



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)

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?

Have you previously been employed by the DDRC?

Do you currently have any family or friends employed with the DDRC?

Salary Expectations:

ONR – expected amount per night: \$ _____

ILP – expected amount per month: \$ _____

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SECTION 2: HOUSEHOLD

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

2. Please indicate who else resides in the home: _____

a. _____
(Name) (Age) (Gender) (Relationship to Applicant)

b. _____
(Name) (Age) (Gender) (Relationship to Applicant)

c. _____
(Name) (Age) (Gender) (Relationship to Applicant)

d. _____
(Name) (Age) (Gender) (Relationship to Applicant)

3. Is anyone in the home a smoker? Yes No

4. What languages are spoken in your home? _____

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

6. Please describe where you live:
(e.g., house, apartment, basement suite; living area; kitchen; number of bedrooms and bathrooms; separate entrance; stairs or a ramp; if apartment, what floor you live on; elevator, etc.)

7. Please describe the living space you would allocate to your roommate (include bathroom space):

8. Do you have current household/tenant insurance? Yes No

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9. Do you, or anyone residing with 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

10. Is your home wheelchair accessible?

Yes (Explain below)

No

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SECTION 3: NEIGHBOURHOOD

1. Is public transportation easily accessible? Yes No

Which bus routes are nearby, and approximately how far is the closest stop from the home?

2. Describe what recreational facilities are nearby. Do they require a membership?

3. Please describe how accessible to your home is (include the approximate distance) to:

Food stores:

Medical Clinics:

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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. Who else in your home is able to drive?

b. 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, or has anyone residing with 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?

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6. Would you be willing to modify your home to meet the needs of the client according to required safety standards? Yes
No

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

8. 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

9. Do you, or any other home occupants, 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 allow your roommate to have 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. 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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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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