

Home Share Provider Application Form

Fraserside's Home Share Services is a contracted service program that provides adults with developmental disabilities (persons served) with the opportunity to live in the community in a family home. Fraserside seeks to match these individuals with families who can meet the persons' needs and celebrate their abilities, and who believe that each person has their own strengths, needs and potential.

Fraserside is seeking welcoming families in New Westminster, Burnaby and the Tri-Cities area to become a Home Share Provider and open up their homes and lives to support persons with disabilities. By becoming a Home Share Provider, you can help a person with disabilities live a satisfying life that is inclusive of their family, friends and community. Your role will be to support the person with disabilities to maximize their potential and realize their dreams. You will be responsible for the safety, support and general well-being of the person living in your home. Fraserside walks the journey with you by providing support, training and guidance.

If this rewarding experience interests you, please complete this application form and send to:

By email: homeshare1@fraserside.bc.ca

By mail: Home Share Coordinator, Fraserside Community Services Society
2nd Floor – 519 Seventh Street, New Westminster, BC V3M 6A7

By fax: 604-522-4031

Note: When completing this form on your computer, please save a copy of the file before inputting information.

Applicant Information:

Name of Primary Applicant: _____

Name of Secondary Applicant: _____

Physical Home Address: _____

Phone Number(s): _____

Email Address(es): _____

Which of the following roles are you applying to fulfill? (check all that apply)

- Home Share Provider (long-term support to a person served)
- Respite Provider (short-term relief for Home Share Providers)

Are you an employee of Fraserside? Yes No

Do you know anyone at Fraserside Community Services Society? Yes No

If YES, please specify who:

How did you hear about Fraserside’s Home Share Services?

- Inclusion BC
- Google search
- Referral from Community Living BC
- Other (please specify): _____

1. Please indicate your experience (education, training, work, etc.) relevant to individuals with developmental disabilities.

2. How did you hear about Home Share?

Home Information:

3. Please describe your home in general (e.g. condo, apartment, townhouse, detached house, number of bedrooms and bathrooms, layout of kitchen and amenities, exterior space, etc.) and the specific accommodations you would provide for the Person Served staying in your home.

4. Is your home wheelchair-accessible? Yes No

5. Are you prepared to provide Home Share living arrangements in:

a. Your own home? Yes No

b. The home of the Person Served? Yes No

6. How many Persons Served would you like to support in a Home Share living arrangement?

7. Do you have pets in your home? Yes No

If YES, please specify:

8. Do any current residents of your home smoke? Yes No

9. Please describe your neighbourhood, community, surrounding amenities, public transportation, nearest medical facility, etc.

10. What do you like about your neighbourhood? Why have you chosen to live there?

11. Are you currently applying to other agencies to provide similar services? Yes No
If YES, please explain the process of application and whether you have been screened.

12. Are you currently supporting an individual in your home, through any other organizations (e.g. Community Living BC, Home Share through another agency, respite support, private care, foster care, Ministry of Children & Family Development, etc.)? Yes No
If YES, please specify:

13. Have you provided support to someone in your home in the past? Yes No
If YES, please explain the level and type of support you provided:

14. Please list everyone who resides in your household and their relationship to the Primary Applicant:

Name of Resident	Relationship to Primary Applicant

15. If others (e.g. children, partner, other household residents, etc.) will be impacted by your decision to become a Home Share Provider, have they been consulted and are they supportive of the decision? Yes No
If NO, please explain:

16. Who will be responsible for providing Home Share support?
Primary Applicant Other Household Residents

17. Please describe how providing Home Share support will impact your overall lifestyle, regular schedule, commitments, and priorities.

Reasons for Application:

18. Are you aware of the responsibilities and commitments of being a Home Share Provider?

- Yes No

19. Please provide a reason why you would like to provide Home Share support at this time.

<input type="checkbox"/> Nurturing	<input type="checkbox"/> Religious reasons
<input type="checkbox"/> Voluntarism	<input type="checkbox"/> Friendship / Integration for your own family
<input type="checkbox"/> Humanitarianism	<input type="checkbox"/> Already acquainted with your family
<input type="checkbox"/> Career Interest	<input type="checkbox"/> Other (please explain):
<input type="checkbox"/> Additional income	

20. Please describe the values that are important to you.

21. Describe your personal philosophy of supporting an individual with a developmental disability.

22. Which of your personal characteristics do you feel will make you a good Home Share Provider?

Experience & Qualifications:

23. Are you currently employed? Yes No

24. Briefly highlight your work experience and/or career.

25. Please indicate which of the following experiences and certificates you possess. Check all that apply.

<input type="checkbox"/> First Aid/CPR	<input type="checkbox"/> Non-Violent Crisis Intervention (NVC)	<input type="checkbox"/> WorkSafeBC
<input type="checkbox"/> Food Safe	<input type="checkbox"/> Valid Driver's License (please specify class)	<input type="checkbox"/> Mental Health experience, training and/or certificate
<input type="checkbox"/> Sign Language	<input type="checkbox"/> Experience supporting others	<input type="checkbox"/> Medication Administration
<input type="checkbox"/> Advocacy for Others	<input type="checkbox"/> Diabetes Management	<input type="checkbox"/> Seizure Management
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Knowledge of Fetal Alcohol Spectrum Disorder (FASD)	<input type="checkbox"/> Knowledge of Autism Spectrum
<input type="checkbox"/> Experience providing personal care	<input type="checkbox"/> Experience with lifts and transfers	<input type="checkbox"/> Communication via email

Matching with an Individual:

26. Please describe the Person Served (e.g. qualities, preferences, habits, behaviours, values, etc.) who you believe would best match your family and best fit within your home.

27. Please describe the level of independence (e.g. is independent or semi-independent; is safe and content home alone or requires 24-hour supervision, etc.) that you believe is required of the Person Served who is matched to you and your home.

28. Are you willing to prepare meals? Yes No

29. Describe the degree of personal care that you are willing to accommodate in your home.

30. Describe the strengths you possess that you believe make you a good Home Share Provider.

31. Please indicate which of the following “complicated needs” you are comfortable supporting. Select all that apply.

<input type="checkbox"/> Addiction issues	<input type="checkbox"/> Aggressive behaviour	<input type="checkbox"/> Wandering/Running away
<input type="checkbox"/> Blind or Deaf	<input type="checkbox"/> Chronic anxiety	<input type="checkbox"/> Dementia
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Diet management	<input type="checkbox"/> Disrupted sleep
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Intense behaviour	<input type="checkbox"/> Loud or Shouting
<input type="checkbox"/> Medication compliance	<input type="checkbox"/> Mental health support	<input type="checkbox"/> Mobility issues or Physical disability
<input type="checkbox"/> Personal care	<input type="checkbox"/> Seizure disorder or Epilepsy	<input type="checkbox"/> Sexual inappropriateness
<input type="checkbox"/> Smoker	<input type="checkbox"/> Stealing	<input type="checkbox"/> Suicidal

32. Are there any specific disabilities or “complicated needs” (that are *not* noted above) that you are NOT comfortable supporting? Yes No

If YES, please specify:

33. For how long are you able to commit to providing Home Share support? (E.g. three months, between January and May, indefinitely, etc.)

34. Briefly describe your weekly schedule.

35. Describe your community involvement, interests and level of participation. (E.g. sporting, leisure activities, clubs, associations, volunteer work, religious affiliations, cultural organizations, etc.)

END OF APPLICATION

Thank you for taking the time to complete Fraserside's Home Share Provider Application Form.

Once your application has been received, our Home Share Coordinator will be in touch with you as soon as possible.

You will be required to provide three (3) references to become a Home Share Provider.