**RESIDENTIAL CARE LICENSING**

**FOR OFFICE USE ONLY**

**Date application received:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Share Application Form**

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| **General Information** | |
| Position: **Home Share Provider** | Select the program you are applying to become a home share provider for (choose only one):  Community Living Disability Services  (persons living with developmental disabilities)  Resident(s) mustattend  Resident(s) do not need  a day program to attend a day program  Mental Health Program |
| Date of application: |
| Number of residents:  1  2  3  4  you want to support  in your home: |
| Preferred gender of  M  F  M/F residents: | (persons living with mental health issues) |
| Are you willing to support  Yes  No  a resident who smokes? |

|  |  |
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| **Identifying Information** | |
| **Applicant** | **Co-Applicant** (spouse/partner who lives in the home) |
| Name: | Name: |
| Birth date (optional): | Birth date (optional): |
| Address: | Address: *same as applicant* |
| Postal code: | Postal code: *same as applicant* |
| Telephone # (residence): | Telephone # (residence): |
| Telephone # (business): | Telephone # (business): |
| Email address (optional): | Email address (optional): |
| Language(s) spoken: **1) 2)** | Language(s) spoken: **1) 2)** |

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| **Family Composition** List all individuals (other than the co-applicant) who live in your home, including any foster children: | | | | | |
| **NAME** | **GENDER and AGE** | | | **RELATIONSHIP** | |
|  |  | | |  | |
|  |  | | |  | |
|  |  | | |  | |
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| **Communication Skills***:* In order to meet licensing requirements for staffing and the supervision of residents, applicants and any respite staff must be able to communicate effectively in English.  Please mark with (x) the boxes that apply. Note: additional information on language competency may be required. | | | | | |
| **Applicant** | | | **Co-Applicant** | | |
| 1. Completed Canadian High School Grade 10   (not GED) | |  | 1. Completed Canadian High School Grade 10   (not GED) | |  |
| 1. Completed post-secondary or diploma/degree in Canada | |  | 1. Completed a post-secondary or diploma/degree in Canada | |  |
| Certificate enclosed for a) or b)? Yes  No | | | Certificate enclosed for a) or b)? Yes  No | | |

|  |  |
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| **Education** Please list information on the education you have completed. | |
| **Applicant** | **Co-applicant** |
| High school attended: | High school attended: |
| Grade level achieved: | Grade level achieved: |
| Year: | Year: |
| Country: | Country: |
|  |  |
| Post-secondary institution:  (if attended) | Post-secondary institution:  (if attended) |
| Diploma/degree achieved: | Diploma/degree achieved: |
| Year: | Year: |
| Country: | Country: |

|  |  |
| --- | --- |
| **Work History:** Please list information on your current and previous places of work; list your most recent employer first. If you have a resume, please attach it to the application form. | |
| **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** Please list information on persons who can be contacted to provide references. Relevant references pertaining to work in the area of services to persons with disabilities are preferred. **Two employment references** and **one personal reference** will be accepted. Persons to serve as references should not be related to you. | |
| **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 application process, confirm all

(PRINT APPLICANT’S/ CO-APPLICANT’S NAME)

information presented in this application form is accurate, and give permission for our references to be contacted.

Applicant’s Signature Date:

Co-Applicant’s Signature Date: