



Home Sharing Application

APPLICATIONS ARE REQUIRED TO BE COMPLETED IN YOUR OWN HANDWRITING
All sections of this application must be completed. Failure to do so may result in your application not being considered. In cases where you and your spouse are applying, each of you needs to complete an application.

DO NOT COMPLETE ANY SECTION WITH: "SEE RESUME."

IT IS A REQUIREMENT OF THE COMMUNITY CARE AND ASSISTED LIVING ACT THAT INDIVIDUALS CONTRACTED TO PROVIDE SERVICE BE 19 YEARS OF AGE OR OLDER.

(Surname) (First Name) (Initial)

(Mailing Address) (City) (Province) (Postal Code)

Contact Information: Home: _____ Cell: _____ Email: _____

Do you own or rent your home? _____ If renting, have you discussed Home Sharing with your landlord and are they supportive of you providing Home Sharing? _____

What does the term "home sharing provider" mean to you? _____

What does the term "people who have developmental disabilities" mean to you? _____

What made you interested in our Home Sharing program? _____

Where did you hear about the Home Sharing Program? _____

Why are you interested in bringing a person who has a developmental disability into your home/or going into someone else's home? _____

What would you like us to know about you and your family that would impact considering your application as a future Home Sharing Provider? (Tell us about yourself)

Are there pets in the home? If so please provide details (type, breed, age, and disposition).

How flexible are you in regard to your lifestyle in respect to providing Home Sharing Support, i.e. church services, sporting activities and other family events.

How open are you to further training? If so, what further education or training do you feel would be beneficial in providing this type of care?

Do you see any major or minor lifestyle change(s) you may have to do as a result of taking on this responsibility? _____

How many people in your family would be residing with you?

Please list in order of age.

Relationship to Applicant

- Siblings Married
- Common law
- Other _____

Please indicate the level of care you feel you are experienced to provide for:

| Developmental Disability | Behavioral Challenges | Personal Care | Multiple Disabilities | Medically Sensitive |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Mild | <input type="checkbox"/> Mild | <input type="checkbox"/> Mild | <input type="checkbox"/> Mild | <input type="checkbox"/> Mild |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Severe | <input type="checkbox"/> Severe | <input type="checkbox"/> Severe | <input type="checkbox"/> Severe | <input type="checkbox"/> Severe |

Would you be prepared to provide Home Sharing Support to more than one person? Yes No

Age range of person desired

Are you 19 years of age or older? Yes _____ No _____

Are you legally eligible to work in Canada? Yes _____ No _____

What type of contract work are you seeking?

Live In Home Sharing Provider _____ Respite/Emergency Home Sharing Provider _____

Have you in the past contracted with CLBC/MCFD? Yes No If so, which one? _____

Have you completed Grade 12/G.E.D./Dogwood? Yes No If so, which one? _____

Do you have a valid BC Driver's License? Yes No (Circle one) Class # _____

Do you have a reliable vehicle that you would be willing to use for transportation? Yes No (Circle one)

Have you completed a First Aid course? _____ If so, which one? _____

Date of expiry _____

Have you been tested for tuberculosis? _____ If so, when? _____

Do you have a criminal record? _____

Education:

| Name & Location Started/Of School Institution | Courses/Diploma/Degree | Credits Attained | Date Completed |
|--|------------------------|---------------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please list other relevant qualifications, skills, (past work experience and life experience):

UNPAID WORK OR VOLUNTEER EXPERIENCE:

(Give name and address of agency, dates worked, job title, job description, and duties.)

1. _____

2. _____

3. _____

PAID WORK:

a) Who in the family works?

b) What are the hours?

c) Periods away from home?

d) Child care arrangements if applicable?

REFERENCES: We will ask you for references further along in the process.

DECLARATION:

My signature below certifies the information in this application is correct and complete to the best of my knowledge.

I understand that if any of these statements are found to be untrue, this application may be declined.

DATE: _____ SIGNATURE: _____



AiMHi Prince George Association for Community Living
Home Sharing Services Skills Checklist

| | | |
|-------------|------------------|-------------|
| Name | Signature | Date |
|-------------|------------------|-------------|

Please ***accurately*** describe your experiences and level of ability with the following skill, tasks and knowledge. **WE REQUIRE THAT THIS FORM BE FULLY COMPLETED.** Please write NME (Need More Experience) where applicable. If you are selected to be a contractor, NME areas may become part of your Performance Plan. **PLEASE PRINT**

| Please check the appropriate box | | Need more experience | Proficient | Very Competent |
|----------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| 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. | Typing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Computer Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Record Keeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Verbal Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Sign Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Administering Medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Diabetes Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Seizure Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Banking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Using Public Transit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Swimming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Walking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Running | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Other Physical Activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Personal Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Performing Lifts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | |
| | | | | |

| Ability to offer assistance with: | | Need more experience | Proficient | Very Competent |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 19. | Doing laundry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Cleaning a bathroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | Cleaning a kitchen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | Vacuuming and dusting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | Using a dishwasher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | Grocery shopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | Budgeting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | Financial Record Keeping | <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 | Proficient | Very Competent |
|----------------------------------|---|--------------------------|--------------------------|--------------------------|
| 27. | Communication with person's family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | Communication with Health Care Providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. | Planning Activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | Food Safe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. | Universal Precautions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. | Conflict Resolution | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. | Advocacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. | Problem Solving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. | Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. | Motivating Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. | Non-violent crisis intervention/gentle teaching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. | Role Modelling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. | Stress Management for yourself and family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. | Supporting someone in the community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. | Time Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please answer the following questions with a brief response indicating your experience in each area:

| | |
|-----|---|
| 42. | Experience / Education about challenging behaviours |
| 43. | Experience / Education about behaviour principles (behaviour = communication) |
| 44. | Experience / Education about developmental disabilities |

| | |
|-----|--|
| 45. | Experience/Education about learning difficulties |
| 46. | Experience/Education about Mental Illness |
| 47. | Experience/ Education about Physical Care needs |

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

1. What other skills do you have that you believe will be of benefit in this type of work?

2. What most appeals to you about being a contractor in this field?
