

Individualized Living Options (ILO) & Respite Programs Caregiver Application Package For Contract Care

Thank you for your inquiry about the Individualized Living Options and/or Respite Programs. The initial step in the screening process to becoming a Caregiver is to complete the items listed below. Please note that if you are married/common-law, your spouse must sign these forms as well. If you are being screened in to do Respite or ILO for a specific individual on our program, please complete all of these forms as soon as possible. Some parts of the application process require your financing, including the Consent for Criminal Record Search (CPIC), and the Medical Form. If you are not being screened in to do respite or home-sharing with a specific individual, please complete and return all of the forms except for those that require you to spend money. If and when we are able to match you with an individual on one of our programs, we will advise you at that time to complete the forms for which there is a cost involved.

1. **Application Form** - Please be sure to include complete addresses for references. The references that you list will be mailed a two-page reference form to complete.
2. **Caregiver Ability Checklist**
3. **Criminal Record Information**
4. **Declaration of Confidentiality**
5. **Consent for Release of Information**
6. **Medical Form** - You and your spouse (if applicable) will be required to have your doctor complete this general medical form indicating you are in good physical, emotional, and mental health. Some doctors may charge a fee, payment of which will be the responsibility of the applicant.
7. **Consent for Criminal Record Check (CPIC)** - (No form included in this package) - If one has been done within the past year a photocopy will be adequate. Everyone in the household over the age of 19 must have one done. If one has not been done recently, you will be required to go to your LOCAL police detachment and ask for one to be done. Be prepared to present identification; in Abbotsford there is a \$65.00 fee *for the primary caregiver* and a \$27.00 fee *for each additional member of the family over the age of 19*. The fees are the responsibility of the applicant. The Abbotsford Police Department only accepts debit or exact change.
8. **Driver's Abstract** - (No form included in this package) - You will need to go to your local Driver's Services branch or contact Driver's Services by telephone (1-800-663-3051) and ask to have a driver's abstract sent directly to the Communitas office (by mail, fax, or e-mail to office@CommunitasCare.com). Be prepared to show identification if you go to the Driver's Services branch in person. Everyone in the family who will be transporting the client will need to have one done. There is no charge for this service.

Once your initial paperwork is complete, we will attempt to match you with an individual. Please understand that there is no guarantee that we will be able to match you with somebody. If and when we are able to find a potential match for you, the Respite/ILO Manager will arrange a "Homestudy." The Homestudy is an interview process, where the Respite/ILO Manager will meet you and your family. The Homestudy covers several areas of family functioning including: reasons for providing care, lifestyle, personal history and experience, relationships, family rules, and adult/child care skills. The Homestudy typically lasts several hours. During this time, the Respite Manager will also ensure that your home meets all health and safety requirements for providing care. Caregiver's homes must have the following: smoke detectors, a fire extinguisher, a fire evacuation plan, and safe storage of alcohol, toxic substances (cleaners), and medications. You will also be required to obtain a current First Aid Certificate with CPR training at your own cost, and show proof of home or tenant insurance, as well as vehicle insurance. Once you have been matched with an individual and approved as a caregiver, the Respite or ILO Manager will arrange an introduction visit for you to meet the individual and their family.

If you have any questions, please contact the Respite or ILO Programs at 604.850.6608.



Application To Provide Care

Interested in providing respite care for: Adults Children Both
Interested in providing full-time care through Individualized Living Options

Applicant # 1 (Primary Caregiver)

The following personal information is required in order to facilitate a successful matching process between “client” and “caregiver”.

Name: _____
Phone: _____
Mobile: _____
Email: _____
Date of birth: _____
Ethnic origin: _____
Languages Spoken: _____
Address: _____

Applicant # 2 (Co-Applicant)

Name: _____
Phone: _____
Mobile: _____
Email: _____
Date of birth: _____
Ethnic origin: _____
Languages Spoken: _____

Relationship of applicants to each other (e.g. married): _____

Date of marriage if applicable: _____

*** Please note that, if applicable, any partner living at the home (e.g. spouse, common-law, significant other) should complete the “Co-Applicant” areas of this application.**

How did you hear about the Respite and/or ILO Programs and what made you interested in providing in-home support to an individual with a developmental disability?

Education:

Education completed: _____
Schools Attended:
(High School and Post-Secondary. Include dates attended)

Education completed: _____
Schools Attended:
(High School and Post-Secondary. Include dates attended)

Occupational Experience:

Present Employer: _____
Position: _____
Length of Employment: _____
Work Telephone: _____
Work Address: _____

Previous Employer: _____
Length of Employment: _____

Present Employer: _____
Position: _____
Length of Employment: _____
Work Telephone: _____
Work Address: _____

Previous Employer: _____
Length of Employment: _____

Volunteer & Other Experience:

Please list any other training or experience relevant to supporting an individual with developmental disabilities.

Have you provided foster care or respite services in the past? If so, when, and through what agency?

Philosophy of Care:

What most appeals to you about working in this field? Please give a brief statement as to why you and your family would like to provide supportive care.

What do you believe about people with disabilities? What are some things you would consider when supporting individuals in the community?

FAMILY INFORMATION:

Have any of your children ever been placed in "care"? If yes . . .

Foster: _____ Dates: _____
 Where: _____
 Other: _____ Dates: _____
 Where: _____

Children of applicants living at home or elsewhere:

Name	Sex	Birth date	Relationship (son/daughter)	School/Grade	Location

If applicable, please describe childcare arrangements: _____

Other persons in home (boarders, relatives, day care children):

Name	Sex	Birth date	Relationship	Day Care or Resident	How long have you known them?

Are you currently supporting any individual (e.g. foster children, persons with disabilities, dependents other than your children) in your home? If yes, provide details.

Are all family and household members in good health? Do you or any other members living in the home have any chronic health conditions? If so, please describe.

List family members who have been treated for serious illnesses including members who have been seen or counseled for emotional or mental health problems:

Name	Condition	Dates

Doctors Used By Family - Please list:

Doctor's Name	Address	Telephone	Family Member

Please indicate the type of disability you can provide care for:

Mental: Mild Moderate Severe Physical: Mild Moderate Severe Behavioral Multiple Handicapped

Who will be the primary caregiver? _____

HOME AND COMMUNITY INFORMATION:

What type of home do you live in (e.g. apartment, basement suite, house)? Briefly describe the layout of the house including the number of square feet, yard space, and the number of bedrooms and bathrooms.

Please describe the proposed sleeping arrangements for respite or ILO recipient (e.g. spare room):

Is your home wheelchair accessible? Yes No Partially (please explain): _____

Does the house have features that improve or limit accessibility by people who are physically disabled? Please describe the features.

Does anyone residing in the home smoke? Yes No If so, is there smoking in the home? Yes No

If you are a non-smoker, how would you feel about living with someone who smokes?

Are there any pets residing in the home? Yes No Specify (type, breed, age).

Do you own your home or rent? Will respite/full-time care conflict with any rental or strata by-laws? If applicable, have you checked out any agreements?

Do you have house or rental insurance? Please provide details. _____

Describe the model, year, reliability, and availability of your vehicle(s).

How long have you lived in this neighbourhood? What made you choose this neighbourhood to live in?

Describe your neighbourhood – include schools, parks, community centers, places of worship, shopping facilities, public transportation, etc.

LIFESTYLE AND COMMUNITY INVOLVEMENT

Are you affiliated with a specific religious and/or cultural organization? Describe your level of participation.

Describe your family's strengths, interests, and hobbies. How would these contribute to you being a good home share provider?

How are you and your family involved in your community (i.e. place of worship/house of faith, sporting activities, clubs/associations, volunteer work, etc)? List the key activities, family member's role and how frequently they participate.

If you are successful with your application, what support and/or training do you feel you will need to be successful as a home share provider?

What other service provider, if any, are you approaching about respite or home sharing?
Have you been screened by another service provider? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please identify.
Have you been terminated by another service provider? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please identify.

References:

Please list names and **full mailing addresses (including postal codes)** of three persons, **including one relative**. These persons must know you well enough to answer questions about your family. We will send them a letter with reference questions.

Name: _____ Relationship: _____

Address: _____ Postal Code: _____

Telephone: _____ email _____

Name: _____ Relationship: _____

Address: _____ Postal Code: _____

Telephone: _____ email _____

Name: _____ Relationship: _____

Address: _____ Postal Code: _____

Telephone: _____ email _____

Declaration:

I / we declare that the information contained in this application is true to the best of my / our knowledge and believe that I / we have not omitted information requested.

I / we understand that the information provided to the questions above is required to ensure that I am / we are qualified home care provider(s). Any false statement will invalidate the application or status of our home as a Home Share provider.

Signed: _____ Signed: _____

Date: _____ Date: _____

Please return this application package to:

Respite & ILO Department
 Communitas Supportive Care Society
 103 - 2776 Bourquin Cres. West
 Abbotsford BC V2S 6A4
 Phone: (604) 850.6608
 Fax: (604) 850.2634



Caregiver Ability Checklist

Please accurately describe your experiences and level of ability with the following skills, tasks and knowledge. Circle your response as either 1=Need more Experience; 2=Competent; 3=Very Proficient. Feel free to add comments or details for clarification.

	Primary Applicant			Co-applicant (if applicable)		
Report Writing	1	2	3	1	2	3
Incident Reporting	1	2	3	1	2	3
Typing	1	2	3	1	2	3
Computer Skills	1	2	3	1	2	3
File Management	1	2	3	1	2	3
Verbal Communication	1	2	3	1	2	3
Sign Language	1	2	3	1	2	3
Augmentative Communication	1	2	3	1	2	3
Administering Medications	1	2	3	1	2	3
Diabetes Management	1	2	3	1	2	3
Seizure Management	1	2	3	1	2	3
Budgeting	1	2	3	1	2	3
Banking	1	2	3	1	2	3
Using Public Transit	1	2	3	1	2	3
Swimming	1	2	3	1	2	3
Walking	1	2	3	1	2	3
Running	1	2	3	1	2	3
Other physical activities	1	2	3	1	2	3
Assisting someone to eat	1	2	3	1	2	3
Providing personal care (e.g. bathing, toileting)	1	2	3	1	2	3
Performing Lifts	1	2	3	1	2	3
Financial Record Keeping	1	2	3	1	2	3
Teamwork	1	2	3	1	2	3
Time Management	1	2	3	1	2	3
Motivating Others	1	2	3	1	2	3
Planning Activities	1	2	3	1	2	3
Food Safe	1	2	3	1	2	3
Universal Precautions	1	2	3	1	2	3
Conflict Resolution	1	2	3	1	2	3
Advocacy	1	2	3	1	2	3
Problem Solving	1	2	3	1	2	3
Taking Initiative	1	2	3	1	2	3
Role Modeling	1	2	3	1	2	3
Non-violent Crisis	1	2	3	1	2	3
Intervention/Gentle Teaching						
Communication with health care providers	1	2	3	1	2	3
Stress Management for yourself and your family	1	2	3	1	2	3
Supporting someone in the community	1	2	3	1	2	3
Communication with individual's parents	1	2	3	1	2	3

Five Tasty, Nutritionally balanced dinners that I cook for my family are:

1	4
2	5
3	

Please briefly outline your experience in the following areas:

Knowledge/Courses about Aggressive Behaviours:

Knowledge/Courses about Behaviours Principles:

Knowledge/Courses about Counseling Techniques:

Knowledge/Courses about Developmental Disorders:

Knowledge/Courses about Learning Challenges:

Knowledge/Courses about Mental Illnesses:

Knowledge/Courses about Physical Challenges:

Knowledge/Courses about Addictions:

Knowledge/Courses about Fetal Alcohol Spectrum Disorder:

Please answer the following questions in paragraph form.

What other skills will you bring to this field?

Name of Applicant: _____
Signature: _____
Date: _____

Name of Co-applicant: _____
Signature: _____
Date: _____



Criminal Record Information

1. What other name or names have you or any person living in your home ever used?

2. Have you or any person living in your home ever had their name changed legally?

Yes No

If yes, please give the original name, the changed name, date of name change, and reason for change:

3. Have you or any person living in your home ever been charged with a criminal offence?

Yes No

4. If yes, please list who was charged, the charges, the dates and the location of the charges:

Name:	Charge:
Date:	Location
Name:	Charge:
Date:	Location

5. Have you or any person living in your home ever received an absolute or conditional discharge for a criminal offence?

Yes No

6. If yes, please list who received the discharge, the offence, the dates and the places where the offences occurred.

Name:	Charge:
Date:	Location
Name:	Charge:
Date:	Location

7. Have you or any person living in your home ever been diverted, with respect to a criminal offence?

Yes No

8. If yes, please list who was diverted, the offences, the dates and the places where the offences occurred:

Name:	Charge:
Date:	Location
Name:	Charge:
Date:	Location

I/We, the undersigned, understand that the information provided to the questions above is required to ensure that I/we am/are qualified applicant(s)/caregiver(s) and that any false statement will invalidate the application or status of our home as a supportive care resource.

Signature of Applicant: _____ Date _____

Signature of Applicant: _____ Date _____

Signature of Witness: _____ Date _____



Declaration of Confidentiality

I hereby acknowledge that all information gained during my contract with Communitas Supportive Care Society, ILO or Respite Program will be held in confidence. I understand that a signed "Consent for Release of Information" is required prior to the exchange of information regarding the individual in my care to an outside agency or individual, and must be signed by the individual or representative of the individual. By signing this statement, I pledge to respect the privacy of the individual in my care.

Please Print

Name of Caregiver	Name of Caregiver
Signature	Signature
Date	Date

Signature of Program Manager: _____



Consent For Release Of Information (Caregiver)

I/We understand that this signed "Release of Information" form is required to authorize the Manager of the ILO/Respite Program to disclose information regarding my application to potential ILO/Respite families and/or potential caregivers. The purpose of the exchange of information is to allow the Manager, family and/or potential caregivers to start to become familiar with myself and/or my home (for caregivers) and/or individual support needs in order to facilitate a good match between clients and caregivers. Once a suitable match is found, and before care giving begins, the ILO/Respite client's paperwork will be released to the caregiver.

Name of Consenting Individual (please print)

Name of Consenting Individual (please print)

Signature of Consenting Individual

Signature of Consenting Individual

Date Signed

**This Consent is only Valid for 3 months from the date of Signature, or for 1 year if the release of information is required for on-going service provision.*

The individual/s have the right to withdraw their consent at anytime.

DOCTOR'S REFERENCE

Name of Applicant: _____

How long have you known this patient: _____

Yes No In your opinion, is the applicant physically, emotionally, and mentally able to provide care for adults and/or children who have a mental disability?

Please list any illness or disability and describe impact on ability to provide care:

Yes No To your knowledge, has the applicant been treated for any mental health concerns?

Comments: _____

Yes No Is the applicant taking any medication which would affect the safety or well being of an adult or child in care? If yes, please explain:

Yes No Is there currently, or has there been any drug or alcohol misuse?

Yes No Does the applicant have any communicable diseases?

Additional Comments: _____

Physician's signature & stamp: _____

Date: _____

Note: This form is for the physician's convenience. Other written verification is acceptable.



103-2776 Bourquin Crescent West
Abbotsford BC V2S 6A4
Telephone: 604.850.6608
Fax: 604.850.2634

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