

FAMILY HOME PROGRAM

APPLICATION

Family Name: _____

Address: _____

Date: _____

The information requested in this application will be kept in the strictest of confidence.

You will find some questions thought provoking. Please allow sufficient time to consider each question carefully and to answer as fully as you are able.

Please Note:

“Primary provider” refers to an adult in the home who will be most involved with the person and the program. “Secondary provider” refers to another adult in the home who is also willing to assume some responsibilities for the person (if there is no secondary provider, leave blank). If a part of the application does not apply to you or your home, enter N/A.

OCCUPATIONAL INFORMATION (Primary Provider):

Name: _____ D.O.B. _____

Male / Female (circle)

Occupation(s): _____

Hours of work (PT-FT; Shift): _____

How long have you worked at your current position: _____

Annual income from all sources: _____

Educational background: _____

Additional courses (First Aid; CPR; WHMIS; Self-Interest): _____

What do you enjoy about your work? – don't enjoy? _____

What is the main language spoken in you home? _____

List any hobbies, activities, club memberships or other community involvement you have:

OCCUPATIONAL INFORMATION (Secondary Provider):

Name: _____ D.O.B. _____

Male / Female (circle)

Occupation(s): _____

Hours of work (PT-FT, Shift): _____

How long have you worked at your current position: _____

Annual income from all sources: _____

Educational background: _____

Additional courses (First Aid; CPR; WHMIS; Self-Interest): _____

What do you enjoy about your work? – don't enjoy? _____

List any hobbies, activities, club memberships or other community involvement you have:

REASONS FOR YOUR APPLICATION TO BECOME A FAMILY HOME PROVIDER:

- *how did you become interested in becoming a home provider?*
- *previous exposure to/or experience with persons with an intellectual disability*
- *previous experiences with foster care services*

Are there certain characteristics or disabilities a person may have that your family would not be able to accommodate or accept in your home?

Are you comfortable working with a person who is incontinent and requires assistance with personal care?

Would you be uncomfortable having someone live in your home who may express themselves with aggression (eg. self-injurious behaviour, destructive behaviour).

PHYSICAL HEALTH (Primary Provider):

Describe your health: _____

Any difficulties with lifting? _____

Have you had a significant illness within the past two years? _____

Are you currently taking medication? _____

Do you smoke? _____

Describe how often you consume alcohol. _____

MENTAL HEALTH (primary provider):

How would you describe your mental health? _____

Do you or have you experienced problems with depression or anxiety? _____

Are you seeking counselling/treatment for any issues dealing with mental health? _____

How do you usually react to pressure and stress, when it feels like nothing is going right, or when everything feels overwhelming ? _____

PHYSICAL HEALTH (Secondary Provider):

Describe your health: _____

Any difficulties with lifting? _____

Have you had a significant illness within the past two years? _____

Are you currently taking medication? _____

Do you smoke? _____

Describe how often you consume alcohol. _____

MENTAL HEALTH (secondary provider):

How would you describe your mental health? _____

Do you or have you experienced health problems with depression or anxiety? _____

Are you seeking counselling/treatment for any issues dealing with mental health? _____

How do you usually react to pressure and stress, when it feels like nothing is going right, or when everything feels overwhelming ? _____

CHILDREN (under the age of 18) LIVING IN THE HOME:

NAME	MALE/FEMALE	AGE	INTERESTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHERS SHARING YOUR HOME:

NAME	AGE	RELATIONSHIP (e.g. boarder, relative, friend)
_____	_____	_____
_____	_____	_____
_____	_____	_____

USE THIS SPACE IF THERE IS ANYTHING YOU WOULD LIKE TO ADD ABOUT YOUR FAMILY, HOME OR COMMUNITY:

How did you hear about the Family Home Program? _____
