



**POLICY: R-IX-2**  
**DEPARTMENT:** Community Services  
**CATEGORY:** Home Share Program  
**EFFECTIVE DATE:** November 2017  
**SUPERSEDES VERSION DATED:** N/A  
Page 1 of 4

**Policy & Procedure Manual**

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## **SCREENING PROCESS– R-XI-2**

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### **PURPOSE:**

To identify the minimum standards OPTIONS northwest must meet in the screening process of potential Home Share providers to ensure they are appropriate to participate in the program. This includes new and interested Home Share providers as well as existing Home Share providers.

### **POLICY:**

OPTIONS northwest will utilize written policies and procedures through a series of screening tools to aid in the selection of Home Share providers. The screening process will determine the appropriateness of the potential Home Share provider and ensure the proper motivation to participate in the program and have a person with a developmental disability living in their home. The screening process will also be used to match up appropriate Home Share participants.

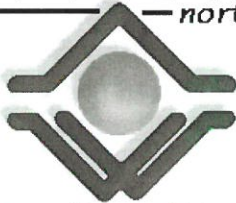
The key goals of the Home Share program are:

1. To provide a safe and secure place to live in a home setting
2. To promote a high quality of life; and
3. To support community involvement, social inclusion, individual choice, independence and rights

### **HOME SHARE PROVIDER APPLICATION PACKAGE**

Once a potential Home Share provider has been identified the following steps will be followed as part of the screening process.

- The potential Home Share provider will meet with the Manager of Community Services where the philosophy and responsibilities (Appendix A) of the program will be explained and there will be an opportunity for the person to ask any questions.
- If the potential Home Share provider agrees to the responsibilities of the program, they will be asked to fill out a Home Share Provider Application(Appendix A). Within this application the potential Home Share provider will be asked to complete the following contained in the application package;



1. Complete the application itself where it will ask various personal questions and explore the individuals understanding and motivation to become a Home Share provider. Are they prepared to accept the individual into their family and allow that person to live their life their way?
2. Completion of the financial screening form. Is the potential Home Share provider financially stable to be accepting a person into their home? Although remuneration may be an incentive to Home Share provider participating in the program, it cannot be the main motivation. The potential Home Share provider may be asked to provide personal financial information such as proof of income, assets or liabilities.
3. Completion of a medical screening form. Is the potential Home Share provider able to meet the physical, mental, social and emotional needs of the individual? The potential Home Share provider will be provided a medical form along with a written explanation of the Home Share program and the expectations/responsibilities of the Home Share provider for a medical practitioner to review and complete.
4. All persons 18 years of age and older who reside in the home must complete a Criminal Reference Check including Vulnerable sector. OPTIONS northwest will reimburse the potential. Some Share provider for the expense of the check. They will also be provided a letter to present to the applicable police department (ie Thunder Bay Police, OPP) Third party reference checks are not acceptable.
5. The potential Home Share provider must submit two personal references and the Manager of Community Services (or designate) will complete the personal reference check via phone or in person.

Once the application is completed and returned to the Manager of Community Services he or she will review the information and along with Director of Community Services determine if the potential Home Share provider meets the requirements of the program as asked in the application. If it is determined the potential provider is appropriate, the Manager of Community Services will continue to the Home Study and Dwelling Assessment (Appendix B). It is not necessary for all aspects of the application to be completed prior to moving onto the Home Study; however, everything must be completed in full prior to final approval.

If the potential provider does not meet the criteria at this point and or there are questions with regard to any aspect of the application, he or she could be asked to clarify some responses and or the application process is terminated, and the potential provider is informed they have not met the requirements of the program.



## **HOME STUDY AND DWELLING ASSESSMENT**

Once the potential Home Share provider has satisfied the Home Share application section of the screening the Manager of Community Services will arrange a meeting in the residence of the potential Home Share provider and complete the following tasks;

1. OPTIONS northwest staff will complete interviews with the people living at the potential Home Share environment. (Appendix B)
2. A physical walk through of the home dwelling to ensure it is a safe living environment.
3. An inspection by the local Fire Department to ensure the premise meets fire safety standards as per the local fire codes.
4. Completion of water quality testing if applicable.

## **FINAL APPROVAL**

At the completion of the home study, the Manger of Community Services will prepare a written report regarding the findings of the Application and Home Study which will be reviewed with the Director of Community Services and used to determine the appropriateness of the potential Home Share provider. The recommendations will be documented and presented to the Executive Director for review and approval.

If the potential Home Share provider is successful, he or she will be notified by the Manager of Community Services and then move to the Service Agreement R-IX-3.

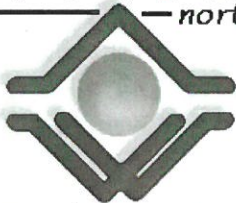
If it is deemed the potential Home Share provider does NOT meet the requirements of the program, the Manager of Community Services will inform the individual of the decision by a written letter.

The application, Home Study and Dwelling Assessment and other related documents regarding the decision will be kept on file.

## **Re-Assess a Home Share**

At times it may be determined the Home Share provider is required to be re-assessed. The following is a list of potential circumstances, which may occur which compromise the suitability of a Home Share provider;

- Any significant changes involving the Home Share provider, the individual, and/or their living situation (e.g. physical/mental illness, death of a family member, accident);
- When a new adult or child is living in the home



**Personal Support Services**

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**CATEGORY:** Home Share Program

**EFFECTIVE DATE:** November 2017

**SUPERSEDES VERSION DATED:** N/A

Page 4 of 4

on a full-time or part-time basis;

- When the primary caregiver in the Home Share provider is unable to continue providing care to the individual; or
- Where the service agency, individual or natural family has any significant concerns about the placement.
- Or any other concern not specifically mentioned above

A re-assessment is required so that the impact on the Home Sharer can be addressed and appropriate actions are taken.

The same assessment tool(s) will be utilized when a re assessment is deemed necessary. At the discretion of OPTIONS northwest some assessments procedures may be excluded if not deemed necessary.

**Cap for Home Provider/ Home Share Placements**

Effective April 1, 2016 there can be no more than two placements (i.e. persons placed - children and/or adults) in a Home Share's home. This includes children or adults who have been placed in the Home Share's home by an agency funded by the Ministry of Children and Youth Services or the Ministry of Community and Social Services.

**Exceptions or extenuating circumstances:**

In order to preserve existing family arrangements, families who foster children through a Children's Service Agency are exempt from the above-noted cap, in the following situation:

- Where the foster family has more than two foster children placed by a MCYS agency and
- Where one of those foster children has a developmental disability and would continue to stay with the foster family as a Home Share Program placement after he/she turns 18 years of age.

Where this exemption applies, no additional placements for adults or children beyond those allowed by the above exemption are permitted.

**RECOMMENDED BY:** Director Community Services

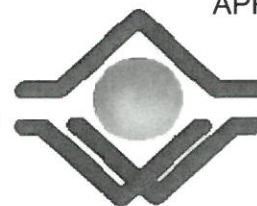
**APPENDICES:** 3

**OPERATIONAL ACCOUNTABILITY:** Community Services, Administration

**ORIGINAL POLICY DATE:** November 2017

**AUTHORIZED BY:** Executive Director

**SIGNATURE:**



## Home Share Provider Responsibilities

The Home Share provider must:

**Provide care and the opportunity for further development for the Home Sharer living in the home by:**

- ◆ Having a willingness to accept the individual as part of their family as well as a willingness to foster and respect the individual's independence, dignity, self-determination, social inclusion and community participation;
- ◆ Providing room and board on a continuous basis;
- ◆ Ensuring regular visits to the Home Sharer's physician, dentist, and/or other specialist(s);
- ◆ Ensuring an annual physical and annual dental check-up are completed;
- ◆ Providing support as required for the administration of prescribed medications and treatments;
- ◆ Providing a well-furnished bedroom with a window and adequate space;
- ◆ Offering the Home Sharer the opportunity for privacy;
- ◆ Providing a home atmosphere which will encourage the Home Sharer to participate in day-to-day activities in the home and to function as an accepted family member in that environment;
- ◆ Maintaining and encouraging contact with the natural family and/or significant others;
- ◆ Providing training, guidance, direction and opportunities which will encourage the Home Sharer to become involved to an appropriate degree in their community;
- ◆ Providing skill-building and other forms of assistance to the Home Sharer in consultation with the OPTIONS northwest Staff, in keeping with the accepted practice of the Ministry of Community and Social Services i.e. providing skill-building for employment and living the lifestyle they choose;
- ◆ Agreeing to only use agency-screened caregiver respite providers;

- ◆ Confirming coverage for home insurance, liability insurance and vehicle insurance as required;
- ◆ Using OPTIONS northwest resolution and complaint processes to address situations where the individual or natural family raises a concern;
- ◆ Encouraging the Home Sharer to attend school, work, recreation, and spiritual activities outside the home environment;
- ◆ Advising appropriate persons if the Home Sharer is unable to attend a program or activity due to illness, etc.;
- ◆ Ensuring the Home Sharer has transportation to appointments and extra-curricular activities and;
- ◆ Ensuring the home meets the requirements as specified by OPTIONS northwest Staff.

**Work cooperatively with the OPTIONS northwest Staff by:**

- ◆ Meeting regularly, on a monthly basis at a minimum, with OPTIONS northwest Staff, including one annual unannounced visit;
- ◆ Keeping scheduled appointments set up by OPTIONS northwest Staff and notifying OPTIONS northwest Staff if an appointment has been changed or needs to be changed i.e. illness;
- ◆ Advising OPTIONS northwest Staff in advance, if aware of a necessary scheduling change, to allow time for a new appointment to be arranged in order to maintain Ministry Guideline requirements i.e. monthly meetings;
- ◆ Advising OPTIONS northwest Staff in advance of conferences or appointments for the Home Sharer which are not routine or regularly scheduled;
- ◆ Informing the OPTIONS northwest Supervisor as soon as possible of any emergency, or any circumstances which would necessitate a major change in program, treatment, or care of the Home Sharer;
- ◆ Contacting agency staff immediately to report issues of concern, such as serious injury, allegations of abuse or unexplained situations where the individual is absent from the home for a prolonged period of time in order that these situations may be reported to MCYS/MCSS in accordance with OPTIONS northwest Serious Occurrence reporting;
- ◆ Allowing the OPTIONS northwest Staff private contact with the Home Sharer on an ongoing basis at any time;
- ◆ Seeking approval from OPTIONS northwest Staff prior to making any changes in

the Home Sharer's use of any room in the home or prior to making any changes in the location of the Home Sharer's bedroom;

- ◆ Informing OPTIONS northwest Staff with respect to any possible move as a new home study, dwelling assessment and fire inspection would be required with respect to any change of address;
- ◆ Not entering into other agreements with any agency that would involve a new placement of any child or adult into the home without notification to OPTIONS northwest;
- ◆ Meeting annually with OPTIONS northwest Staff and the Home Sharer to review and complete the Service Agreement;
- ◆ Informing OPTIONS northwest Staff of any new funding i.e. Passport Funding;
- ◆ Maintaining training as required by OPTIONS northwest in the Service Agreement and;
- ◆ Inform the supervisor of their intent to move to a new residence and whether they wish to continue to support the individual in the new location should the individual wish to move with the Home Share provider Provider.

**Perform other related duties including:**

- ◆ Cooperating with annual Health and Fire inspections of the home and complying with any recommendations;
- ◆ Maintaining records and accounts (both program and financial) as directed by OPTIONS northwest Staff, and making these records and accounts available to Ministry representatives upon request;
- ◆ Keeping receipts for purchases made or services provided on behalf of the Home Sharer, in accordance with the instructions provided by OPTIONS northwest Staff;
- ◆ Keeping all Home Sharer information and records in strictest confidence;
- ◆ Participating in any Home Share Program meetings, Home Sharer planning meetings, and training workshops as requested or offered by OPTIONS northwest Staff;
- ◆ Carrying out any other duties deemed necessary by OPTIONS northwest.

## Home Share Responsibilities Schedule

- ◆ Provide consistent supervision, which includes meeting on a minimum monthly basis; i.e. financial review and planning;
- ◆ Act as a consultant or resource person with respect to the care and treatment of the Home Sharer, reports and records;
- ◆ Provide training and guidance in program techniques and strategies to meet the service needs of the Home Sharer and ongoing assistance as is required;
- ◆ Involve the Home Share provider in all planning regarding the Home Sharer;
- ◆ Ensure that the Home Share provider is knowledgeable about all requirements and regulations and provide assistance with compliance to these;
- ◆ Ensure compliance with the Ministry caps as identified below;
- ◆ Assist the Home Share provider, when necessary, in obtaining respite;
- ◆ Arrange for and ensure that the Home Share provider receives remuneration as noted in the Service Agreement.



# OPTIONS *northwest*

Personal Support Services



## HOME SHARE PROVIDER APPLICATION

### APPLICANT

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Postal code)

Telephone:(H) \_\_\_\_\_ (W) \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

\_\_\_\_\_  
(Address) (City) (Postal code)

Marital Status: married \_\_\_ single \_\_\_ widowed \_\_\_ divorced \_\_\_

Language(s) Spoken: \_\_\_\_\_

Health Status: \_\_\_\_\_

### SPOUSE/SIGNIFICANT OTHER

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Postal Code)

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

(address) \_\_\_\_\_ (city) \_\_\_\_\_ postal code) \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

**CHILDREN**

Name	DOB	Occupation/School	Resides
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER OCCUPANTS IN THE HOME**

(Any occupants over 18 will require a vulnerable sector background check)

Name	DOB	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have frequent overnight visitors? Yes \_\_\_ No \_\_\_

Do you have any pets? Yes \_\_\_ No \_\_\_

Types of pets: \_\_\_\_\_

Number of pets? \_\_\_\_\_

Do the pets have the appropriate vaccines/shots? (specify)

\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF HOME**

Own or Rent: \_\_\_\_\_ Age of Home: \_\_\_\_\_

Type of Heating: \_\_\_\_\_ Type of Home: \_\_\_\_\_  
(i.e., single, duplex)

Length of residency in home: \_\_\_\_\_

Location of home: \_\_\_\_\_ (rural, urban, central downtown)

Number of rooms: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

Number of bathrooms: \_\_\_\_\_

**INTERESTS/HOBBIES/ACTIVITIES**

List any community clubs, activities, hobbies that members of the family participate in:

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**NEIGHBOURHOOD RESOURCES**

Public Transportation: \_\_\_\_\_

Recreational Facilities: \_\_\_\_\_

Shopping Facilities: \_\_\_\_\_

Schools: \_\_\_\_\_

Churches: \_\_\_\_\_

Other: \_\_\_\_\_

**HEALTH PROVIDERS**

Name of Family Physician: \_\_\_\_\_

Address & Telephone #: \_\_\_\_\_

Name of Family Dentist: \_\_\_\_\_

Address and Telephone #: \_\_\_\_\_

**MEDICAL INFORMATION**

How would you describe your current health?

Applicant :

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Do you smoke? Yes \_\_\_ No \_\_\_ If yes, do you smoke in the house? Yes \_\_\_ No \_\_\_

Do you drink Alcohol? Yes \_\_\_ No \_\_\_ If yes, how many times per week? \_\_\_\_\_

Do you use recreational drug? Yes \_\_\_ No \_\_\_ If yes, which ones and how often?

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Spouse/Significant other :

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Do you smoke? Yes \_\_\_ No \_\_\_ If yes, do you smoke in the house? Yes \_\_\_ No \_\_\_

Do you drink Alcohol? Yes \_\_\_ No \_\_\_ If yes, how many times per week? \_\_\_\_\_

Do you use recreational drug? Yes \_\_\_ No \_\_\_ If yes, which ones and how often?

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**EMPLOYMENT HISTORY**

Please list your employment and volunteer history, attach additional pages if necessary. Add information you feel will add to the matching process. For example what things do you enjoy or did you enjoy about work and volunteer experiences. What did you not like? What kinds of hours do you work (i.e., shift work, etc)? Also, do you have any experience supporting people with intellectual disabilities?

Employer

Position/Responsabilités

Dates

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Have you provided support to OPTIONS northwest in the past? If So please explain :

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Do you have any family members that are currently employed by, provide respite for, or are home providers for OPTIONS northwest? Yes \_\_\_ No \_\_\_

**PREVIOUS EXPERIENCE**

Have you applied to any other agency to provide foster care, respite or home support?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the agency name and years of service:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Formal schooling, relevant training, workshops, courses, etc

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**BECOMING A HOME SHARE**

What does a typical day in your home look like? (i.e., routines, norms, etc).

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**ADDITIONAL INFORMATION**

Is there anything else you would like to make us aware of?

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\_\_\_\_\_  
Applicant Signature #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature #2

\_\_\_\_\_  
Date

**REFERENCES:**

**Professional and Personal:**

1. Please provide names of two professional references and one personal reference.

Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Address: \_\_\_\_\_

Length of time known: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Address: \_\_\_\_\_  
Length of time known: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Length of time known: \_\_\_\_\_

**Medical Reference Check: (see attachement)**

Name of Attending Physician: \_\_\_\_\_

**Financial Reference Check (see attachement)**

Name of Employer : \_\_\_\_\_  
Name, Address and Phone Number of Financial Institution : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize OPTIONS northwest to contact the Individuals/Employer/Financial Institutions designated above to provide the required information to process this application according to Ministry Requirements.

\_\_\_\_\_  
Applicant Signature #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature #2

\_\_\_\_\_  
Date



# OPTIONS northwest

Personal Support Services



As part of the screening process OPTIONS northwest is required to assess a potential Home Share providers financial stability by exploring the following;

- Is the potential Home Share provider financially secure? (proof of income)
- Do they have adequate income to provide for the needs of the household
- The potential Home Share provider should be able to demonstrate the ability to meet the financial pressures by adding a person with a Developmental Disability to their home.
- A potential Home Share provider remuneration (per diem) should not be the main motivation to participate in this program.

1. What would you do to make ends meet if you or your partner lost your job or were unable to work for 4-6months?

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2. Do you feel financially secure and that you have a good plan for your future?

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3. Has your financial situation caused excess stress and arguments in your family?

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*Please note you may be asked to provide additional information in relation to Finances. This may include but not limited to; proof of income, assets and liabilities and reference checks with income sources.*



OPTIONS northwest screens and monitors families that are interested in caring for an adult with a Developmental Disability in their home. As part of the screening process we are to consider a potential Host Family Providers, physical, mental, social and emotional abilities to meet the needs of the individuals they support.

The intent of this assessment is to identify any barriers that may prevent the potential Host Family Provider from providing the necessary care. For example, if a potential Host Family provider has minor mobility challenges; this may be difficult to support an individual requiring physical supports such as lifting and transferring.

Listed below are most of the responsibilities of a Host Family Provider and the attached form.

## **The Host Family Provider is responsible for:**

- Providing a safe and secure living environment on a continuous basis for the individual.
- Providing nutritious meals;
- Offering the individual the opportunity for privacy;
- Assisting the individual with health care, basic needs, and other activities of daily living;
- Assisting the individual to attend school, work and/or other daytime activities, extracurricular activities, and medical appointments;
- Providing a caring and supportive atmosphere that encourages the individual to participate in day-to-day activities in the home as a member of the family;
- Providing opportunities, guidance, and direction that encourages the individual to become involved in the surrounding community;
- Enabling visits with the individual's family and friends, as appropriate;
- Arranging for appropriate supervision for the individual when the Host Family Provider is absent from the home;
- Maintaining financial and program records for the individual, as required, and submitting receipts for purchases and/or services made on behalf of the individual, as required by OPTIONS northwest;
- Keeping all individual information and records confidential;
- Participating in initial and ongoing training, Host Family Provider meetings, and annual reviews of the Host Family Home as requested by OPTIONS northwest;
- Participating in the person-centred planning process and implementing parts of the plan related to the individual's Host Family placement;
- Advising OPTIONS staff of changes in the individual's behaviour, medical or other care needs;
- Advising OPTIONS staff of events/incidents that may be considered Serious Occurrences;
- Informing OPTIONS of any change in the family status; and
- Other responsibilities based on the Host Family arrangement and the unique needs of the individual.

If you have any questions or concerns please feel free to contact me.

Chris Wiseman  
OPTIONS northwest  
Manager of Personalized Living  
344-4599 Office  
633-6402 Cell

**OPTIONS northwest  
HOME SHARE PROVIDER HEALTH ASSESSMENT FORM**

This is to certify that: \_\_\_\_\_ is  
(name of potential Home Share Provider)

a) Fit to be a Home Share Provider with no limitations

OR

b) Fit to be a Home Share Provider with the following limitations

LIST LIMITATIONS

OR

c) Not fit to be a Home Share Provider at this time

Mantoux Skin Test Date: \_\_\_\_\_ Negative \_\_\_\_\_ Positive \_\_\_\_\_

If Mantoux Positive then X-Ray Date: \_\_\_\_\_ Result: \_\_\_\_\_

Free from tuberculosis or any other communicable or contagious disease

Immunization Record Information:  Immunization Record obtained or update to be provided by \_\_\_\_\_  
 Hep B consent/waiver obtained or form to be returned on \_\_\_\_\_

HEALTH CONCERNS/RESTRICTIONS RELATED TO REQUIREMENTS OF THE HOME SHARE PROGRAM:

ADDITIONAL COMMENTS:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

MANAGER OF PERSONALIZED LIVING USE ONLY

Date Received: \_\_\_\_\_ Signature: \_\_\_\_\_

# OPTIONS *northwest*

Personal Support Services



Attention:  
Thunder Bay Police Service  
1200 Balmoral Street  
Thunder Bay, Ontario  
P7B 5Z5

OPTIONS northwest is a non-profit organization that provides community based and in-home assisted living and vocational and recreational support services to individuals who have a developmental disability.

As part of our licensing procedure for Home Share Providers and Respite Providers, a Police vulnerable Sector Check is required. Home Share Providers are financially compensated for the support they provide.

As per the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, all Agencies must complete reference checks and police record checks for all Home Share Providers, Respite Providers and anyone 18 and over living in the Home Share home. The completed checks must be received before these individuals can work/live directly with people receiving services and supports without being supervised.

As an authorized representative of an organization that is responsible for the well-being of vulnerable persons as defined in Section 6.3(1) of the Criminal Records Act, I hereby request that the Thunder Bay Police conduct a Police Vulnerable Sector Check (PVSC). The following candidate will be supporting/living with a person with a developmental disability. This position is one of trust or authority towards a vulnerable person.

Name of Person Requiring Check: \_\_\_\_\_  
Address of Person Requiring Check: \_\_\_\_\_

If you have any questions, please contact me at 633-6402.

Sincerely,

Chris Wiseman  
Manager of Community Services  
OPTIONS northwest

OPTIONS northwest

HOME SHARE PROVIDER PROFESSIONAL/PERSONAL REFERENCE CHECK

NAME OF HOST FAMILY APPLICANT: \_\_\_\_\_

APPLICANT'S PHONE NUMBER: \_\_\_\_\_

NAME OF REFERENCE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN APPLICANT/FAMILY: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

\_\_\_\_\_

RELIABILITY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ABILITY TO FOLLOW EXPECTATIONS/GUIDELINES/RULES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RESPONSE TO FEEDBACK/CONSTRUCTIVE CRITICISM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ABILITY/CONFIDENCE TO DEAL WITH SITUATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMUNICATION SKILLS (i.e. ability to remain objective, sees both sides): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOUSEKEEPING SKILLS/MAINTAINS A SAFE HOME ENVIRONMENT: \_\_\_\_\_

\_\_\_\_\_

**CAN YOU COMMENT ON THEIR FAMILY LIFE/SITUATION:** \_\_\_\_\_

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**ARE YOU AWARE OF THEIR INVOLVEMENT IN THE COMMUNITY:** \_\_\_\_\_

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**COMMENT ON PARENTING/INTERACTION/SUPERVISION SKILLS:** \_\_\_\_\_

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**STRONG/WEAK POINTS:** \_\_\_\_\_

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**ADDITIONAL INFORMATION:** \_\_\_\_\_

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**HAS YOUR CHILD BEEN IN THEIR CARE? EXPLAIN:** \_\_\_\_\_

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**PERSONAL HABITS:**    \_\_\_\_\_ **GOOD**            \_\_\_\_\_ **QUESTIONABLE**            \_\_\_\_\_ **UNACCEPTABLE**

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**REFERENCE INTERVIEWER  
RECOMMENDATION:**

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DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

***INTERVIEWER***





**OPTIONS** *northwest*

Personal Support Services



## HOME SHARE PROGRAM

### HOME STUDY AND DWELLING ASSESSMENT

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**Applicant Names (Initial interview requires two people from OPTIONS northwest)**

Interviewer One \_\_\_\_\_

Interviewer Two \_\_\_\_\_

**Eligibility**

A Home Share provider cannot be a family member of the Home Sharer as defined by the Ministry of Community and Social Services

1. Are you related to the Home Sharer? \_\_\_\_\_

**Cap for Home Provider/ Home Share Placements**

Effective April 1, 2016 there can be no more than two placements (i.e. persons placed - children and/or adults) in a Home Share's home. This includes children or adults who have been placed in the Home Share's home by an agency funded by the Ministry of Children and Youth Services or the Ministry of Community and Social Services.

2. As per the above statement, how many individuals currently reside in this home who are currently receiving support? \_\_\_\_\_ if more than two, see below.

**Exceptions or extenuating circumstances:**

In order to preserve existing family arrangements, families who foster children through a Children's Service Agency are exempt from the above-noted cap, in the following situation:

- Where the foster family has more than two foster children placed by a MCYS agency and
- Where one of those foster children has a developmental disability, and would continue to stay with the foster family as a Home Share Program placement after he/she turns 18 years of age.

Where this exemption applies, no additional placements for adults or children beyond those allowed by the above exemption are permitted.

**I N T E R V I E W**

**Date:** \_\_\_\_\_

Languages spoken in the home: 1. \_\_\_\_\_  
2. \_\_\_\_\_

**Present: Applicant 1:** \_\_\_\_\_ **Applicant 2:** \_\_\_\_\_

**A) FAMILY BACKGROUND**

1. How large was your family?

Applicant 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you still have contact with your family? What is the present relationship with your family?

Applicant 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you remember the most growing up in your family?

Applicant 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant 2: \_\_\_\_\_

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4. How was your relationship with your parents while growing up? How did you and your parents express affection?

Applicant 1: \_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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5. What methods of discipline did your parents use? How do you feel about these today?

Applicant 1: \_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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6. What made you feel secure in your family?

Applicant 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How long have you been partners (if applicable)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B) MOTIVATION**

1. When and how did you hear about the program?

Applicant 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant 2: \_\_\_\_\_  
\_\_\_\_\_

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2. What are the reasons for which you want to become a Home Provider to adults with a disability? *(If Transitional Aged Youth (TAY) – What made you decide to continue providing support to the individual in your home once they turned 18?)*

Applicant 1: \_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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3. Have you spoken with your friends and family about having a person with a disability live with you?  
If yes, what was their response?

Applicant 1: \_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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**C) RELATIONSHIP**

1. What kind of changes do you think your family or yourselves will have to make as a result of having a person with a disability live with you?

Applicant 1: \_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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2. How do you feel about having to make these or any changes?

Applicant 1: \_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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3. When a situation or behaviour becomes stressful for you or your family, how do you deal with the stress? What actions can you take that will help diminish the stress?

Applicant 1: \_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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4. What are the behaviours or special needs which you would find very difficult to accept from someone living in your home?

Applicant 1: \_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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5. What can you (as a family or individual) do to help make the Home Sharer living with you feel more comfortable and secure?

Applicant 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What would be some general expectations that you would like the Home Sharer to fulfill?

Applicant 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How would you deal with a disagreement with the Home Sharer?

Applicant 1: \_\_\_\_\_  
\_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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8. How would you deal with a physical conflict with the Home Sharer; i.e. stealing, slapping, breaking an object? For interviewers; Offer NVCi yes/no.

Applicant 1: \_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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9. What can you say or do, which would encourage the Home Sharer to learn new skills and become more involved in the community?

Applicant 1: \_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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10. Do you try and support each other's decision when disciplining your children? Why?

Applicant 1: \_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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11. What if you and your partner are in disagreement with how to deal with a certain behaviour or situation? How will you handle this and resolve it so that you and your partner are satisfied with the final decision?

Applicant 1: \_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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12. How do you express affection towards each other and your children?

Applicant 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. What are some activities you do together as a family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Will you be able to include the Home Sharer with you in these activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. What are some characteristics of your personality that you like or are proud of?

Applicant 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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16. What are some characteristics of your personality that you try and control or try to improve?

Applicant 1: \_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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17. Describe the personality of your children.

Applicant 1: \_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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18. What kind of personality would you like the person living with you to have? *(If know the person already, describe their personality)*

Applicant 1: \_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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**D) OTHER**

1. Do you have the appropriate household insurance to provide room and board to an adult with a developmental disability (ie. content insurance)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Copies needed:

2. Do you have the appropriate car insurance if using a vehicle?

Yes \_\_\_\_\_ No \_\_\_\_\_

Copies needed:

3. What kind of evacuation plan do you have or have discussed with your family in case of a fire?

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4. Will you participate in training sessions offered through OPTIONS northwest?

Applicant 1: \_\_\_\_\_

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Applicant 2: \_\_\_\_\_

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5. Do you know of anyone who be able to provide relief (during week or weekend) for the person living with you?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_

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# OPTIONS *northwest*



Personal Support Services

As part of the screening process OPTIONS northwest is required to assess a potential Home Share providers financial stability by exploring the following;

- Is the potential Home Share provider financially secure? (proof of income)
- Do they have adequate income to provide for the needs of the household
- The potential Home Share provider should be able to demonstrate the ability to meet the financial pressures by adding a person with a Developmental Disability to their home.
- A potential Home Share provider remuneration (per diem) should not be the main motivation to participate in this program.

1. What would you do to make ends meet if you or your partner lost your job or were unable to work for 4-6months?

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2. Do you feel financially secure and that you have a good plan for your future?

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3. Has your financial situation caused excess stress and arguments in your family?

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*Please note you may be asked to provide additional information in relation to Finances. This may include but not limited to; proof of income, assets and liabilities and reference checks with income sources.*



To help us better understand the type of support you are willing to provide, can you tell us if, OPTIONS northwest was to provide you with support and training, would you consider supporting someone who presents the following:

- A person with a history of medical concerns: i.e. diabetes
- A person who needs assistance with medication
- A person with a history of trouble with the law
- A person who has a history of stealing
- A person who has a history of being disrespectful (swearing or being rude)
- A person who is constantly in need of attention
- A person who needs to be taught through slow, regular, constant ongoing repetition of each task
- A person who has been a victim of physical, sexual or emotional abuse
- A person who is sexually active
- A person who is a sex offender or a potential sex offender
- A person who exhibits hyperactive behavior
- A person with poor hygiene
- A person who needs assistance with toileting (incontinent)
- A person who smokes
- A person who is self-abusive or destructive
- A person who is aggressive to animals, objects and/or people
- A person who is not able to understand speech or talk
- A person who has Hepatitis

**Is there anything else that might be helpful, for us to know, in understanding how to match you with a person?**

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**PHYSICAL DWELLING ASSESSMENT**

		<b>COMMENTS</b>
<b>1. <u>Type of Dwelling</u></b>		
Boarders (where applicable)		<u>Number</u>
Private Business in Home	Yes/No	
City Water	Yes/No	
Well Water (attach testing documentation)	Yes/No	
If yes, where is well located?	Yes/No	
Proper Ventilation	Yes/No	
Temperature Maintained at or around 70°F (20°C)	Yes/No	
Heat and Lights		<u>Good                      Inadequate</u>
Location/ Number of Telephones		<u>Easily Accessible</u>
Emergency Numbers (posted by all phones)	Yes/No	
<b>2. <u>Indoor living Space</u></b>		
Family Room	Yes/No	
Living Room	Yes/No	
Other	Yes/No	
<b>3. <u>Sleeping Space</u></b>		
Vacant Bedroom(s)	Yes/No	<u>Number      Location</u>
Shared Bedroom(s)	Yes/No	<u>Other Person</u>
		<u>Number      Age      Sex</u>
Appropriate Heat	Yes/No	
Appropriate Lighting	Yes/No	
Appropriate Window	Yes/No	
Adequate Dresser	Yes/No	
Wheelchair Accessible	Yes/No	

4. **Nearby Schools, Playgrounds, Parks and Library**

Schools	Yes/No	_____
Parks	Yes/No	_____
Library	Yes/No	_____

5. **Pets**

Care (rabies and shots)	Yes/No	<u>How Many</u> _____
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Good	Adequate	_____
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6. **Kitchen**

Storage of Cleaning Supplies	Yes/No	_____
Hazardous Products or Materials (locked)	Yes/No	_____
Storage of Medications (locked)	Yes/No	_____
First Aid Kit and Manual	Yes/No	_____
Appliances (gas/electric)	Yes/No	_____

7. **Bathroom(s)**

Toilets functional and clean	Yes/No	<u>How Many</u> _____
Medicine Cabinet (locked, safety)	Yes/No	_____
Wheelchair Accessible/useable	Yes/No	_____
Renovations Required	Yes/No	_____

8. **Halls and Stairways**

Are there slippery area rugs and runners	Yes/No	_____
Stairways carpeted /anti slip treads)	Yes/No	_____
Clear of obstruction	Yes/No	_____
Top of stairway safe - upstairs	Yes/No	_____
Top of stairway safe – to basement	Yes/No	_____
Appropriate handrails on stairs	Yes/No	_____

9. **Outdoor Facilities**

Yard	Yes/No	_____
Fencing	Yes/No	_____
Gate	Yes/No	_____
Pool	Yes/No	_____
Life Saving Equipment	Yes/No	_____
Danger from Road; is there a gate?	Yes/No	_____

10. **Entrances to Building/Home**

Are entrances obstructed; such as a bush or tree	Yes/No	_____
Are entrances well lit?	Yes/No	_____

Are the stairs in good condition?	Yes/No	_____
Are handrails needed?	Yes/No	_____
Any there any other potential exterior hazards? (Steep driveway)	Yes/No	_____
<b>11. <u>Storage of Tools/Paints/Gardening Supplies</u></b>		
Locked Away	Yes/No	_____
Safe Area	Yes/No	_____
<b>12. <u>Fire Arms</u></b>	Yes/No	_____
Locked Away	Yes/No	_____
Key (inaccessible)	Yes/No	_____
Ammunition locked and stored separately	Yes/No	_____
<b>13. <u>Fireplaces/Woodstoves</u></b>	Yes/No	_____
Location	Yes/No	_____
Screened	Yes/No	_____
Railing	Yes/No	_____
Wett Test – documentation attached	Yes/No	_____
<b>14. <u>Fire Precautions</u></b>		
Number of Smoke Detectors _____	Where	_____
Battery or Electric (circle one)		_____
Acceptable method for upstairs evacuation	Yes/No	_____
Fire Extinguisher(s)	Yes/No	_____
Evacuation procedures known well	Yes/No	_____
C02 detector (if gas heating)	Yes/No	_____
<b>15. <u>Wheelchair Accessibility</u></b>		
Main Entrances	Yes/No	_____
Bathroom(s)	Yes/No	_____
Living Room	Yes/No	_____
Dining Room	Yes/No	_____
Bedroom (space)	Yes/No	_____
<b>16. <u>Transportation/Insurance</u></b>		
Own Car(s)	Yes/No	_____
Auto Liability Insurance	Yes/No	_____
House Liability Insurance	Yes/No	_____
Other (i.e. ATV, boat, etc)	Yes/No	_____
Boating license	Yes/No	_____

17. **Check List**

- |   |              |
|---|--------------|
| Basement (finished/not finished/ utilized)    | Yes/No _____ |
| Outside Exits (where, number)                 | Yes/No _____ |
| Freezer (standing or chest)                   | Yes/No _____ |
| Wiring (amps)                                 | Yes/No _____ |
| Thermostat on Water Heater (120F)             | Yes/No _____ |
| Are there any cords placed in flow of traffic | Yes/No _____ |
| Adequate Floor Coverings                      | Yes/No _____ |
| Equipment and Furnishings Safe and Clean      | Yes/No _____ |
| Carpets cleaned last (date)                   | Yes/No _____ |

For a Homesharers/Respite bedroom:

- |  |              |
|--|--------------|
| 1. Is bedroom in a building detached from the home providers home?                               | Yes/No _____ |
| 2. Is bedroom in an unfinished basement?   | Yes/No _____ |
| 3. Is the bed and mattress suitable with bedding that is appropriate to the weather and climate? | Yes/No _____ |
| 4. Is the bedroom shared with others?  | Yes/No _____ |
| 5. Privacy lock on bedroom door?   | Yes/No _____ |
| 6. Does the individual know how to unlock the door?  | Yes/No _____ |
| 7. Any signs of mold?  | Yes/No _____ |

Visual assessment of bedroom:

\_\_\_\_\_

\_\_\_\_\_

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**Additional Comments:** \_\_\_\_\_

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Follow-up:

General impressions of family:

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