



FOOTHILLS ADVOCACY IN MOTION SOCIETY

Supporting adults with developmental disabilities in rural Alberta since 1980

Residential and Respite Care Application

I am interested in Residential or Respite (Please circle interest)

1. To be completed by applicant (s):

Name: _____

Address: _____

Telephone: Home: _____

Work: _____

Cell: _____

Email: _____

Date of Birth: _____

Martial Status: Single/Married/Divorced/Common Law/Widowed (Please Circle)

Religious Denomination (Optional): _____

Languages Spoken: _____

2. Occupation:

Present Employer: _____

Position: _____ **Length of Employment:** _____

Spouses/Partner's Occupation:

Present Employer: _____

Position: _____ **Length of Employment:** _____

3. Other Living in Home: Name, age, sex and relationship to applicant (s)

A. _____

B. _____

C. _____

D. _____

E. _____

*****You will need criminal record check for everyone over 18 in the home. The agency is able to provide a letter to the RCMP for a free criminal record check for those individuals. *******

4. Volunteer, community, or service club involvement (over last five years):

- A. _____
- B. _____
- C. _____
- D. _____

5. Interests and Hobbies:

- A. _____
- B. _____
- C. _____
- D. _____

6. Have you ever been involved in a similar program with another agency? Y/N

7. If So, What agency? _____

When: _____ **Where:** _____

Do you object to us contacting the agency with which you were involved? Y/N

Phone #: _____ **Contact Name:** _____

If Yes, Why? _____

8. List any workshops, conferences or educational experiences you have been involved with that would be relevant to being a respite or residential provider.

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

9. Have you ever cared for children or adults who have developmental disabilities? Y/N

Where: _____ **When:** _____

10. Description of your home.

- 1. Do you own/rent or lease your home? (Please Circle)**
- 2. Basement: none/partial/full (please circle)**
- 3. How many floors?** _____
- 4. Number of bedrooms available for client:** _____
- 5. Number of bathrooms with toilet and shower/bathtub:** _____
- 6. How many flights of stairs are in the home?** _____

11. Do you have pets? Y/N If so, number and type: _____

12. Do you have any smokers that live within your home? Y/N
If so, how many and where do they smoke? _____

13. Do you have a preference for male or female client: _____

14. References:
List three professional references that we may contact.

1. Name: _____
Address: _____

Telephone: _____
Occupation: _____

2. Name: _____
Address: _____

Telephone: _____
Occupation: _____

3. Name: _____
Address: _____

Telephone: _____
Occupation: _____

15. I hereby agree that all of the above information is accurate and up to date. I also pledge that if this application is approved, I will seek approval from the Foothills AIM Society before accepting any additional persons into my home for board and lodging. I understand that this is a condition of my home to remain approved.

Applicant (s) Signature

Date