

LifeShare/Respite Program Application Form

Personal Information:

Name (First & Last):

Other Residents of
Address:

Address:

City/Town:

Postal Code:

Telephone Number:

E-mail Address:

Place of Employment:

Regular Work Hours:

Health Information:

1. Do you have any medical concerns we should be aware of?

2. Do you have any allergies?

3. Do you have any other health information you would like to share?

Community Involvement:

1. Are you or your family a member of any community clubs/groups or do you participate in any local activities?

2. What interested you to apply to become a LifeShare/Respite Provider?

3. Please list any hobbies or interests you or your family members have?

Home Information:

1. Do you, your family or guests smoke within your home?

Yes No

2. Do you have any pets in your home

Yes No

If yes, what kind of pets? _____

3. Would a person who shared your home have their own room?

Yes No

4. Would you and your family members be willing to participate in mandatory organizational training sessions, such as First Aid/CPR, Abuse, Rights, etc.?

Yes No

Personal Support:

1. Which of the following support would you be comfortable providing?

- | | | |
|--|------------------------------|-----------------------------|
| Medication | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Meal Preparation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Personal Hygiene (ie. shaving, tooth brushing, personal care) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bathing/Showering | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Behavioural Supports
(Expression of self through challenging or aggressive behaviour) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Transportation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

2. I am comfortable supporting a person who:

- | | | |
|---|------------------------------|-----------------------------|
| a. Requires assistance with slow, regular, constant repetition of tasks | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Has medical requirements (i.e. diabetes, injections at home) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Is not able to use words to communicate. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Practices a different religion than me. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

3. Please list any personal or professional qualifications, skills, training, and/or experiences supporting people with an intellectual disability.

4. Is there any other information you would like to share?

LifeShare/Respite Applicant Signature

Date