hereby authorize a representative from Restoring Hope, LLC, to use the following information to complete the Family Care Service Registry on my behalf. I also understand that Restoring Hope, LLC, will only use the following information for the sole purpose of this Registry. The following information includes:

- Full Name _____
- Date of Birth _____
- Current Street Address _____
- City _____
- County _____
- State _____
- Zip _____
- Social Security Number _____
- Telephone Number _____
- Email Address (required) _____

Signature

Date

Agency Representative

Date

Non-Criminal statement

I, (Print Name) _____, state that as of the date of signing this form I have no convictions of, or a plea of, guilty to a misdemeanor or felony charge and/or suspended imposition of sentence, and/or suspended execution of sentence for any period of probation or parole; as well as no disqualifications on the MO Department of Health and Senior Service Family Care Registry. If any misdemeanors or felonies, please explain below. I understand that failure to disclose any of the above information will result in sanctions for me and my employer.

Signature

Date

Water and Fire Department Coverage

Please check all that applies to you, then sign and date below.

WATER:

I live within the city limits and use city water.

I live outside the city and use rural water.

I live outside the city limits and use well water.

(Please attach well water test.)

FIRE DEPARTMENT COVERAGE:

I live within the city limits and fire coverage is provided at no charge.

I live outside the city and my county taxes pay fire department coverage.

I live outside the city limits and I pay the fire department for coverage annually.

(Please attach a cancelled check to the fire department or a receipt from the fire department with your address and the name of the fire department on the receipt.)

Signature

Date

Agency Representative

Date

These are the documents you will need to send to us *AFTER* you submit your application.

- Driver's License
- Social Security Card
- Proof of Auto Insurance
- High School or College Diploma, Transcripts with graduation date, or GED
- Three letters of personal character reference (phone number included)
- Copy of Well Water Test Results (if applicable)
- Proof of Fire Department Coverage
 - If you reside in a rural area, please submit proof of volunteer fire department membership, copy of a paid dues receipt, or proof that the residence will be responded to in the event of a fire or 911 emergency.
- Homeowner/Renters Insurance
- Lease Agreement (only applies to those who rent)

As a Host Home or Relief Home Provider, you will be scheduled for a home inspection by a Program Manager from Restoring Hope, LLC. Please ensure your residence is established with the following:

- Fire Extinguisher (near the kitchen)
- Fire Ladder (if consumer's bedroom will be on the upper level floor)
- Smoke Detector (on every level and near every bedroom where a consumer might sleep)
- Carbon Monoxide Detector (on every level, with the exception of all electric homes without an attached garage)
- Secure Area to keep a locked medication box

You will also need to complete the following classes:

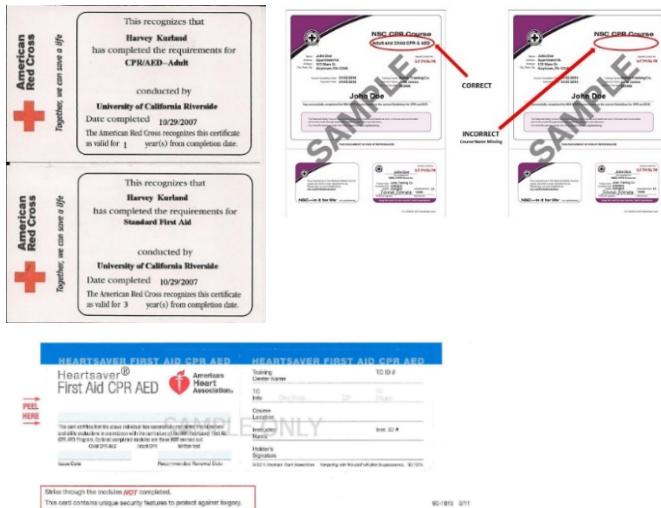
- First Aid/CPR
- Medication Administration Certification
- MANDT
- Abuse & Neglect (online)
- Positive Behavior Supports (online)
- HCBS (online)
- Tools of Choice (optional)

First Aid / CPR Policy & Procedure

9 CSR 40 -3.135(29)

Caregivers shall be trained in the use of cardiopulmonary resuscitation (CPR) and first aid so that at least one (1) person with these skills is on duty at all times. The training and periodic review shall be in accordance with the guidelines of the **approved agencies below**.

Examples of certificates accepted by DMH:



List of DMH Approved Agencies:

- Curriculum Competency Base
- American Heart Association
- American Red Cross
- HHCH Training – Blue Springs
- American Safety and Health Institute (ASHI)
- Health and Safety Institute (HIS)
- Emergency Response Training (EMS Safety)
- Emergency Care and Safety Institute (ESCI)
- Southwest Baptist University
- Ozark Foothills Industrial Medicine Clinic
- National Safety Council
- American CPR Training
- American Trauma Event Management
- STL Accredited CPR Services
- Nations Best CPR
- Life Savers Inc.

Examples of certificates NOT accepted by DMH:



NationalCPRFoundation™



DMH **does not** accept caregivers to be trained in the online portion of CPR/First Aid only. All online training certificates must be taken to an accredited trainer and/or hospital to complete the skills check off list. Once the skills check off is completed you will then receive your CPR/First Aid card or ecard that can be verified through DMH.

BLS (Basic Life Support) certification **will not** be accepted by DMH unless you are a healthcare provider such as NURSE (RN or LPN), Doctor, EMT, Paramedic, etc. If you are a healthcare provider, you will have to show proof.

*****Failure to use approved instructors and/or approved certifications could result in contractors/LLC employees retaking the courses.*****

COST OF FIRST AID/CPR AND MEDICATION ADMINISTRATION LEVEL 1 TRAININGS

Please note that Restoring Hope **DOES NOT** pay for your initial First Aid/CPR or Medication Administration Level 1 Trainings, and you will be responsible for paying for those trainings. For your convenience, if you prefer, Restoring Hope will pay the trainers and then deduct the cost of these trainings out of your initial compensation if you use one of our recommended trainers. Once you have worked for the agency over 90 days, Restoring Hope will pay for your First Aid/CPR and Medication Administration recertification trainings. These trainings are good for two years and will need to be kept in good standing while you are an active caregiver. Once you return your completed application, you will be sent a list of training resources in your region. **In the event you do not pass any of these trainings, you will still be responsible for paying the trainer any incurred costs.**

MANDT TRAINING

Mandt is a behavioral training required by DMH, to be recertified annually. Restoring Hope provides Mandt at no cost to you. We will notify you of training dates after we have received your completed application. **If you chose to use an outside agency to complete your Mandt training, you will be responsible for any incurred costs.**

Tools of Choice

(Optional)

Tools of Choice is not required but is highly recommended as an additional training by DMH and Restoring Hope. It is a 15-hour educational and interactive course consistent with the research and principals of Applied Behavior Analysis and Positive Behavior Supports and is presented in an engaging and straightforward way. Trainers provide real-life examples of their skills use and break down the principles behind the strategies. The “Tools” are highly effective, and many participants return with stories of their successful skill practice with their individual. It is a free training and does not require recertification. When it is offered by the Regional Office in the future, you will be notified in the event you wish to enroll.

Acceptance and Authorization

The undersigned does hereby accept a Limited Liability Company (LLC), which was prepared as an option available to the undersigned, but the undersigned is under no obligation to accept the LLC and regardless of acceptance or rejection, the undersigned owes no attorney fees or filing fees as these fees have been paid by a third party. The undersigned further acknowledges that the LLC is not an asset of the undersigned unless or until the undersigned accepts the LLC by signing hereunder and tendering this document to the third party's attorney, Lyndell N. Beard of the Beard Law Firm, LLC, P.O. Box 903, West Plains, MO 65775.

Furthermore, the undersigned does authorize that an employer identification number (EIN) must be obtained for the LLC provided that said EIN be connected to the LLC with the LLC treated by the Internal Revenue Services (IRS) as a disregarded entity.

Signature

Date

Print Name

Social Security Number

Phone Number

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above <p style="text-align: center;">Lifecare Services, LLC</p>	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number				
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or				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.