

CONTRACTED SERVICES

Home Share and Respite Services

Application

Thank you for your interest in Mission Association for Community Living's Home Share and Respite program. This application is designed to help us understand your needs, preferences, and suitability for the program, ensuring the best possible match for all participants. Please complete the form thoroughly and honestly, as the information you provide will be essential in assessing your application. If you have any questions or need assistance while filling out the form, feel free to contact us. Your privacy is important to us, and all information will be handled with the utmost confidentiality.

| General Information | | | |
|---|---------------|--------------------|----------|
| Please select the program(s) that you are applying for: | | | |
| Home Share | Adult Respite | Children's Respite | |
| Do you have space in your home for more than one individual? | Yes | No | |
| Are you able to provide Home Share / Respite on short notice? | Yes | No | Possibly |
| Why have you decided to apply for Home Share / Respite at this time? | | | |
| | | | |

| Primary Applicant | |
|---|-------------------------------|
| Full Name: | Date of Birth: |
| Full Address: | Marital Status: |
| Home Phone: | Cell Phone: |
| Email: | Language(s) Spoken: |
| Occupation: | Current Employer: |
| Length of Employment: | Regular Hours of Work: |
| Highest Level of Education Completed: | |
| Please list any relevant certificates or specialized training: | |
| | |
| Please list any other relevant work experience or education: | |
| | |

| Co-Applicant / Spouse <i>if applicable</i> | |
|---|-------------------------------|
| Full Name: | Date of Birth: |
| Full Address: | Marital Status: |
| Home Phone: | Cell Phone: |
| Email: | Language(s) Spoken: |
| Occupation: | Current Employer: |
| Length of Employment: | Regular Hours of Work: |
| Highest Level of Education Completed: | |
| Please list any relevant certificates or specialized training: | |
| | |
| Please list any other relevant work experience or education: | |
| | |

| Children <i>Please indicate the following information on your child(ren)</i> | | | | | |
|---|------------------|---------------|----------------------|--------------------------------|----------------------------|
| | Full Name | Gender | Date of Birth | School Grade / Employer | Resides at Home Y/N |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

| Other Person(s) in Home <i>Including boarders, relatives, friends, tenants, exchange students etc.</i> | | | | | |
|---|------------------|---------------|----------------------|----------------------------------|--------------------------------|
| | Full Name | Gender | Date of Birth | Relationship to Applicant | School Grade / Employer |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

Please note that all household members over the age of 18 will require a Criminal Record Check clearance run by MACL.

| Transportation | | |
|---|-----|----|
| Do you have a valid driver's license? | Yes | No |
| Do you have a reliable vehicle? | Yes | No |
| Describe the Make/Model and Year of your vehicle(s): | | |
| | | |

Please note that all household members who may be driving the supported individual in their vehicle must complete a driving record annually.

| Home Environment | | | | |
|---|--|-----------------------|-----------|-----------|
| Do you own or rent your home? | | Own | Rent | |
| How long have you lived at this address? | | | | |
| Is your home wheelchair accessible? | | Yes | No | |
| Is your yard fully fenced? | | Yes | No | |
| What type of home do you live in? | | Detached House | Apartment | Townhouse |
| Square Feet: | | # of Bedrooms: | | |
| # of Bathrooms: | | # of Stories: | | |
| Briefly describe the layout of your home: | | | | |
| | | | | |
| Briefly describe the living arrangements for an individual (separate suite, bedroom etc.): | | | | |
| | | | | |

| Household Pets <i>Please elaborate on any pets in the home, including those of tenants or boarders</i> | | | | | |
|---|-------------|--------------|-------------|------------|-----------------|
| | Type | Breed | Name | Age | Demeanor |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

| Additional Information | | |
|--|-----|----|
| Have you ever provided Home Share / Respite with another agency? | Yes | No |
| If so, please provide the name of the agency: | | |
| Does anyone in the home have any ongoing health conditions? | Yes | No |
| If so, please elaborate on the health conditions: | | |
| Does anyone in the home smoke? <i>Including vaping and cannabis</i> | | |
| | Yes | No |

| Family Hobbies & Interests: | |
|--|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

| Is There Anything Else You'd Like To Share With Us? |
|--|
| |

By signing below, I affirm that all information provided in this application is true, accurate and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions may result in the rejection of my application.

| | |
|--|-------------|
| | |
| Primary Applicants Signature | Date |
| | |
| Co-Applicant / Spouse Signature | Date |

You may submit your completed application either in person at 333425 Second Avenue, Mission, or by email to our Contracted Services Coordinators: danielle.axton@macl.bc.ca and gina.reimer@macl.bc.ca.

Thank you for taking the time to complete your application for MACL's Home Share / Respite program. Please note that only shortlisted candidates will be contacted.