

HOME SHARING APPLICATION

PCCR only approves those applicants with the skills, disposition and suitable accommodation to provide high quality home sharing support to adults with a developmental disability.

A thorough and comprehensive assessment is completed prior to approving any home share provider. Approval does not necessarily guarantee that a contract will be established with the potential provider. The key to a successful, long-term placement is matching individuals and home share providers based on a variety of factors such as personality, interests and lifestyle.

Home sharing providers support only one individual at any given time. Exceptions can be considered if the arrangement would be beneficial to the first individual in the home.

Date of submission _____

PRIMARY APPLICANT

Applicants name(s): _____

Other name(s): _____ Date of birth: _____

Address : _____

Home phone: _____ Cell phone: _____

Work phone: _____ E-mail: _____

Current employer: _____

Position: _____ Length of employment: _____

Languages spoken: _____

SECONDARY APPLICANT (if applicable)

Applicant's name(s): _____

Other name(s): _____ Date of birth: _____

Address: _____



Home phone: _____ Cell phone: _____

Current employer: _____

Position: _____ Length of employment: _____

Languages spoken: _____

TELL US ABOUT YOUR DECISION TO PROVIDE HOME SHARING

What do you know about providing home sharing for adults with diverse abilities?

Why are you considering home sharing at this time?

Will others be impacted by this decision (children, partner, others living in the home)? If so, have they been consulted and are they supportive of the choice?

How long are you able to commit to providing this kind of support?

TELL US ABOUT YOUR WORK HISTORY

Briefly outline your work history. Highlight any work experiences that are relevant to supporting individuals with diverse abilities.

List the members of your household who are currently employed. Provide details about their employer, position, length of employment and work schedule.

Name	Employer	Position	Length of employment	Work schedule

Have you ever provided home sharing, foster care, or respite support? If so, please provide details (agency name, dates)

Are you currently supporting an individual with diverse abilities in your home? If so, please provide details.

What other agencies, if any, have you contacted regarding home sharing? Have you been screened (partially or completely) by any of them? If so, please provide details.

TELL US ABOUT YOURSELF AND THOSE WHO LIVE WITHIN THE HOME

List those who currently live within the home. Provide details about the relationship to the primary applicant and their birthdates.

Name	Relationship to primary applicant	Birthdate

Are you a host family for international students? Yes ___ No ___

If yes, is a student currently living in the home? Yes ___ No ___

How did you meet your partner/spouse? How long have you been together?

Describe your own strengths, interests and hobbies. How would these contribute to your role as home share provider?

Describe the strengths, interests and hobbies of your family. How would these contribute to your role as a home share provider?

How are you and your family involved in your community (sporting, leisure activities, clubs, associations, volunteer work)? Describe the nature and level of your participation.

Are you affiliated with any specific religious or cultural organizations? Describe the nature and level of your participation.

Do you or any members of the household smoke? How do you feel about supporting someone who smokes?

Do you or any members of the household have chronic health conditions? If so, please describe.

Do you take regular holidays? How will providing home sharing support affect this practice?

How would your decision to provide home sharing support impact your overall lifestyle, regular schedule, commitments and priorities?

TELL US ABOUT YOUR HOME

Do you own or rent your home?

What kind of home do you have (condo, apartment, townhouse, detached home)? Briefly describe the house (square footage, number of floors, bedrooms and bathrooms, layout and design features) and the exterior space.

Does the home have any features that limit or improve accessibility for individuals with a physical disability or mobility challenges? Please describe.

Describe your vehicles (model, year, reliability, availability)

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

Describe your neighbourhood and provide details about proximity to services (schools, parks, community centres, shopping facilities, public transportation, etc.)

How long have you lived in this neighbourhood? Why did you choose to settle here?

TELL US ABOUT THE TYPE OF SUPPORT YOU ARE WILLING/ABLE TO PROVIDE

Will you be entirely responsible for providing home sharing support or will others in the home be sharing the responsibility?

Would you be comfortable supporting an individual with complex needs? Please indicate which areas you have experience with or feel confident providing support.

- | | | | |
|----------------------------|--------------------------|------------------------------|--------------------------|
| addiction | <input type="checkbox"/> | mobility/physical disability | <input type="checkbox"/> |
| aggressive behaviour | <input type="checkbox"/> | personal care | <input type="checkbox"/> |
| anxiety | <input type="checkbox"/> | profanity | <input type="checkbox"/> |
| augmentative communication | <input type="checkbox"/> | seizures/epilepsy | <input type="checkbox"/> |
| blind/deaf | <input type="checkbox"/> | self-injurious | <input type="checkbox"/> |
| dementia | <input type="checkbox"/> | sexuality | <input type="checkbox"/> |
| diabetes | <input type="checkbox"/> | stealing/theft | <input type="checkbox"/> |
| diet management | <input type="checkbox"/> | suicidal | <input type="checkbox"/> |
| disrupted sleep | <input type="checkbox"/> | wandering/running away | <input type="checkbox"/> |
| incontinence | <input type="checkbox"/> | yelling | <input type="checkbox"/> |
| medication | <input type="checkbox"/> | | |

Comments:

If you become a home sharing provider what support/training do you think you will need to be successful?

FURTHER THOUGHTS/COMMENTS

Anything further you would like us to know?

DECLARATION

I/we declare that the information contained in this applicant submission is true to the best of my /our knowledge and believe that I/we have not omitted any requested information. I/we understand that the information gathered in this application will be used to determine that I/we are qualified to be considered as a home sharing provider. Any false statement will invalidate the submission or my/our status as a home sharing provider.

name of primary applicant	signature	date
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name of secondary applicant	signature	date
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name of witness	signature	date
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Office Use Only *Pictures of the house attached?* Yes___ No___