



lovli life

Cherished Host Homes Application

Thank you for your interest in opening your heart and home to support mothers in need through the Cherished Host Homes program. This application will help us understand your family, home environment, and readiness to serve as a host home.

Application Information

Date of Application: _____

Section 1: Primary Contact Information

Primary Applicant Name: _____

Date of Birth: _____ Age: _____

Co-Applicant Name (if applicable): _____

Date of Birth: _____ Age: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Primary Phone: _____

Email Address: _____

Preferred Method of Contact: Phone Email Text

Marital Status: Single Married Divorced Widowed Other: _____

How long have you lived at your current address? _____

Section 2: Household Composition

How many people currently live in your home? _____

Please list all household members:

Name	Age	Relationship	Occupation/School

Are there any pets in the home? Yes No

If yes, please describe (type, breed, temperament):

Section 3: Home Environment

Type of Residence: Single Family Townhouse Apartment Other: _____

Do you own or rent your home? Own Rent

If renting, does your landlord permit additional occupants? Yes No

Total number of bedrooms in home: _____

Total number of bathrooms in home: _____

Will the mother have her own private bedroom? Yes No

Will the mother have access to a private or shared bathroom?

Private Shared

Does your home have:

- Smoke detectors (working)
- Carbon monoxide detectors
- Fire extinguisher
- First aid kit
- Safe sleeping space for infant (if applicable)
- Adequate heating and cooling
- Laundry facilities (in-home or nearby)
- Reliable transportation available

Is your home accessible for individuals with mobility limitations?

Yes No Partially

Please describe your neighborhood and community (safety, access to resources, etc.):

Section 4: Employment and Financial Stability

Primary Applicant Employer: _____

Occupation: _____

Work Schedule (hours/days): _____

Co-Applicant Employer (if applicable): _____

Occupation: _____

Work Schedule (hours/days): _____

Are you able to provide financially for an additional person in your home? Yes No

Will you require financial assistance or reimbursement for hosting?
 Yes No

Section 5: Motivation and Experience

Why do you want to become a Cherished Host Home?

Have you or anyone in your household had previous experience caring for mothers, infants, or children? Yes No

If yes, please describe:

Have you or your household members volunteered with nonprofit organizations or ministries? Yes No

If yes, please describe:

What qualities, skills, or resources do you feel you can offer to a mother in need?

Section 6: Faith and Values

Do you attend a church or faith community? Yes No

If yes, please provide name and location:

Pastor/Leader Name: _____

How long have you been attending? _____

Please briefly describe your faith and how it influences your desire to serve:

Are you comfortable welcoming a mother from a different faith background or belief system? Yes No

Section 7: Expectations and Commitment

What is your availability to host a mother?

Immediately Within 1-3 months Within 3-6 months

How long are you willing to host a mother?

3-6 months 6-12 months Up to 18 months Other: _____

Are you willing to host a mother with an infant?

Yes No Prefer to discuss

Are there any specific circumstances or needs you feel particularly equipped to support?

Are there any circumstances you would not be comfortable hosting? (e.g., substance abuse history, mental health concerns, specific age ranges)

How do you envision supporting a mother living in your home? (e.g., meals, transportation, emotional support, life skills mentoring)

Section 8: Background and Safety

All household members age 18 and over must consent to background checks. Do you agree to this requirement? Yes No

Have you or any adult household member ever been convicted of a crime? Yes No

If yes, please explain:

Have you or any adult household member ever been involved with Child Protective Services or had a child removed from your care?

Yes No

If yes, please explain:

Are you and all adult household members willing to complete required training before hosting? Yes No

Section 9: References

Please provide three references (not relatives) who can speak to your character, stability, and ability to care for others.

Reference 1:

Name: _____

Relationship: _____

Phone: _____

Email: _____

How long have you known this person? _____

Reference 2:

Name: _____

Relationship: _____

Phone: _____

Email: _____

How long have you known this person? _____

Reference 3:

Name: _____

Relationship: _____

Phone: _____

Email: _____

How long have you known this person? _____

Section 10: Additional Information

Is there anything else you would like us to know about you, your family, or your home?

Do you have any questions for us about the Cherished Host Homes program?

Applicant Agreement and Signature

By signing below, I/we affirm that the information provided in this application is true and complete to the best of my/our knowledge. I/we understand that:

- Cherished Host Homes staff will review this application and may contact us for additional information.
- A home visit will be required as part of the approval process.
- Background checks will be conducted on all household members aged 18 and over.
- Completion of training is required before hosting.
- Approval as a host home does not guarantee immediate placement.
- We may be asked to provide additional documentation during the approval process.

I/we are committed to providing a safe, supportive, and welcoming home environment for mothers in need, in accordance with the mission and values of Cherished Host Homes and LovLi.Life.

Primary Applicant Signature: _____

Date: _____

Co-Applicant Signature (if applicable): _____

Date: _____

For Office Use Only

Application Received: _____ **Received By:** _____

Initial Review Completed: _____ **Reviewed By:** _____

Home Visit Scheduled: _____ **Completed:** _____

Background Checks Completed: _____

Status: Clear Pending Issue

Training Completed: _____

Approval Status: Approved Conditional Approval Denied Pending

Approved By: _____ **Date:** _____

Notes:

Contact Information

Cherished Host Homes Program

A Program of LovLi.Life

 **Phone:** 443-267-4120

 **Email:** info@lovlilife.org

 **Website:** lovlilife.org

Mailing Address:

704 Long Bar Harbor Road

Abingdon, Maryland 21009

EIN: 99-1282228

Thank you for your interest in becoming a Cherished Host Home.

Your willingness to serve mothers in need reflects the heart of our mission: Serving Women, Offering Hope, and Saving Lives.

For questions about this application or the host home process, please contact us using the information above.