

DATE:

| SECTION 1 | | | |
|---|--------------------------|---|--|
| APPLICATION TO (Check one or both): <input type="checkbox"/> Provide Respite Services <input type="checkbox"/> Provide Family Care Support | | (Check one): <input type="checkbox"/> Willing to move in order to provide support <input type="checkbox"/> Not able/ willing to move | |
| FIRST APPLICANT'S INFORMATION (PRIMARY SUPPORT PROVIDER) | | | |
| First Name | | Last Name | |
| Gender M <input type="checkbox"/> F <input type="checkbox"/> | Date of Birth (DD/MM/YY) | Ethnic origin / Language(s) spoken | |
| Address | | | |
| City | Province | Postal Code | |
| Tel. | Cell | E-mail | |
| Who referred you (if applicable)? | | | |
| Have you applied at any other agencies to provide support to individuals? | | | |
| Are you currently providing a home share? | | | |
| OTHERS LIVING IN YOUR HOME: | | | |
| Name | Age | Relationship and Contact Number | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| LIST OF REQUIRED DOCUMENTS: | | | |
| Please put a check mark beside attached copies of the documents. | | | |
| <input type="checkbox"/> Resume <input type="checkbox"/> First Aid Certificate <input type="checkbox"/> Valid BC Drivers License <input type="checkbox"/> Any related Diplomas or Certificates | | | |

Why do you want to share your home and your life with a person with a disability?

Please describe the type of person you envision fitting in with you and your family (male/female; young adult/middle age adult; active life style/sedentary lifestyle; love of children)

Do you:

- Smoke Have pets Practice any religion

Would you support someone who:

- smokes has religious practices, belief and values different from you
 has or would like to have a pet
 take drugs If yes, how would you support them to attend?
 drinks alcoholic beverages

How would you balance you family life and supporting a person with disabilities?

Check the boxes where you have experience and/or training.

- | | |
|--|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Managing physical & verbal aggression |
| <input type="checkbox"/> Managing, monitoring and documenting health needs | <input type="checkbox"/> Assisting a person with sexual risky behaviour |
| <input type="checkbox"/> Lifts and transfers | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Providing personal care | <input type="checkbox"/> Drug and alcohol abuse |
| <input type="checkbox"/> Administrating medication | <input type="checkbox"/> Assisting and motivating person to find employment |
| <input type="checkbox"/> Liaising with health care professionals | <input type="checkbox"/> Alternative methods of communication |
| <input type="checkbox"/> Creating support plans | <input type="checkbox"/> Written communication (reporting, record keeping) |
| <input type="checkbox"/> Seizure management | <input type="checkbox"/> Financial management |
| <input type="checkbox"/> Diabetes management | |

What would be the role of the person you are caring for within your home/family?

How do you manage significant changes/adjustments in your life?

How do you communicate your needs to people who are close to you?

What do you do to expand your personal growth?

What kind of things causes stress in your life? How do you deal with it?

How would you include an individual in making family decisions?

What are your hobbies and interests?

How do you spend time with your loved ones at home and in the community?

How is your general health? (Both physical and mental health)

Please list your plan for respite support providers/contractors for when it is necessary.

Do you plan to make significant changes in the near future? (Vocational, educational, moves)

SECTION 2

Check all that apply and outline the supports you can offer in the areas that you've checked off.

- I/we are able to offer support to individual who needs *high level of support*.
- I/we are able to offer support to an individual who needs *moderate level of support*.
- I/we are able to offer support to an individual who needs minimum *level of support*.

Description of support you are willing/able to provide:

How will you support an individual to develop friendships, and to maintain the friendships that they already have?

How will you support the individual to be an active and valued member of his/her community?

Please describe how you would support the individual to make choices and decisions around their day to day life in their/your home.

Please describe how you would monitor and record individuals support needs & achievements of goals.