

**Residential Care Licensing
Expression of Interest - Private Home Shares**

Thank you for contacting Residential Care Licensing to express your interest in becoming a residential home share service provider for adults with an intellectual disability receiving supports from the Community Living disABILITY Services (CLDS) program.

To support this Expression of Interest process, please answer the following questions about yourself, your household, your home and your previous experience to the best of your ability. The information you provide will help Residential Care Licensing prepare for the next steps in the assessment process to determine if you may be suitable for licensing as a residential home share service provider.

All information you provide will be kept confidential.

Contact and Household Information:

Name(s):

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Address:

Street: _____ City/Town: _____
 Postal Code _____

Mailing Address, if different than above

Street/PO Box _____ City/Town: _____
 Postal Code _____

Telephone: _____ **Email Address:** _____

Information about the total number of people living in your home.

- How many people over the age of 18?
- How many people under the age of 18?

Knowledge of Residential Care, Motivation and Experience

1) Please answer the following questions to help Residential Care Licensing understand any past or current involvement in providing residential-based care to eligible Manitobans.

a) Have you ever applied to Residential Care Licensing to provide care to adults in your home?

Yes No

If yes, what date did you last apply?:

What was the result of your application? Approved Withdrawn
 Denied Unknown

Optional: Is there any other information you wish to provide about your previous Residential Care Licensing application?

b) Are you currently licensed by any other Manitoba government program to provide care to children under the age of 18 years (i.e. Child and Family Services, Early Learning and Child Care/Child Day Care)?

Yes No

If yes, which program? Child and Family Services
 Early Learning and Child Care/Child Day Care

2) Please answer the following questions to help Residential Care Licensing understand your interest(s) and any related experience(s) supporting your Expression of Interest to become a residential care home share provider.

a) Briefly describe why you are interested in providing residential care.

b) Do you have any direct experience caring for adults with an intellectual disability?

Yes No

Please provide a brief example of when you have worked with a person with an intellectual disability.

3) It is expected that the residential care service provider is available at all times to assist individuals with the following daily living supports:

- Providing individuals with balanced and nutritional food choices
- Assisting individuals to manage their financial resources
- Assisting individuals to administer medications or monitor those who are self-administering their own medications
- Communicating, consulting and reporting on individuals' activities and needs to other program support staff and/or decision makers
- Co-ordinating community-based engagement activities and/or personal/health appointments.

Individuals may require a variety of personal and/or disability-related supports from the residential care service provider. Please select which of the following support options you would feel comfortable and willing to provide to residents in your home. Select all that apply.

Personal/Disability-Related Behaviours and Interventions	YES	NO	MAYBE
Assistance with personal care: e.g. showering, toileting, dressing, meal times etc.	<input type="checkbox"/> Give examples:	<input type="checkbox"/> Explain why not:	<input type="checkbox"/> Explain further:
Verbal aggression: e.g. swearing or threatening language, yelling at others	<input type="checkbox"/> Give examples:	<input type="checkbox"/> Explain why not:	<input type="checkbox"/> Explain further:
Non-verbal or difficulty with communication	<input type="checkbox"/> Give examples:	<input type="checkbox"/> Explain why not:	<input type="checkbox"/> Explain further:
Behaviours resulting from a mental illness e.g. schizophrenia, depression etc.	<input type="checkbox"/> Give examples:	<input type="checkbox"/> Explain why not:	<input type="checkbox"/> Explain further:

Personal/Disability-Related Behaviours and Interventions	YES	NO	MAYBE
Physical aggression and/or property damage	<input type="checkbox"/> Give examples:	<input type="checkbox"/> Explain why not:	<input type="checkbox"/> Explain further:
Addiction issues	<input type="checkbox"/> Give examples:	<input type="checkbox"/> Explain why not:	<input type="checkbox"/> Explain further:
Mobility limitations e.g. uses walker, cane, wheelchair	<input type="checkbox"/> Give examples:	<input type="checkbox"/> Explain why not?	<input type="checkbox"/> Explain further:
Preparation to participate in day program/school (where appropriate)	<input type="checkbox"/> Give examples:	<input type="checkbox"/> Explain why not?	<input type="checkbox"/> Explain further:

4. Minimum Licencing Requirements – Private Home Shares

- a) In order to be licensed by Residential Care Licensing, all home share providers and other adults in the home must provide a satisfactory **Adult Abuse Registry Check** and **Criminal Record Check**, including a **Vulnerable Sector Search** from their local police service.
- Would all individuals in the home over the age of 18 be willing to complete and submit the Criminal Record Check with a Vulnerable Sector Search?
Yes No *If you selected No, you will not be suitable for licencing approval without this requirement being met.*
 - Would all individuals in the home over the age of 18 be willing to complete and submit the Adult Abuse Registry Check?
Yes No *If you selected No, you will not be suitable for licencing approval without this requirement being met.*
- b) All home share providers who provide direct care to a individual must have a valid First Aid Certificate.
- Would you be willing to complete and submit a valid First Aid Certificate?
Yes No *If you selected No, you will not be suitable for licencing approval without this requirement being met.*

5. General Home Information and Licencing Safety Requirements

- a) All Home Share providers must comply with local municipality fire and building codes to be licensed with our program. These standards apply both to the physical structure of your home and fire safety equipment that must be present within it.

Note: Residential Care Licensing does not financially support home renovations costs required to ensure a home is in compliance with building and fire codes.

- Are you planning to use your primary residence for your Home Share?
Yes No *If you selected No, please be informed that home share providers must also reside in the home licensed by RCL.*
 - How many bedrooms in the home?: _____ How many bathrooms?: _____
 - How many bedrooms in the home are currently occupied?: _____
 - On which floor level is the bedroom located that you plan to place an individual? (i.e., main floor, basement): _____
 - Will the bedroom of the supported individual displace someone in the home (i.e., relocate them to another bedroom or location)? Yes No
If yes, who will be displaced?
What is the plan for the person being displaced?
- b) I have read and I am willing to meet the **minimum standards** necessary to be licensed as a Private Home Share Service Provider with Residential Care Licensing.
Yes No *If you answered No, please explain:*

6. Declaration of Information

I declare that the information provided in this Expression of Interest is true and complete to the best of my knowledge.

Signature: _____

Date: _____