

Home Sharing – Candidate Submission

Nanaimo Association for Community Living (NACL) only approves those with the skills, disposition, and physical accommodation to provide high quality home sharing support to adults with a developmental disability.

NACL's Home Share Manager and Administration Team will complete a thorough and comprehensive assessment before approving any home sharing provider. ***It is important to note that approval does not necessarily guarantee that a contract will be granted to the potential provider.*** Contracts will be established when the individual, their family, or support network decides whether or not a potential candidate meets the individual's needs and preferences for support.

NACL-contracted home sharing providers support only one individual at any given time. Exceptions can be considered if beneficial to the first individual in the home with a maximum of two at any given time.

Date of submission:

Primary Candidate

Candidate's Name(s): _____

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

Address: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Current Employer: _____

Position: _____ Length of Employment: _____

Languages Spoken: _____

Secondary Candidate (if applicable)

Candidate's Name(s): _____

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

Address: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Current Employer: _____

Position: _____ Length of Employment: _____

Languages Spoken: _____

TELL US ABOUT YOUR DECISION TO PROVIDE HOME SHARING

What do you know about the Home Sharing program?

Why are you considering home sharing at this time?

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

How long are you able to commit to being a Home Share Provider?

TELL US ABOUT YOUR WORK HISTORY

Briefly outline your work history. Highlight any work experiences that are relevant to supporting individuals with a developmental disability and/or mental health related services?

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 Employed	Work Schedule

Have you ever applied or held a contract to provide home sharing, foster care, or respite support? If so, please provide details (agency name, dates, etc.).

Have you ever held a position or contract with Community Living BC, the Ministry of Children and Family Development, or a community living service provider? If so, please provide the details (agency name, dates, etc.).

Are you currently supporting a foster child, international student, a person with another need, and/or an individual with a developmental disability in your home? If so, please provide details.

What other agencies, if any, are you approaching about home sharing?

Have you ever applied to be a home share provider to any other agency and/or CLBC? 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 their relationship to the primary candidate and their birthdates.

Name	Relationship to The Primary Candidate	Birth Date

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 you being a good home sharing provider?

Describe the strengths, interests, and hobbies of your family. How would these contribute to you being a good home sharing provider?

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

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

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

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

Do you take regular holidays? How will home sharing support impact 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, etc.)? Briefly describe the home (square footage, one-storey, / two-storey, number of bedrooms / bathrooms, layout / design features, tec.) 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, availability).

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

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

How long have you lived in this neighborhood? 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 someone with complex needs? Please check the items you would be willing to support.

Addiction	___	Loud / Shouting	___
Aggressive Behaviour	___	Medication Compliance	___
Augmentative Communication	___	Mental Health Support Needs	___
Blind / Deaf	___	Mobility / Physical Disability	___
Chronic Anxiety	___	Personal Care	___
Dementia	___	Seizure Disorder / Epilepsy	___
Diabetes	___	Sexual Inappropriateness	___
Diet Management	___	Smoker	___
Disrupted Sleep	___	Stealing	___
Incontinence	___	Suicidal	___
Intense Behaviour	___	Wandering / Running Away	___

Are there any other specific disabilities or challenges (not noted above) with which you are not comfortable?

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?

REFERENCES

Please provide three references for each applicant: one from a supervisor in a work environment; two personal. All will be contacted.

Reference name	Home address	Phone number And / or Email address	Place of Employment	Relationship To Candidate(s)

DECLARATION

I / we declare that the information contained in this candidate 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 provided to the questions above is required to ensure 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 candidate	signature	date
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Name of secondary candidate	signature	date
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Name of witness	signature	date
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OFFICE USE ONLY
NACL REVIEW OF CANDIDATE SUBMISSION

Name of reviewer:

Position / title:

Date of review:

Strengths

Weaknesses / concerns

Items that require follow-up

Recommendation: Proceed with reference checks _____ Do not proceed _____