

**APPLICATION FORM  
HOME SHARE / RESPITE CARE SERVICES**

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

**PRIMARY APPLICANT**

**CO-APPLICANT\***

*\*If the applicant is married or another adult will be providing direct care, the co-applicant section is required.*

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Postal Code  
Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Postal Code  
Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_  
Email: \_\_\_\_\_

Completion of the following personal information is optional but is helpful in facilitating a successful matching process between you and the person you will be supporting.

\_\_\_\_\_  
Date of Birth  
\_\_\_\_\_  
Cultural background  
\_\_\_\_\_  
Religious affiliation

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
Religious affiliation

**EDUCATION & EXPERIENCE (Please attach Resume)**

Education completed: \_\_\_\_\_  
\_\_\_\_\_  
Related training and experience:

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\_\_\_\_\_  
Related training and experience:

**EMPLOYMENT**

Present employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Length of employment: \_\_\_\_\_

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Position: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Length of employment: \_\_\_\_\_

## COMMUNITY/VOLUNTEER INVOLVEMENT

Current:

Current:

Past:

Past:

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## GENERAL INFORMATION

Relationship of applicants to each other, if applicable: \_\_\_\_\_

Type of accommodation (e.g. house, apartment, farm)

Description of home (e.g. rental, own, strata):

Briefly describe your lifestyle:

Living arrangements for Person Supported:

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## FAMILY INFORMATION:

Children of applicants living at home or elsewhere:

Name	Gender	Birth date	Relationship	School / Grade	Location

If applicable, please describe child care arrangements:

Other persons in Home (boarders / relatives / day care children): *If yes, please list:*

Name	Gender	Birth date	Relationship	Day Care or Resident

Are all family and household members in good health? \_\_\_\_\_

Have any of the above been treated for serious illness, emotional or mental health problems? *Please explain.*

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### SUPPORT / PLACEMENT INFORMATION

Please indicate the levels of support that you are able to provide:

- Medical Care
- Personal Care
- Lifts and Transfers
- Behavioral Support
- Mental Health
- Addictions

Type of Placement desired:

- a) Home Share (full time)
- b) Respite (Please check from the following):
  - Emergency
  - Weekends
  - Longer than 2 weeks
  - Other \_\_\_\_\_

Please describe your Philosophy of Care and why you and your family wish to provide a Home Share / Respite Care.

**REFERENCES:** Names and addresses of three persons. These persons must know you well enough to answer questions concerning your family and your caregiving abilities.

**Employer**

_____	_____
<i>Name</i>	<i>Relationship</i>
_____	_____
<i>Address</i>	<i>Phone: home</i>
_____	_____
<i>City</i> _____ <i>Postal</i>	<i>Phone: work</i>

**Personal (non-family)**

_____	_____
<i>Name</i>	<i>Relationship</i>
_____	_____
<i>Address</i>	<i>Phone: home</i>
_____	_____
<i>City</i> _____ <i>Postal</i>	<i>Phone: work</i>

**Family Member**

_____	_____
<i>Name</i>	<i>Relationship</i>
_____	_____
<i>Address</i>	<i>Phone: home</i>
_____	_____
<i>City</i> _____ <i>Postal</i>	<i>Phone: work</i>

**I hereby authorize Bethesda Christian Association to obtain any relevant information regarding my employment, volunteer, experience and education.**

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

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Signed*

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

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

Please return to:  
Bethesda Christian Association  
#105-2975 Gladwin Rd.  
Abbotsford, BC V2T 5T4 Fax:  
(604) 850-7242  
or email to  
Life@BethesdaBC.com