

Province of Manitoba Residential Care Program
Private Home Application

General Information	
Position: Residential Care Provider	Program Applying for: <i>Select only one</i>
Number of Beds: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Mental Health (Psychiatric Disability)
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M/F	<input type="checkbox"/> Community Living Disability Services ^(Developmental Disability)
Do you accept smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> outside only	No Day Program <input type="checkbox"/> With Day Program <input type="checkbox"/>
Date of Application:	

Date Application Received: _____	(For Office Use Only)
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Identifying Information	
Applicant	Co-Applicant (Spouse, Partner who resides in the home)
Name:	Name:
Birth Date (optional):	Birth Date (optional):
Address:	Address:
Postal Code:	Postal Code:
Telephone # (Residence)	Telephone # (Residence)
Telephone # (Business)	Telephone # (Business)
Email Address (Optional)	Email Address (Optional)
Language(s) 1) 2)	Language(s) 1) 2)

Family Composition List all individuals, other than the co-applicant, that reside in your home:			
NAME	AGE	SEX	RELATIONSHIP TO YOU

Education	
Applicant	Co-Applicant
Secondary School Attended:	Secondary School Attended:
Grade Achieved:	Grade Achieved:
Post-Secondary Institution Attended:	Post-Secondary Institution Attended:
Country:	Country:
Diploma/Degree Achieved:	Diploma/Degree Achieved:
Year Graduated:	Year Graduated:

Communication Skills: In order to meet licensing requirements for staffing and supervision of residents, the care provider(s) and any respite staff must be able to communicate effectively in English.			
Please complete the table below. *Note: Additional information related to language competency may be required.			
Applicant		Co-Applicant	
a) Canadian High School Grade 10 (not GED)	<input type="checkbox"/>	a) Canadian High School Grade 10 (not GED)	<input type="checkbox"/>
b) Completed a post secondary or diploma/degree in Canada	<input type="checkbox"/>	b) Completed a post secondary or diploma/degree in Canada	<input type="checkbox"/>
Certificate enclosed for b) or c) ? Yes <input type="checkbox"/> No <input type="checkbox"/>		Certificate enclosed for b) or c) ? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Work History: List the most recent employer first; you may include a resume.	
Applicant	Co-Applicant
1) Name of Employer:	1) Name of Employer:
Address of Employer:	Address of Employer:
Dates Employed:	Dates Employed:
Position Held:	Position Held:
2) Name of Employer:	2) Name of Employer:
Address of Employer:	Address of Employer:
Dates Employed:	Dates Employed:
Position Held:	Position Held:
3) Name of Employer:	3) Name of Employer:
Address of Employer:	Address of Employer:
Dates Employed:	Dates Employed:
Position Held:	Position Held:

References List three persons (not related to you), who may be contacted for a written reference. Relevant references pertaining to the area of disability is preferred. Three current employment references are preferred; however, two employment references and one character reference will be accepted.

Applicant	Co-Applicant
1) Name:	1) Name:
Mailing Address:	Mailing Address:
Postal Code:	Postal Code:
Telephone #:	Telephone #:
Relationship to you:	Relationship to you:
2) Name:	2) Name:
Mailing Address:	Mailing Address:
Postal Code:	Postal Code:
Telephone #:	Telephone #:
Relationship to you:	Relationship to you:
3) Name:	3) Name:
Mailing Address:	Mailing Address:
Postal Code:	Postal Code:
Telephone #:	Telephone #:
Relationship to you:	Relationship to you:

We _____, agree to the terms of this application process, confirm that all
(PRINT APPLICANT'S/ CO-APPLICANT'S NAME)

the information in this application is accurate and hereby give permission for our references to be contacted at any given time.

Applicant's Signature _____ Date: _____

Co-Applicant's Signature _____ Date: _____