Breton Ability

HomeShare

HomeShare Provider Application

HomeShare is a support program for persons with disabilities in Nova Scotia that involves sharing your home with an adult who requires assistance to live in the community. As a HomeShare Provider you will provide both a shared living environment and disability-related supports to another adult. These supports may include assistance with meals, appointments, health needs, and other daily living activities.

The type of disability supports you provide will depend on the needs of the individual you live with. Breton Ability will work with you to ensure you have the skills needed to meet their needs.

As a Provider, you will enter into a service agreement with Breton Ability that outlines the terms of the arrangement, including your rights and responsibilities.

For more information related to HomeShare, or to get assistance with the application, please contact **Ashley Boutilier** HomeShare Coordinator at **aboutilier@cb-bac.ca / 902-304-5862**.

Please attach extra pages with your answers if you run out of room to respond. Please note that a review of requested documents and criminal record check will be required to proceed with the interviewing process.

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PART ONE: APPLICANT'S BASIC INFORMATION

Applicant name:

Phone Number(s): (1) (2)

Email Address:

Address:

Preferred Method of Contact: ☐ Phone ☐ Email ☐ Text

I am making this application to:

☐ Share my current home with a person requiring supports (defined as a person with a disability receiving funded supports from the Nova Scotia Disability Support Program).

☐ Offer to move into the person requiring supports' home.

There are limited differences in this application between the two options. Where applicable, they are noted.

Employment History:

Are you currently employed?

☐ Yes ☐ No

If employed, do you work full-time or part-time?

☐ Full-Time ☐ Part-time

If employed, is your work schedule consistent (e.g. you work the same times each week)?

☐ Yes ☐ No

If yes, describe your usual work hours each week:

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Considering your current job, please describe your plan for ensuring the person supported can still access support while you are working.

If employed, please providedetails on your current employer.

Current Employer:

Job Title:

Phone Number:

Brief Descirption of your role:

Educational Background

Highest Level of Education Completed:

Please tell us the name of the institution and the year completed for the highest level of education completed:

If the highest level of education completed is college, a skilled trade school, or a university, please tell us the credential and field of study:

Please tell us any other specialized training, courses, or credentials you have taken or have been awarded that may be relevant to this role:

PART TWO: SUPPORT PARTNER'S BASIC INFORMATION (IF APPLICABLE)

This section should be completed if any additional adults in the home will also be providing care and assistance to the person supported. This could be a spouse, partner, roommate, friend, or other person who lives in the home, is over the age of 18, and has the skills required to provide supports.

Support Partner Name:

Phone Number(s): (1) (2)

Email Address:

Relationship to Primary Applicant
They are my...

- ☐ Spouse /Partner
- ☐ Roommate
- ☐ Friend
- ☐ Family Member
- ☐ Other

Employment History:

Are you currently employed?

☐ Yes ☐ No

If employed, do you work full-time or part-time?

☐ Full-Time ☐ Part-Time

If employed, is your work schedule consistent (e.g. you work the same times each week)?

☐ Yes ☐ No

If yes, describe your usual work hours each week:

If employed, please providedetails on your current employer.

Current Employer:

Job Title:

Phone Number:

Brief Descirption of your role:

Educational Background

Highest Level of Education Completed:

Please tell us the name of the institution and the year completed for the highest level of education completed:

If the highest level of education completed is college, a skilled trade school, or a university, please tell us the credential and field of study:

Please tell us any other specialized training, courses, or credentials you have taken or have been awarded that may be relevant to this role:

PART THREE: INVOLVEMENT IN THE COMMUNITY

Please describe how you currently participate in your neighbourhood and community. This can include formal activities such as volunteering, engagement with community groups or informal activities such as supporting others in the community to participate in daily life, attending religious events, supporting neighbours or any other activities you routinely participate in.

Organization/Group/Activity:

Role:

Frequency:

Organization/Group/Activity:

Role:

Frequency:

Organization/Group/Activity:

Role:

Frequency:

What is your vision on involving a person receiving supports in these activities? How could you see them being involved in your community?

PART FOUR: OTHER MEMBERS OF THE HOUSEHOLD

Please provide detail on other members of the household (Note: not applicable where a Provider moves in with a person receiving supports).

	Name	Gender	Relationship	Age	Will they be providing support to the person supported? (Yes/No)
1.					
2.					
3.					
4.					
5.					
6.					

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You will be required to obtain and provide a criminal record and vulnerable sector check for each adult over the age of 18 in the home. If your application is provisionally approved, we will follow up with you to request these.

Have you discussed this application with all members of the household?

☐ Yes ☐ No

Are all members of the household supportive of the application?

☐ Yes ☐ No

Do you have any children (adults or minors) who do not live with you in the home? Please identify them and list in order of birth.

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PART FIVE: SUPPLEMENTARY INFORMATION

Are you licensed to drive in the Province of Nova Scotia?

☐ Yes ☐ No

If yes, please note we will follow up for a copy of your driver'sabstract.

Do you have (or agree to obtain) vehicle insurance with full liability coverage?

☐ Yes ☐ No

Do you have (or agree to obtain) home insurance with all-risk coverage?

☐ Yes ☐ No

Not applicable where a Provider moves in with a Person Supported. The HomeShare Provider and Person Supported will need to come to an agreement on acceptable insurance coverage, including whether the Person Supported insurance will cover both parties.

Do you agree to notify your home insurance provider of the change in use of your home if you are successful in this application?

☐ Yes ☐ No

Not applicable where a Provider moves in with a Person receiving Supports.

Are there firearms or other weapons (e.g. BB guns, pellet guns, sport/hunting knives, crossbows, bows/arrows) on the property?

☐ Yes ☐ No

Have you or anyone in the household ever been employed as a Disability Support Program service provider?

☐ Yes ☐ No

Have you (or a member of your household) been the subjectof a restraining order, peace bond, domestic violence order, or similarprotective legal instrument or order within the last seven years?

☐ Yes ☐ No

Have you (or a member of your household) been charged with a criminal offence for which you are awaiting a decision of the Courts?

☐ Yes ☐ No

Have you (or a member of your household) ever been convicted of a criminal offence?

☐ Yes ☐ No

If yes to any of the above, provide additional detail regarding previous or pending criminal offences, restraining orders, peace bonds (or similar orders), or charges.

If your application is provisionally approved, we will follow up with you to request a completed criminal record and vulnerable sector check. This is a requirement for **all adults in the home over the age of 18.**

Have you (or a member of your household) ever been the subject of an investigation by a child protection agency?

☐ Yes ☐ No

If yes, please provide additional details regarding the investigation and/or outcome.

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PART SIX: REFERENCES

Please provide contact information for a minimum of three and up to four references. At least one must be a personal reference.

Reference Name:

Relationship:

Phone:

Email:

Reference Name:

Relationship:

Phone:

Email:

Reference Name:

Relationship:

Phone:

Email:

Reference Name:

Relationship:

Phone:

Email:

Reference Name:

Relationship:

Phone:

Email:

If approved, I confirm that I am willing and able to engage in ongoing training(e.g., Standard First Aid and CPR Level A) as required by Breton Ability.

☐ Yes ☐ No

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PART SEVEN: APPLICANT'S SELF-ASSESSMENT

The following questions are intended for both single and couple applicants. The questions provide insight into the applicant's history, family functioning, adaptability, and motivations. As part of our screening process, we work to develop an overall understanding of you and your family. If your application is accepted, we will follow up on these responses during in-person meetings as part of our assessment. The self-assessment section of the application provides insight into your background and will help facilitate the in-person interview portion of the assessment.

Motivation to Provide HomeShare

Describe your motivation to provide HomeShare supports. What led you to begin this process?

What experiences in your past (e.g. education, work experience, volunteer work, connection to friends/family with disabilities) lead you to believe you are a good candidate for this role?

What do you imagine performing this role will be like? What do you think you will enjoy? What do you think will be challenging?

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Family History

This is a set of questions meant to explore your family dynamics and experiences? Please describe your immediate family.

Upbringing and Family of Origin

Who primarily raised you?

How many siblings do you have? What was your relationship like growing up with them? What is your relationship like now?

List values that your parents had?

Which of those values do you share with your parents?

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Present-Day Family

Please describe your experience providing care to others. How will this inform your approach to supporting a participant?

How would you characterize your family life?

How would others in your home/family (e.g. spouse, children) describe the dynamics of the household?

What challenges is your household currently experiencing?

How are you and members of your household connected to your neighbourhood and community?

How do you keep up with your life obligations? What is your approach to managing all the things we need to do on a day-to-day basis? Please describe.

PART EIGHT: SUPPORTS

As part of the application process, you will be asked to provide the names of people you can rely on to support you when you take breaks from providing support. We want to know that HomeShare Providers can access help when needed and have ties to the community.

We all rely on others at various times for support to do things. **Describe the people you rely on when you need support, assistance, or help. Please describe your relationship to them.**

Please provide a few examples of times you have accessed help or support from others.

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PART NINE: SUPPLEMENTARY DOCUMENTS

If we move ahead with your application, we will require the documents below to be provided to us prior to moving ahead with a home study process. You do not need to provide these documents right now.

The documents to be required at that time are listed below:

- Criminal Record and Vulnerable Sector Check for all adults over the age of 18 in the home
- Medical Self-Report and Attestation
- Oath of Confidentiality
- Driver's Abstract (this document can be obtained at a local Access Nova Scotia office that has a Department of Motor Vehicles)

Please note that all forms are subject to renewal at the request of Breton Ability

PART TEN: ATTESTATION & CONSENT

We require you to attest to the information provided in this application and toconsent to us to use this information to consider your appropriateness to serve as a HomeShare Provider.

I attest that all information contained in this application to become a HomeShare Provider is accurate to the best of my knowledge. Typing your full name below will serve as your electronic signature.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Secondary Applicant)

I consent to the use of information provided in this application by Breton Ability to assess my/our appropriateness to serve as HomeShare Providers.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Secondary Applicant)