



DDRC INTEGRATED LIVING SERVICES APPLICATION

Developmental Disabilities Resource Centre (DDRC)
4631 Richardson Way SW, Calgary, Alberta T3E 7B7

Application date: _____

SECTION 1: PERSONAL INFORMATION

Applicant: _____
(Last Name) (First Name) (Middle Name)

Phone: _____ Email Address: _____
(Home) (Cell)

Date of Birth: _____ Social Insurance #: _____

Address: _____
(Number & Street) (City) (Postal code)

Are you legally eligible to work in Canada? Yes (Indicate status below) No

Status: Canadian citizen Permanent Resident On a work permit

If you are in Canada on a work permit, when does it expire? _____

Are you prepared to make a minimum of a 12-month commitment? Yes No

Spouse/Partner: _____
(Last Name) (First Name) (Middle Name)

How did you hear about the Integrated Living Services program? _____

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SECTION 2: HOUSEHOLD

1. How long have you lived in your current residence? _____

2. Are you comfortable living with a person in their:
House? Yes No Apartment? Yes No

3. Please describe the type of living space you want (e.g., separate bedroom with shared common areas, separate living spaces, etc.):

4. Which sector of the city do you prefer to live in, and why?
Downtown NE NW SE SW Other

5. Are you a smoker? Yes No
Would you live in a smoker's home? Yes No
Would you live in a non-smoker's home? Yes No

6. Are you able to read, write and speak English fluently? Yes No

7. What other languages do you speak? _____

8. Do you have current tenant (renter) insurance? Yes No

9. Do you have any chronic illness or impairment that may affect your ability to support a person with developmental disabilities and who may be physically, emotionally or behaviourally challenging? Yes (Explain below)
No

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SECTION 3: NEIGHBOURHOOD

1. What type of facilities do you require for recreation/leisure in the community in which you live?

2. Please describe how accessible you wish your roommate's home to be to:

Public transportation

Food stores

Medical clinics

SECTION 4: HEALTH & SAFETY

1. Do you drive? Yes No Do you have valid Insurance? Yes No

Do you have, or are you willing to get, \$2 million liability coverage? Yes No

Comments:

a. What type of vehicle do you drive? _____

2. Have you ever been charged or convicted of a criminal offence? Yes (explain below) No

3. Have you ever had any previous involvement with a Human Services Agency, Mental Health Clinic/ Facility or Family Services Agency? Yes (explain below) No

If yes, how long ago was it and what was the reason for involvement? _____

4. As part of the DDRC's Integrated Living Services program, you are provided with mandatory and targeted training to help you fulfill the role of Integrated Living Practitioner. Are you prepared to take the necessary time to attend this training? Yes No

Given the choice, would you prefer to take training on evenings or weekends?

5. Optional training and workshops targeted to help clients meet their developmental goals are open to Integrated Living Practitioners. Would you be willing to invest in optional training or attend workshops with your roommate? Yes No

If yes, how much time would you be willing to invest over the course of a year?

6. Is your schedule flexible? Yes (provide details below) No

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7. Do you have any daytime availability from Monday – Friday (e.g., to provide support at home during the day, attend appointments, support before and after day programs, etc.)?

Yes (provide details below)

No

8. Do you own firearms; knives intended for use as weapons; and/or other weapons (e.g., hunting bows, hunting knives, etc.)?

Yes (provide details below)

No

How many, and how are they stored?

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SECTION 5: PREFERENCES

1. Please indicate your preferences for a roommate:

Male Female Smoker Non-smoker

Age: 18-30 30-50 50+

Comments:

2. Do you have any pets? Yes (provide details below) No

How many, what kind, and how do they react to new people?

3. Are you willing to live with a roommate who has a pet? Yes (provide details below)
No

4. Please describe any expectations you would have for a roommate:

5. Would you consider a roommate from a religious or ethnic group other than your own? Yes
No
Undecided

Please explain:

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6. Would you be comfortable if your roommate were sexually active and wanted to have their partner over to your home? Yes
 No

Comments:

7. Please indicate how comfortable you are supporting someone who:
 (1 = not at all comfortable, and 5 = very comfortable)

	1	2	3	4	5
Requires physical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits difficult behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is not independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires support administering medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires help with finances (budgeting, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

8. Being an ILP means you are living in someone else's home. While this may vary, how frequently would you be comfortable communicating with their guardian/family?

Quarterly Monthly Weekly Daily

9. Part of being an ILP is helping your roommate achieve goals they have set with both their family/guardians and the Agency. The DDRC is required to provide reports on the level of achievement accomplished. This involves working with clients, completing updates on their achievement and also completing Incident Reports when anything unusual happens.

Are you prepared to do this? Yes No

How much time and effort are you prepared to invest in this type of support?

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SECTION 6: RELEVANT SKILLS & EXPERIENCE

1. Have you ever been, or are you currently, involved in a similar program with another agency?

Yes

Name of agency: _____

No

Agency location: _____

Length of time with agency: _____

Agency contact person: _____

Phone: _____

Do you have any objection to us contacting the agency with which you were involved?

Yes

No

Have you ever had your application rejected by any other type of agency?

Yes (explain below)

No

Reason: _____

2. What experiences have you had with adults who have developmental disabilities?

3. Do you have previous training related to behavioural needs?

Yes

No

4. Some of our clients have increased support needs and need assistance with managing an identified behaviour. Are you comfortable working with a client with behavioural needs?

Yes

No

If yes, have you ever worked with a client with behavioural needs before?

Yes

No

5. Some clients may use alternative means of communication such as a communication device, sign language, or visual cue cards. Are you familiar with any forms of alternative or augmentative communication (AAC)?

Yes

No

If yes, have you had an opportunity to use them?

Yes (describe below)

No

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6. Please provide a brief description of why you wish to participate in the DDRC's Integrated Living Services program:

7. Please describe your philosophy and understanding of community living:

8. Please describe the community activities (clubs/hobbies) or other interests that you are involved in:

9. What qualities do you have that would benefit the clients in the DDRC's ILS program?

10. Please describe your requirements or expectations in regard to being a home support person with the Integrated Living Services program:

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11. Describe your skill level with completing electronic documents on a computer, and using programs like Microsoft Word or Excel:

Basic Intermediate Advanced None

How do you use these skills in your personal and/or professional life?

12. Please provide the following information regarding your employment over the past three (3) years.

Employer:

(Company Name) (Company Address)

Start date: _____ End date: _____ Position: _____ Work days/hours: _____

Employer:

(Company Name) (Company Address)

Start date: _____ End date: _____ Position: _____ Work days/hours: _____

13. Do you have any other source of income? Yes (explain below) No

14. Would you be interested in providing over-night or emergency respite for adult clients?

Respite in your home? Yes No

Respite in the client's home? Yes No

If yes, would you do so at any time, or only while
you are waiting to be matched? At any time
Waiting period only

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SECTION 7: PROTECTION OF PRIVACY

The Developmental Disabilities Resource Centre of Calgary (the DDRC) has a definite and ongoing commitment to protecting your privacy. The privacy and security of our employees', volunteers', clients' and other stakeholders' personal information (information that can identify you as an individual) is understood and respected by the Developmental Disabilities Resource Centre of Calgary.

We collect your personal information so we can better understand your needs and preferences, to serve you better, to contact you and to meet statutory or legal obligations. In all circumstances, we try to limit our collection of personal information to only those items that are necessary in order to provide the best service to our employees, volunteers, clients and other stakeholders.

To ensure the safety of our clients and our Practitioners, we require that everyone has their picture taken. The picture will only be used within the organization for identification purposes, and will not be used in marketing or publishing materials without a signed consent.

Personal information gathered by The Developmental Disabilities Resource Centre of Calgary is kept in confidence. Our personnel are authorized to access personal information based only on their need to deal with the information for the reason(s) for which it was obtained. Safeguards are in place to ensure that the information is not disclosed or shared more widely than is necessary to achieve the purpose for which it was gathered. We also take measures to ensure the integrity of this information is maintained and to prevent its being lost or destroyed.

We do not sell, trade or otherwise share our mailing lists. However, from time to time, information is given to contracted companies to provide services directly to the DDRC, such as for data collection and data analysis. If at any time you wish to be removed, simply contact us by phone at (403) 240-3111 or via e-mail at privacyofficer@ddrc.ca. Please allow 15 business days to allow us to update our records accordingly.

Questions, concerns or complaints related to the Developmental Disabilities Resource Centre of Calgary's Privacy Policy on the treatment of personal information should be e-mailed to:

privacyofficer@ddrc.ca, Attention: Privacy Officer.

I understand and agree with the terms outlined in this privacy statement:

Initial

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SECTION 8: BACKGROUND CHECKS

Security Screening

It is mandatory that all ILPs consent to the following record checks:

- Police Security Search
- Intervention Record Check

Do you consent to these checks? Yes No

DISCLAIMER:

By submitting this form, you attest that all information contained in this application is complete and accurate. Any false representation may be cause for rejection of application.

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