



# SHAREFire HOME PROVIDER SIGN UP FORM

THIS FORM IDENTIFIES YOUR PERTINENT INFORMATION TO HELP US DETERMINE YOUR AVAILABILITY TO OFFER EMERGENCY, TEMPORARY HOUSING DURING AN EMERGENCY / DISASTER / EVACUTATION SITUATION THROUGHOUT SONOMA COUNTY.

## RETURN COMPLETED FORM TO SHARE SONOMA COUNTY BY ANY OF THE FOLLOWING

- VIA MAIL / DROP OFF LOCATION: 411 Russell Avenue, Santa Rosa, CA 95403
- VIA FAX: 707-766-8899
- PHONE INTERVIEW: 707-766-8800
- EMAIL: INFO@SHAREFIRE.ORG

## CONTACT INFORMATION

Primary Name / Spouse or Partner		
Primary DOB / Spouse DOB		
Primary Cell / Spouse Cell		
Primary Email / Spouse Email		
Street Address		
City, ST, ZIP Code		

\*NOTE: Background conducted only for those seeking housing

## DESCRIBE YOUR HOUSEHOLD

How many adults? \_\_\_\_\_ Children (Under 18):  Yes  No If yes, how many? \_\_\_\_\_  
 Ages of Child(ren) \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

## COMPLETE ALL THAT APPLY

<p>Length of Time to House Fire Victim(s)          Month(s): # _____ (Minimum 1 month)</p> <p>Would You Consider Long Term Placement?  <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, how long? _____ months</p> <p>Will You Accept a Family? <input type="checkbox"/> Yes <input type="checkbox"/> No          Maximum # of Persons You Can House:          # _____</p>	<p>Will You Accept Children?: <input type="checkbox"/> Yes <input type="checkbox"/> No          Age Preference or Range: _____</p> <p>Will You Accept Pets: <input type="checkbox"/> Yes <input type="checkbox"/> No          Cat(s): <input type="checkbox"/> Yes <input type="checkbox"/> No          Dogs: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Accept a Tobacco Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No          A Marijuana Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Accept Someone Who Socially Drinks          Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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## DESCRIPTION OF AVAILABLE ROOM(S) IN YOUR HOME

<p>Describe available housing (# Rooms, separate unit, unoccupied home, etc.):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Bathroom Private or Shared? (Circle One)</p>	<p>Would you consider renting out this housing for a long-term home share? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, What would you charge per room:          \$ _____/month</p> <p>Monthly amount for all utilities: \$ _____</p> <p>Refundable Security Deposit: \$ _____</p>
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# SHAREFire HOME PROVIDER INQUIRY FORM

THIS FORM IDENTIFIES YOUR PERTINENT INFORMATION TO HELP US DETERMINE YOUR AVAILABILITY TO OFFER EMERGENCY, TEMPORARY HOUSING DURING AN EMERGENCY / DISASTER / EVACUATION SITUATION THROUGHOUT SONOMA COUNTY.

## GENERAL INFORMATION

Pet(s):  Yes  No Type of Pets: \_\_\_\_\_

Is your housing near a bus station? :  Yes  No If yes, how far a walk? \_\_\_\_\_

History of Alcohol Abuse:  Yes  No If yes, are you clean and sober, now?  Yes  No

History of Drug Abuse:  Yes  No If yes, are you clean and sober, now?  Yes  No

Conviction of Crime:  Yes  No On Parole:  Yes  No Describe: \_\_\_\_\_

List Any Medical and/or Behavioral Health Diagnosis: \_\_\_\_\_

## SIGNATURE

I understand that this is an inquiry to participate in the SHARE Sonoma County Home Share Program. That this information will help determine my eligibility for placement. Any false statements or omissions made by me may result in my ineligibility to participate in the SHARE Sonoma County SHAREFire Emergency Placement Home Share Program.

Signature	
Name (Please Print)	
Date	

Note: If conducted via telephone, SHARE volunteer should print his / her name and complete date of interview

SHARE will contact you at the time of an emergency to determine if you can provide safe, emergency housing and begin the temporary, emergency matching process for you and your home.

~THANK YOU FOR BECOMING A PROVIDER IN CASE OF EMERGENCY~

Funding for this outreach provided by:  
Sonoma County Vintners Foundation

