

# Application Form – Home Share / Respite Services

Date:

Address of Home:

## PRIMARY APPLICANT

## CO-APPLICANT\*

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

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Home: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

☐ I do not have a criminal record in Canada or any other country.

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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.

## PRIMARY APPLICANT

## CO-APPLICANT

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Cultural Background

\_\_\_\_\_  
Cultural Background

\_\_\_\_\_  
Religious Affiliation

\_\_\_\_\_  
Religious Affiliation

How did you hear about Bethesda's home share/respite services?

## Work Experience and Education (please attach resume)

## PRIMARY APPLICANT

## CO-APPLICANT

☐ Resume attached with related employment, volunteer, education, training and experience

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Have you provided home share, respite or foster care previously? Y ☐ N ☐

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If yes, indicate agency name(s) below:

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PRIMARY APPLICANT	CO-APPLICANT
Current Employer: _____	Current Employer: _____
Position: _____	Position: _____
Length of employment: _____	Length of employment: _____
Details of position and responsibilities: _____	Details of position and responsibilities: _____

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### General Information

Relationship of applicants to each other, if applicable:

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

Description of home:

Home ownership: ☐ Owned ☐ Rental ☐ Strata ☐ Other:

Is there a business operating in the home? ☐ Yes ☐ No

If yes, provide details of the type of business activities, location, and any potential public access to the home:

Briefly describe your lifestyle:

Describe living arrangements for the person supported:

## Family and Resident Information

Children of applicants living at home or elsewhere:

Name	Gender	Birth Date	Relationship	School/Grade	Location

If applicable, describe childcare arrangements:

Other persons in home (boarders, relatives, day care children, etc.):

Name	Gender	Birth Date	Relationship	Nature of presence in home (e.g. boarder, day care, relative, etc.)

Do any of the above have any current or past illnesses, emotional, or mental health problems that could impact the support provided in the home? ☐ Yes ☐ No If yes, please describe below.

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## Support/Placement Information

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Medical care  | <input type="checkbox"/> Lifts and transfers | <input type="checkbox"/> Mental health                |
| <input type="checkbox"/> Personal care | <input type="checkbox"/> Behavioural support | <input type="checkbox"/> Substance use and addictions |

Comments:

Type of placement desired:

- |   |   |
|---|---|
| <input type="checkbox"/> Home share<br>(24/7 support) | <input type="checkbox"/> Respite (specify type below):                          |
|   | <input type="checkbox"/> Emergency <input type="checkbox"/> Longer than 2 weeks |
|   | <input type="checkbox"/> Weekends <input type="checkbox"/> Other:               |

## Philosophy of Support

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

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### References

Names and addresses of three persons. These persons must know you well enough [Text Wrapping Break]to answer questions concerning your family and your caregiving abilities.

#### Employer

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Name

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Relationship

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Location (city/prov)

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Phone

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Email

#### Personal (non-family)

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Name

---

Relationship

---

Location (city/prov)

---

Phone

---

Email

#### Family Member

---

Name

---

Relationship

---

Location (city/prov)

---

Phone

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Email

## Declaration and Signatures

By signing below, I authorize Bethesda Christian Association to obtain any relevant information regarding my employment, volunteer, experience and education as listed above or in my attached resume.

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.

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Signed (Applicant)

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Signed (Co-Applicant)

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Date

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Date

Please email completed application to [HomeShare@BethesdaBC.com](mailto:HomeShare@BethesdaBC.com).