

COMMUNITY SUPPORT NETWORK (CSN)
15306 24Ave
Surrey, BC V4A 2J1
Tel: 604-536-1242 ext 233
Email: csn@shsbc.ca



APPLICATION TO PROVIDE HOME SHARE

Applicant A

The following personal information is required in order to facilitate a successful matching process between the person requiring support and the Home Share provider

Name of Applicant A		Date of Birth (yy/mm/dd)		Languages Spoken		Email Address:	
Home Telephone	Work Telephone	Cell Number	Driver's Class	Driver's License #	Driver's Abstract Attached? Yes No		
Address/Street				City		Postal Code	

Applicant B (Co-Applicant)

Name of Applicant A		Date of Birth (yy/mm/dd)		Languages Spoken		Email Address:	
Home Telephone	Work Telephone	Cell Number	Driver's License		Driver's Abstract Attached? Yes No		
Address/Street				City		Postal Code	

Relationship of Applicants to each other	
() Common law	() Married
() Siblings	() Other _____

****Please note that if applicable, any partner living at the home (eg. Spouse, common-law, significant other) should complete the "Co-Applicant" area of this application**

How did you hear about the Home Share Program and what made you interested in providing in-home support to an adult with a developmental disability?

How many people are living at home with you?
Please list their name(s) and age(s), and their relation to you, the Applicant

Name	Age	Relation (son, daughter, mother, father, sibling, foster child, etc)

Are there any pets in the home? () Yes () No
Please specify type/breed/age:

Have you taken Mandt training?

Applicant A	Applicant B
() Yes () No	() Yes () No
If yes, when and where _____	If yes, when and where _____

Education & Experience Please attach resume if available

Applicant A	
Education completed	
Special training	
Previous experience & skills relating to supporting a person with a developmental disability	Date of recent 1 st Aid Certificate

	If no, willing to attain?

Applicant B	
Education completed	
Special training	
Previous experience & skills relating to supporting a person with a developmental disability	Date of recent 1 st Aid Certificate

	If no, willing to attain?

Employment

Applicant A		
Present Employer	Length in present employment	() Part time () Full time
Position and Duties		

Applicant B		
Present Employer	Length in present employment	() Part time () Full time
Position and Duties		

Family Information

Are you able to provide Home Share Support on short notice? () Yes () No

Have you ever provided support as a Home Share/Respite Provider with another agency? () Yes () No

If yes, which agency? _____

Have you been screened by another agency to provide Home Share?

() Yes () No

If yes, which agency? _____

Have you been terminated by another agency? () Yes () No

If yes, which agency and why? _____

Are you currently a Foster parent? () Yes () No

If so, how many foster children are in the home: _____

What are their ages: _____, _____, _____, _____

Have you ever been a Foster parent? () Yes () No

Which years? _____

Where? _____

Criminal Record: Have you or anyone in your household ever been convicted of or investigated for a criminal offence? Please describe

Please indicate the degree of disability you are able to provide for:

Developmental Disability	Behavioural Challenges	Individual Requiring Personal Care	Multiple Disabilities	Medically Sensitive
() Mild	() Mild	() Mild	() Mild	() Mild
() Moderate	() Moderate	() Moderate	() Moderate	() Moderate
() Severe	() Severe	() Severe	() Severe	() Severe

Would you be prepared to provide Home Share Support to more than one individual?

() Yes () No

Who will be the primary support provider?

Please give a brief statement as to why would you like to provide support to a person with a developmental disability?

Please comment.

What are some things you would consider when supporting people in the community?

Home and Community Information

What type of home do you live in (eg. Apartment, basement suite, 2 level house)? Briefly describe the layout of the house including the number of bedrooms and bathrooms.

Please describe the proposed sleeping arrangements for person requiring Home Share

Is your home wheelchair accessible? () Yes () No () Partially (please explain)

Does anyone in the home smoke? () Yes () Cigarettes () Marijuana () No

If so, is there smoking in the home? () Yes () No

If you are a non-smoker, how would you feel about living with someone who smokes?

Do you own your home or rent? Will providing Home Share conflict with any rental or strata by-laws? If applicable, have you checked out any agreements?

How long have you lived in this neighbourhood? What made you choose this neighbourhood to live in?

Describe your neighbourhood – include schools, parks, community centers, shopping facilities, public transportation, places of worship, medical buildings, etc

References Please list names and full mailing addresses (including postal code) of four persons, including one relative. These persons must know you well enough to answer questions about your family. We will send them a letter with reference questions.

Name	Telephone	Relationship
Mailing Address (Street, City, Province)	Postal Code	Email Address:

Name	Telephone	Relationship
Mailing Address (Street, City, Province)	Postal Code	Email Address:

Name	Telephone	Relationship
Mailing Address (Street, City, Province)	Postal Code	Email Address:

Name	Telephone	Relationship
Mailing Address (Street, City, Province)	Postal Code	Email Address:

If you are currently employed, may we contact your present employer for a reference?

()Yes()No

Contact Person: _____

Phone Number: _____

Address: _____

I/We declare that the information contained in the application is true to the best of my/our knowledge and believe that I/We have not omitted information requested.

And I/We understand that the information provided to the questions above is required to ensure that I/We am/are qualified applicant caregiver(s) and that any false statement will invalidate the application or status of our home as a Home Share Provider.

Name of Applicant A

Signature

Date

Name of Applicant B

Signature

Date

Caregiver Ability Checklist

Please **accurately** describe your experiences and level of ability with the following skills, tasks and knowledge. **WE REQUIRE THAT THIS FORM BE FULLY COMPLETED.** Please check NME (Need More Experience) where applicable.

Please check the appropriate box		Need more experience	Competent	Very Proficient
1.	Report writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Incident reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Computer skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Sign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Administering medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Diabetes management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Seizure management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Banking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Public Transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Providing personal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Performing lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Cooking / Healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Support for aging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to offer assistance with:		Need more experience	Competent	Very Proficient
15.	Doing laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Cleaning a bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Cleaning a kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Vacuuming and dusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Using a dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Financial record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Medical Appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Five tasty, nutritionally balanced dinners that I know how to cook are:	
1.	
2.	
3.	
4.	
5.	

Teamwork

Please check the appropriate box		Need more experience	Competent	Very Proficient
	Communication with individual's parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communication with health care professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Planning activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Food Safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Universal precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Conflict resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Taking initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motivating others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Non-violent intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Role modeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stress management for you and your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supporting someone in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions with a brief response of your experience:

	Knowledge/Course about aggressive behavior
	Knowledge/course about behaviour principles
	Knowledge/course about developmental disabilities
	Knowledge/course about learning challenges
	Knowledge/course about mental illness
	Knowledge/course about physical challenges

Please answer the following questions in paragraph form. Each of your answers needs to contain at least six sentences. PLEASE PRINT.

What other skills will you bring to this job?

What appeals to you about working in this field?

What is your philosophy of Community Living for individuals who have a developmental disability?

Additional comments:

Name of Applicant: _____

Signature: _____

Date: _____

Name of Co-Applicant: _____

Signature: _____

Date: _____