



BONAVENTURE
SUPPORT SERVICES

HOME SHARING

CANDIDATE SUBMISSION

Bonaventure Support Services (BSS) only approves those with the skills, disposition, and physical accommodation to provide high quality home sharing support to adults with a developmental disability.

The Coordinator completes a rigorous and comprehensive assessment prior to approving any home sharing provider. Approval does not necessarily guarantee that a contract will be established with the potential provider. Contracts will be established when the individual, his / her family, or support network members decides whether or not a potential candidate meets the individual's needs and preferences for support.

BSS-contracted home sharing providers support only one individual at any given time. Exceptions can be considered if beneficial to the first individual in the home.

Date of submission:

PRIMARY CANDIDATE

Candidate's name(s):	
Date of birth:	
Address:	
Home phone:	Cell phone:
Work phone: e-mail:	Length of employment:
Current employer:	Position:
Languages spoken:	

SECONDARY CANDIDATE (if applicable)

Candidate's name(s):	
Date of birth:	
Address:	
Home phone:	Cell phone:
Work phone: e-mail:	Length of employment:
Current employer:	Position:



Languages spoken:

TELL US ABOUT YOUR DECISION TO PROVIDE HOME SHARING

What do you know about providing home sharing for adults with a developmental disability?

Why are you considering home sharing at this time?

Will others be impacted by this decision (children, partner, others living in the home, etc.)? If so, have they been consulted and are they supportive of the choice?

How long are you able to commit to providing this kind of support?

TELL US ABOUT YOUR WORK HISTORY

Briefly outline your work history. Highlight any work experiences that are relevant to supporting individuals with a developmental disability.

List the members of your household who are currently employed. Provide details about their employer, position, length of employment, and work schedule.

Name	Employer	Position	Length of employment	Work schedule



BONAVENTURE
SUPPORT SERVICES

Have you ever provided home sharing, foster care, or respite support? If so, please provide details (agency name, dates, etc.).

Have you ever held a position or contract with Community Living BC, the Ministry of Children and Family Development, or a community living service provider? If so, please provide details (agency name, dates, etc.).

Are you currently supporting an individual with a developmental disability in your home? If so, please provide details.

What other agencies, if any, are you approaching about home sharing?

Have you been screened (partially or completely) by another service provider to provide home sharing? If so, please provide details.

TELL US ABOUT YOURSELF AND THOSE WHO LIVE WITHIN THE HOME

List those who currently live within the home. Provide details about their relationship to the primary candidate and their birthdates.

Name	Relationship to the primary candidate	Birthdate



BONAVENTURE
SUPPORT SERVICES

--	--	--

How did you meet your partner / spouse? How long have you been together?

Describe your own strengths, interests, and hobbies. How would these contribute to you being a good home sharing provider?

Describe the strengths, interests, and hobbies of your family. How would these contribute to you being a good home sharing provider?

How are you and your family involved in your community (sporting / leisure activities, clubs / associations, volunteer work, etc.)? Describe the nature and level of your participation.

Are you affiliated with any specific religious / cultural organizations? Describe the nature and level of your participation.

Do you or any members of the household smoke? How do you feel about supporting someone who smokes?

Do you or any members of the household have chronic health conditions? If so, please describe.

Do you take regular holidays? How will providing home sharing support impact this practice?

How would your decision to provide home sharing support impact your overall lifestyle, regular schedule, commitments, and priorities?



TELL US ABOUT YOUR HOME

Do you own or rent your home?

What kind of home do you have (condo, apartment, townhouse, detached home, etc.)? Briefly describe the home (square footage, one-storey / two-storey, number of bedrooms / bathrooms, layout / design features, etc.) and the exterior space.

Does the home have any features that limit or improve accessibility for individuals with a physical disability or mobility challenges? Please describe.

Describe your vehicles (model, year, reliability, availability).

Are there pets in the home? If so, please provide details (type, breed, age, disposition).

Describe your neighbourhood and provide details about proximity to services (schools, parks, community centres, shopping facilities, public transportation, etc.)

How long have you lived in this neighbourhood? Why did you choose to settle here?

TELL US ABOUT THE TYPE OF SUPPORT YOU ARE WILLING / ABLE TO PROVIDE

Will you be entirely responsible for providing home sharing support or will others in the home be sharing the responsibility?

Would you be comfortable supporting someone with complicated needs? Please check the items you would be willing to support:

addiction issues	loud / shouting
aggressive behaviour	medication compliance
augmentative communication	mental health support needs
blind / deaf	mobility / physical disability
chronic anxiety	personal care
dementia	seizure disorder / epilepsy
diabetes	sexual inappropriateness



BONAVENTURE
SUPPORT SERVICES

diet management
disrupted sleep
incontinence
intense behaviour

smoker
stealing
suicidal
wandering / running away

Are there any other specific disabilities or challenges (not noted above) with which you are not comfortable?

If you become a home sharing provider, what support / training do you think you will need to be successful?

FURTHER THOUGHTS / COMMENTS

Anything further you would like us to know?

REFERENCES

Please provide three references. All will be contacted.

Reference name	Home address	Phone number and / or e-mail address	Place of employment	Relationship to candidate(s)



BONAVENTURE
SUPPORT SERVICES

DECLARATION

I / we declare that the information contained in this candidate submission is true to the best of my / our knowledge and believe that I / we have not omitted any requested information.

I / we give permission for Bonaventure to obtain a reference from any agency that I have named as a previous / current employer or contractor within community living. This may include CLBC, MCFD (or its predecessors), or community living agencies and may be in addition to the references named above.

I / we understand that the information provided to the questions above is required to ensure that I / we are qualified to be considered as a home sharing provider. Any false statement will invalidate the submission or my / our status as a home sharing provider.

Name of primary candidate	Signature	Date
Name of secondary candidate	Signature	Date
Name of witness	Signature	Date



BONAVENTURE
SUPPORT SERVICES