



Hope. Help. Home.

Application for Home Sharing and Respite Support

3861 Cedar Hill Cross Road, Victoria, B.C. V8P-2M7

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Position applying for:

Home Share

Respite

Name of Primary Applicant:

Last Name

First Name

Address:

Home phone:

Cell phone:

Email:

Additional Information: *Please provide the following information if you have direct relative or share the same household with an individual employed by Community Living Victoria, i.e.: parent, spouse, common law partner, brother, sister, grandparent, son or daughter. Note: This will not impact your eligibility.*

Name/Relationship:

Worksite/Home/Program:

Position:

Please list the names of all people living in the home where support services will take place:

Name

Relationship

Tell us about your reason for wanting to provide supports to someone in your home.

“Community Living Victoria supports people with intellectual disabilities together with their families and support networks by promoting their full citizenship and inclusion in the community”

Please describe the type of person you envision fitting in with you and your family i.e. male/female; young adult/middle-aged adult; active lifestyle/sedentary lifestyle; enjoys children; likes dogs/cats etc.

Describe your experience with providing personal care and the degree of personal care you would be willing to provide in your home.

Describe the level of independence you envision the person living or staying in your home has i.e. independent in the community; takes Handi-Dart/city bus; individual is able to be home alone/requires 24hr supervision.

Please describe the type of accommodation you can offer i.e. size of bedroom/suite; shared or private washroom; laundry facilities; furnishings included; etc.

Is your home accessible?

Does your home have stairs?

Tell us about your neighbourhood. Do you live near a bus route?

What role are you willing to take in regard to meals?

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Check the appropriate box that best describes your experience and level of ability with the following skills, tasks and knowledge.

	Limited	Competent	Could train others
Supporting someone in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Violent Crisis Intervention (NVCi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifts and transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing personal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administering medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liaising with health care professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating care plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative methods of communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communications, i.e. record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial literacy i.e. budgeting, saving, goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe your experience or course work in the following areas:

Aggressive and/or challenging behaviours:

Counselling techniques:

Intellectual/Developmental disabilities:

Physical disabilities:

Describe your own personal philosophy to supporting a person with an intellectual disability

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Education and Training

Name and location	Year attended from	To	Program or courses completed
High School			
University/College			
Other (specify)			

Do you have any of the following?

Food Safe

Yes No

Basics of Medication Training

Yes No

Non-Violent Crisis Intervention

Yes No

SIVA

Yes No

Professional Associations, Memberships and Community/Volunteer Involvement

Work History (last three positions held)

<i>Position:</i>	<i>From:</i> <i>To:</i>	<i>Employer:</i>
<i>Duties:</i>		
<i>Position:</i>	<i>From:</i> <i>To:</i>	<i>Employer:</i>
<i>Duties:</i>		
<i>Position:</i>	<i>From:</i> <i>To:</i>	<i>Employer:</i>
<i>Duties:</i>		

Do you currently work at this time?

Yes No

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Would you continue working if you were to become a Home Share Provider? Yes No

Tell us about your current work schedule - attach a separate page if necessary.

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

Are you able to respond to emergencies during business hours?
i.e.: person you support becomes ill and needs to be picked up from their day program Yes No

Have you applied at any other agencies to become a Home Share Provider? Yes No

I authorize Community Living Victoria to conduct a prior contact check with CLBC Yes No

I authorize Community Living Victoria to share this application with other service providers in the Victoria Region Yes No

Certificate:

**Note: This application is not valid unless signed by the applicant. Please read carefully before signing.*

I certify that the information provided in this application or attachment/resume is true and complete. I understand that if any information in this application or attachment/resume is found to be untrue and incomplete, my application may be rejected, or I may be dismissed in the event that I am a successful applicant. By signing this application form you are also authorizing CLV to check references during the home study process.

Signature:

Date:

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