



## **Kardel Application for Home Sharing**

### **Candidate Submission Form**

*Please Email All Submissions to Kasie Gunn at [homeshare@kardel87.com](mailto:homeshare@kardel87.com)*

Kardel only approves those with the skills, disposition, and physical accommodation to provide high quality home sharing support to adults with a developmental disability.

Home Share Coordinators complete 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.

Kardel-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:

Applying for:  Home Sharing  
 Respite\*

\*Please note that Kardel does not directly contract with Respite providers; however, we will support connecting HSPs and Respite providers with each other. Please check the box if you wish to be added to a list to have your information shared with HSPs.

### **Primary Applicant**

**Last Name**

**First Name**

**Date of Birth:**

**Address:**

**Phone:**

**Email:**

**Languages Spoken:**

**Current Employer:**

**Position:**

**Length of Employment:**



**Additional Information:** Please provide the following information if you have a direct relative or share the same household with an individual employed by Kardel, i.e.: parent, spouse, common law partner, brother, sister, grandparent, son, daughter, or roommate. Note: This will not impact your eligibility.

**Name/Relationship:**

**Worksite/Home/Program:**

**Position:**

**Please list the names of all the people living in the home where the support services will take place:**

name	relationship to the primary candidate	birthdate

**Tell us about your decision to provide home sharing:**

1. What do you know about providing home sharing for adults with a developmental disability?
  
  
  
  
  
  
  
  
  
  
2. Why are you considering home sharing at this time?



3. How will others be impacted by this decision (children, partner, others living in the home, etc.?)
  
4. Do you have friends or family outside of the home who support you? How will your decision to provide home sharing affect them?
  
5. How would your decision to provide home sharing support impact your overall lifestyle, regular schedule, commitments, and priorities?
  
6. Have the members of your household been consulted? Are they supportive of the choice?
  
7. How long are you able to commit to providing this kind of support?

**Tell us about your work history:**

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



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

Name	Position	Length of Employment	Work Schedule

3. Have you ever provided home sharing, foster care, or respite support? If so, please provide details (agency name, dates, etc.).
  
4. Are you currently supporting an individual with a developmental disability in your home? If so, please provide details.
  
5. What other agencies, if any, are you approaching about home sharing?



6. Have you been screened (partially or completely) by another service provider to provide home sharing? If so, please provide details about which agency you were screened by, when this occurred and the outcome of the process.

**Tell us about your home:**

1. Do you own or rent your home? If renting, have you discussed Home Sharing with your landlord and are they supportive of you providing Home Sharing?

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

3. Please describe the space which will be available for the supported individual, (bedroom/ suite, sitting areas, shared or private, size, furnishings, etc.)

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



5. Are there pets in the home? If so, please provide details (type, breed, age, disposition). Are you open to supporting an individual who owns a pet? If so, what kinds of pets would be acceptable?
  
6. Describe your neighbourhood and provide details about proximity to services (schools, parks, community centres, shopping facilities, public transportation, etc.)

**Tell us about the Type of Support you are willing and able to provide:**

1. Will you be entirely responsible for providing home sharing support or will others in the home be sharing the responsibility?
  
  
  
  
  
  
  
  
  
  
2. What sort of person do you see fitting into your family and home environment? I.e., age range, their level of independence; in meal preparation, home alone skills, community access, public transportation skills etc.



Check the appropriate box that best describes your experience and level of ability with the following skills, tasks, and knowledge.

	Limited	Competent	Could Train others
Supporting someone in the community			
Advocacy			
Managing health needs			
Liaising with health care professionals			
Lifts and transfers			
Providing personal care			
Medication management and administration			
Aggressive or Intense Behaviour/Non-Violent Crisis Intervention (NVCI)			
Creating care plans (e.g., Individual needs, healthcare plans)			
Seizure management			
Diabetes management			
Dementia Care			
Alternative methods of communication			
Written communications, i.e., record keeping			
Financial literacy i.e., budgeting, saving, goals			
Addiction Issues			
Mental health support needs			
Suicidal Ideations/Self harm tendencies			
Blind/Deaf			
Disrupted Sleep/Sundowning			
Stealing/Criminal Behaviours			
Wandering/ Elopement			
Diet Management			
Sexual inappropriateness			

3. Are there any other specific challenges (not noted above) with which you are not comfortable supporting?

4. Do you or any members of the household smoke? How do you feel about supporting someone who smokes, consumes alcohol, uses marijuana, or uses other drugs?



**Further Thoughts/Comments**

Anything further you would like to let us know?

**References:**

Please provide a minimum of two professional/employer references and one personal reference. All three will be contacted.

reference name	home address	phone number and e-mail address	place of employment	relationship to candidate(s)





At times other agencies may be looking for Home Share Providers with certain skill sets, and spaces available. Kardel works to support the larger community and at times may wish to share applications with others to support finding matches for individuals supported and Home Share Providers. Do you consent to having this application shared with other agencies?

Yes

No

**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 Kardel 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