



Mission Association for Community Living

## CONTRACTED SERVICES APPLICATION

Date of Application:
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### Applicant Information

Please check all that apply:

I / We are interested in providing  Home Share  
 Respite care for  Adults  Children / Youth

When would you be able to start \_\_\_\_\_

If you are applying to provide respite, please complete the following (check all that apply):

I / We wish to provide respite  In my/our home  In the individuals home  
 Full days (24 hrs) only  Weekend only, including statutory holidays  
 Periods up to one week  Periods longer than one week

Can you provide emergency respite on short notice?  Yes  No

### Primary Applicant

Name:		Other Surname(s):	
Date of Birth:		Other Surname(s):	
Address:		Other Surname(s):	
City/Prov:		Postal Code:	
Home Phone:		Work Phone:	
Cell Phone:		Email:	
Languages Spoken:			

**Please attach a resume and complete the following:**

Relevant Education:		<i>(Indicate highest level completed)</i>	
Current Employer:		Length of Employment:	
Occupation:		Regular Hours of Work	

Volunteer / Other Relevant Experience:

**Co-Applicant (if applicable)**

Name:		Other Surname(s):	
Date of Birth:		Other Surname(s):	
Relationship to Primary applicant:		Email:	
Cell Phone:		Work Phone:	
Languages Spoken:			

**Please attach a resume and complete the following:**

Relevant Education:		<i>(Indicate highest level completed)</i>	
Current Employer:		Length of Employment:	
Occupation:		Regular Hours of Work	
Volunteer / Other	Relevant Experience:		

**Information Regarding Children & Family Members**

Please provide the following information for all people living in your home, including boarders, relatives, etc.  
Persons over the age of 18 living in the home are required to submit a criminal record search.

	Name	Sex M/F	Date of Birth	Relationship	School Grade/ Employment	Resides
1						
2						
3						
4						
5						
6						

Have any of your Children ever been placed in Foster/Family care or treatment resources      Yes       No

Please note that Consent to Release Personal Information must be completed by all adults living in the home, with the exception of the applicant(s). Signed consent must also be provided by the legal guardian of any children (under the age of

19) living in the home. If the applicant(s) are the legal guardian(s), signed consent is not required.

**Other Persons in Home (e.g. Boarders, relatives, day care children other than own children)**

	Name	Sex M/F	Date of Birth	Relationship	Daycare or Resident
1					
2					
3					
4					
5					
6					

**Additional Pertinent Information**

Do you have any previous experience with another agency?      Yes       No   
 If Yes, please describe:

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Describe the model, year, reliability and availability of your vehicle

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If you are applying for respite, are you able to provide transportation to and from the individual's home?    Yes     No

If you or any other person living in your home has any chronic health, or medical conditions that may impede your ability to provide support to a person served, please provide pertinent information.

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**Home**

Do you own or rent your home?                      Own                       Rent   
 Is your yard fenced?                                      Yes                       No                       Potential   
 Is your home wheelchair accessible?              Yes                       No                       Potential

Size in square feet		<sup>2</sup> ft	Number of bedrooms		Number of bathrooms	
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Briefly describe the layout of the home:


Describe sleeping arrangements for Individual, if placed:

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Do you or any other person in your home smoke?                      Yes                         No  

Are there pets in the home?    Yes                         No     
 If yes, specify type and breed

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**Family Group and Individual Interests, Activities, and Hobbies (please list)**

1		5	
2		6	
3		7	
4		8	

**I DECLARE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE NOT OMITTED INFORMATION REQUESTED.**

SIGNATURE (PRIMARY APPLICANT)	DATE SIGNED
SIGNATURE (CO-APPLICANT)	DATE SIGNED