# WELCOME HOME APPLICATION

Sooke Family Resource Society has been serving the greater Sooke community since 1984 and Southern Vancouver Island since 2005. Since 2009 we have been accredited through the Commission on Rehabilitation Facilities (CARF) for achieving standards for excellence in service delivery.

Welcome Home is a CLBC funded Home Share program for adults with Developmental Disabilities, Autism Spectrum Disorder, and Fetal Alcohol Spectrum Disorder. Welcome Home serves individuals living on Southern Vancouver Island and the Gulf Islands. Welcome Home matches individuals with a Home Share Provider (HSP) and living arrangement that best suits the individual's lifestyle and needs. Living situations vary from a room in a house with regular family involvement to independent suites with scheduled visits from the HSP. HSPs are required to support the individual living with them in accomplishing their goals. Goals may include communication skills, personal care, and/or community and family involvement.

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

By mail: Home Share Coordinator
100-6672 Wadams Way
V9Z 0H3

By email: welcomehome@sfrs.ca

By Fax: 778-433-1203

## PRIMARY APPLICANT

Name: _____

Address: _____

Date of Birth: _____ Pronouns: _____

Telephone: _____

Email: _____ Language(s): _____

Occupation: _____ Length of Employment: _____

Work Schedule: _____

Emergency Contact Person: _____ Phone number: _____

Where did you hear about SFRS Home Share: _____

## OTHER HOUSEHOLD MEMBERS

Name: _____ Relationship: _____

DOB: _____

Occupation: _____ Length of Employment: _____

Name: _____ Relationship: _____

DOB: _____

Name: _____ Relationship: _____

DOB: _____

Name: _____ Relationship: _____

DOB: _____

## ACCOMMODATION

TELL US ABOUT YOUR HOME AND THE SPECIFIC ACCOMMODATIONS YOU CAN PROVIDE (SELF-CONTAINED SUITE, SIZE OF BEDROOM, SHARED OR PRIVATE BATHROOM, FURNISHINGS INCLUDED, LAUNDRY FACILITIES, ETC.)

DO YOU OWN YOUR HOME OR RENT? HOW LONG HAVE YOU LIVED IN YOUR HOME? DO YOU HAVE PLANS TO MOVE?

IS YOUR HOME ACCESSIBLE? DOES YOUR HOME HAVE STAIRS?

DESCRIBE THE NEIGHBOURHOOD. WHAT IS PUBLIC TRANSPORTATION LIKE? WHERE ARE THE CLOSEST GROCERY STORES, SHOPPING MALLS, WALKING TRAILS, ETC?

## LIFESTYLE

DESCRIBE YOUR STRENGTHS, INTERESTS, AND HOBBIES, AS WELL AS OTHERS IN YOUR HOUSEHOLD. HOW COULD THIS IMPACT AN INDIVIDUAL IN YOUR CARE?

HOW ARE YOU AND YOUR FAMILY INVOLVED IN YOUR COMMUNITY (SPORTS, VOLUNTEERING, CLUBS, RELIGIOUS, OR CULTURAL ORGANIZATIONS)

DOES ANYONE IN YOUR HOUSEHOLD SMOKE? HOW DO YOU FEEL ABOUT SUPORTING SOMEONE WHO SMOKES?

DOES ANYONE IN YOUR HOUSEHOLD HAVE A CHRONIC HEALTH CONDITION? IF SO, PLEASE DESCRIBE.

DO YOU HAVE ANY PETS IN THE HOME? IF SO, PLEASE DESCRIBE.

DO YOU TAKE REGULAR HOLIDAYS? IF SO, HOW WILL PROVIDING HOME SHARING SUPPORT AFFECT THIS PRACTICE?

DO YOU PLAN TO MAKE ANY SIGNIFICANT LIFESTYLE CHANGES IN THE NEAR FUTURE?

HOW LONG ARE YOU ABLE TO COMMIT TO PROVIDING A HOME SHARE ARRANGEMENT?

## EXPERIENCE

OUTLINE YOUR WORK EXPERIENCE. HIGHLIGHT ANY WORK EXPERIENCE THAT IS RELEVANT TO SUPPORTING INDIVIDUALS WITH A DEVELOPMENTAL DISABILITY. PLEASE ATTACH A CURRENT RESUME.

HAVE YOU EVER PROVIDED FOSTER CARE, RESPITE, HOME SHARING SUPPORT THROUGH ANOTHER AGENCY? HAVE YOU EVER APPLIED TO PROVIDE HOME SHARING SUPPORT AT ANOTHER AGENCY? IF SO, PLEASE PROVIDE DETAILS.

ARE YOU CURRENTLY SUPPORTING AN INDIVIDUAL WITH A DEVELOPMENTAL DISABILITY IN YOUR HOME (RESPITE, CLBC, PRIVATE CARE, FOSTER CARE, OR MCFD)?

WHAT DO YOU KNOW ABOUT PROVIDING HOME SHARING SUPPORT FOR ADULTS WITH A DEVELOPMENTAL DISABILITY? ARE YOU AWARE OF THE RESPONSIBILITIES AND COMMITMENTS OF BEING A HOME SHARE PROVIDER?

## SUPPORTING THE INDIVIDUAL

TELL US ABOUT YOUR REASON FOR WANTING TO PROVIDE SUPPORT TO SOMEONE IN YOUR HOME.

WHAT IMPACT DO YOU BELIEVE THE INDIVIDUAL WILL HAVE ON YOUR FAMILY AND YOUR RELATIONSHIPS?

HOW WOULD YOU INVOLVE THE INDIVIDUAL IN YOUR DAY-TO-DAY SCHEDULE (WORK, SCHOOL, ACTIVITIES)?

PLEASE DESCRIBE THE TYPE OF PERSON YOU ENVISION FITTING IN WITH YOU AND YOUR FAMILY (MALE/FEMALE; YOUNG ADULT/MIDDLE AGE ADULT; ACTIVE LIFESTYLE/SEDENTARY LIFESTYLE, LOVE OF CHILDREN, ETC)

PLEASE DESCRIBE THE LEVEL OF INDEPENDENCE YOU ENVISION THE PERSON LIVING IN YOUR HOME HAS (EG. INDEPNDENT IN THE COMMUNITY; TAKES HANDI-DART/CITY BUS; INDIVIDUAL IS ABLE TO BE HOME ALONE/REQUIRES 24 HR SUPREVISION)

DESCRIBE YOUR EXPERIENCE WITH PROVIDING PERSONAL CARE AND THE DEGREE OF PERSONAL CARE YOU WOULD BE WILLING TO PROVIDE IN YOUR HOME.

ARE THERE ANY SPECIFIC DISABILITIES OR "COMPLICATED NEEDS" THAT YOU ARE NOT COMFORTABLE SUPPORTING? PLEASE EXPLAIN.

DESCRIBE YOUR PERSONAL PHILOSOPHY TO SUPPORTING A PERSON WITH AN DEVELOPMENTAL DISABILTIY.

DESCRIBE YOUR VEHICLE (MODEL, YEAR, RELIABILITY, AVAILABILITY).

## RESPITE/ON-GOING SUPPORTS

TELL ME ABOUT YOUR PLAN FOR RESPITE (MONTHLY, IN CASE OF ILLNESS, VACATIONS, ETC).

IF YOU BECOME A HOME SHARE PROVIDER, WHAT SUPPORTS AND/OR TRAINING DO YOU THINK YOU WOULD NEED TO BE SUCCESSFUL?

## CERTIFICATIONS, ETC.

PLEASE LIST ANY RELEVANT COURSES, EDUCATION, AND EXPIRY DATES (EG. EDUCATION, FIRST AID, CRISIS INTERVENTION, WORK SAFE, BC DRIVER'S LICENSE, SIGN LANGUAGE, MENTAL HEALTH TRAINING, ETC.)

IS THERE ANYTHING ELSE WE SHOULD KNOW?

DO YOU HAVE ANY SPECIFIC QUESTIONS OF CONCERNS?

PLEASE PROVIDE US 3 REFERENCES, INCLUDING AT LEAST 1 EMPLOYMENT REFERENCE (NAMES AND PHONE NUMBERS)

1.

2.

3.

*The information requested on this form is collected to support your application for the Welcome Home Program. By signing this application form, you agree to the collection and storage of your personal information by Sooke Family Resource Society. SFRS will keep all information confidential and in accordance with the Freedom of Information and Protection of Privacy Act.*

HOME SHARE PROVIDER SIGNATURE: _____ DATE: _____

HOME SHARE COORDINATOR SIGNATURE: _____ DATE: _____