



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 BY 19 YEARS OF AGE OR OLDER.

(Surname) (First Name) (Initial)

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

Telephone Numbers: Home: _____ Work: _____

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? _____

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

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 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? Relationship to Applicant

Please list in order of age. _____ () 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
() Mild	() Mild	() Mild	() Mild	() Mild
() Moderate	() Moderate	() Moderate	() Moderate	() Moderate
() Severe	() Severe	() Severe	() Severe	() Severe

Would you be prepared to provide Home Sharing Supporting 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 _____ Home Sharing Provider _____

Have you completed Grade 12/GED/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

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

Please list other relevant qualification, skills, and life experiences:

UNPAID WORK OR VOLUNTEER EXPERIENCE:

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

1.

2.

3.

REFERENCES:

PAID WORK EXPERIENCE:

2 Employment – related references

(Start with the most recent employment. Attach a complete employment history if more room is required)

May we contact your present and past employer(s) for a reference? Yes No (circle one)

EMPLOYER (Name, Address & Phone Number)

1.

_____	_____	_____
(Name)	(Position /Profession)	(Company)
_____	_____	
(Phone Number)	(Best Time to Contact)	

Position title and duties:

Reason for Leaving: _____

2.

_____	_____	_____
(Name)	(Position /Profession)	(Company)
_____	_____	
(Phone Number)	(Best Time to Contact)	

Position title and duties:

Reason for Leaving: _____

Personal References:

(Please include minimum 2 written personal references explaining why you would be a good candidate for a Home Sharing Provider. These references sources should be listed here so we can contact for further information)

1.

_____	_____	_____
(Name)	(Position /Profession)	(Company / Work Phone)
_____	_____	
(Alternate Phone Number)	(Best Time to Contact)	

What is your relationship with this person? Please Describe: _____

2.

(Name)

(Position /Profession)

(Company / Work Phone)

(Alternate Phone Number)

(Best Time to Contact)

What is your relationship with this person? Please Describe: _____

3.

(Name)

(Position /Profession)

(Company / Work Phone)

(Alternate Phone Number)

(Best Time to Contact)

What is your relationship with this person? Please Describe: _____

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: _____