



## 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 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?

---



---

Please list, in order of age, who resides in your home and their relationship to you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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

Developmental Disability	Behavioral Challenges	Personal Care	Multiple Disabilities	Medically Sensitive
( ) Mild	( ) Mild	( ) Mild	( ) Mild	( ) Mild
( ) Moderate	( ) Moderate	( ) Moderate	( ) Moderate	( ) Moderate
( ) Severe	( ) Severe	( ) Severe	( ) Severe	( ) Severe

Is there an age range that would be best suited to your family? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what age range and why? \_\_\_\_\_

Are you 19 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally eligible to work in Canada? Yes \_\_\_\_\_ No \_\_\_\_\_

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 \_\_\_\_\_ 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 Of School/Institution	Courses/Diploma/Degree	Credits Attained	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PAID WORK:**

a) Who in the home works outside the home?

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_



## Home Sharing Services Skills Assessment



<b>Name</b>	<b>Signature</b>	<b>Date</b>
-------------	------------------	-------------

Please **accurately** describe your experiences and level of ability with the following skill sets.  
**WE REQUIRE THAT THIS FORM BE FULLY COMPLETED.**

If you are selected, areas that are rated as 1 (Low Skills) may require further training.

**PLEASE PRINT**

**On a Scale of 1 (low skills) – 5 (highly skilled) please write the number that applies to you:**

1. Report Writing \_\_\_\_\_
2. Incident Reporting \_\_\_\_\_
3. Typing \_\_\_\_\_
4. Computer skills \_\_\_\_\_
5. Record Keeping \_\_\_\_\_
6. Verbal Communication \_\_\_\_\_
7. Sign Language \_\_\_\_\_
8. Administering Medications \_\_\_\_\_
9. Diabetes Management \_\_\_\_\_
10. Seizure Management \_\_\_\_\_
11. Budgeting \_\_\_\_\_
12. Using Public Transit \_\_\_\_\_
13. Swimming \_\_\_\_\_
14. Physical Activities \_\_\_\_\_
15. Personal Care \_\_\_\_\_
16. Assisting someone in a wheelchair \_\_\_\_\_
17. Performing lifts \_\_\_\_\_
18. Food safe skills \_\_\_\_\_
19. Universal Precautions \_\_\_\_\_
20. Conflict Resolution \_\_\_\_\_
21. Advocacy \_\_\_\_\_
22. Problem Solving \_\_\_\_\_
23. Initiative \_\_\_\_\_
24. Motivating others \_\_\_\_\_
25. CPI / gentle teaching \_\_\_\_\_
26. Role Modeling \_\_\_\_\_
27. Stress management \_\_\_\_\_
28. Time management \_\_\_\_\_
29. Assist someone with laundry \_\_\_\_\_
30. Assist someone with cleaning a bathroom \_\_\_\_\_
31. Assist someone with cleaning a kitchen \_\_\_\_\_
32. Assist someone with a vacuum/dusting \_\_\_\_\_
33. Assist someone with the dishwasher \_\_\_\_\_
34. Assist someone with grocery shopping \_\_\_\_\_
35. Assist someone with banking/budgeting \_\_\_\_\_
36. Assist someone with finances \_\_\_\_\_
37. Assist someone to communicate with family \_\_\_\_\_
38. Assist someone in the community \_\_\_\_\_
39. Assist someone to communicate with doctors \_\_\_\_\_
40. Assist someone to plan activities \_\_\_\_\_

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

- 41. Experience / Education about challenging behaviors \_\_\_\_\_  
\_\_\_\_\_
- 42. Experience / Education about behavior principals \_\_\_\_\_  
\_\_\_\_\_
- 43. Experience / Education about developmental disabilities \_\_\_\_\_  
\_\_\_\_\_
- 44. Experience / Education about learning difficulties \_\_\_\_\_  
\_\_\_\_\_
- 45. Experience / Education about mental illness \_\_\_\_\_  
\_\_\_\_\_
- 46. Experience / Education about physical care needs \_\_\_\_\_  
\_\_\_\_\_

**Please list some healthy meals that your family cooks most regularly:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Please answer the following questions in paragraph form. Each of your answers should contain at least six points. 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_