



# HOST HOME CERTIFICATION REQUIREMENTS

Version date: June 2026

## **To be completed by administrative staff, not the host home family.**

1. The income for a host home family is not the only income coming into the home by those providing the services.
  - a. If the host home income is the only income then all of the following must be true:
    - 1) The host home placement was in place prior to 7/1/2026 or this is a 24/7 placement (without day program, school, or employment); and
    - 2) The person's choices are being honored (free from coercion, full choice).

Explain:

2. Name and ages of the host parent(s) (must be 21 years or older)
  
  
  
  
  
  
  
  
  
  
3. Name and ages of all other household members
  
  
  
  
  
  
  
  
  
  
4. Do all individuals over the age of 12 have a completed background screening application and found eligible in DACS through the Office of Licensing?  

Yes	No
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5. Are there visitors to the host home family who would be left unsupervised with the individual in services?  

Yes	No
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If so, have they completed a background screening application and been found eligible in DACS?

Yes	No
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## **CHECKLIST - Each item needs to be in safe, working condition:**

### **Physical environment**

- Exterior of the home is safe and free of debris
- Entry into the home is safe and free of health and safety hazards
- Interior of the home is clean, maintained, and free of health and safety hazards
- At least one functioning smoke detector on each level of the home
- Functioning carbon monoxide detector on each level of the home
- Fire extinguisher in an accessible location
- Accessible phone to dial 911
- Fully stocked first aid kit
- Emergency phone numbers are accessible
- Proper equipment to exit the home in an emergency situation (ie: emergency ladders for upper or lower floors, evacuation aids for limited mobility, etc.)
- Hazardous chemicals are properly marked and safely stored
- Flammables are stored properly and safely
- Medications are stored properly for family members
- Medications are stored properly for individual(s) in service
- Bathroom doors lock from the inside
- The individual(s) bedroom door locks from the inside
- All appliances function properly
- HVAC systems function properly in all areas accessed by the individual
- All plumbing functions properly and water temperature must be maintained at a safe level that prevents injury or discomfort
- All electrical systems function properly and present no undue risks (e.g. no exposed wiring)
- Bedroom(s) has adequate living space and privacy
- Individual(s) has needed furnishings and adequate linens
- Individual(s) can personalize and decorate their space as they choose
- Individual(s) has a secure place for personal belongings
- Environment meets the individual(s) needs for independence (ramps, railing, grab bars, etc)
- If remote supports are used at the residence it is in accordance with Utah Administrative Rule 539-3

### **Individual and their service needs**

- The individual(s) receives the support needed to maintain their health, including transportation to medical appointments
- Adaptive equipment is in working condition
- The individual(s) has access to their funds
- Individual(s) can have visitors when they choose
- Individual(s) has access to food at all times
- Individual(s) can come and go freely
- If applicable, are approved human rights restrictions being implemented as approved? (Attach a copy of HR restrictions.)
- A copy of the individual(s) PCSP and other pertinent information is available to the host family and training has been completed according to contract requirements
- Medication logs are up to date

Room and board agreement (DSPD guidance) on setting room and board)

The host family is aware of supports available from the provider agency and how to access them (e.g. respite, crisis management, behavior support guidance)

**List any findings, how they will be resolved, and by when:**

By signing this form, I attest that the home was inspected and findings have been resolved with the Host Home Family, the individual, and their guardian, if applicable.

Representative of (Company) and Title

Date