

**SPECTRUM SOCIETY FOR COMMUNITY LIVING
SUPPORTED FAMILY CARE – DETAILED CAREGIVER APPLICATION FORM**

PLEASE NOTE: *If you are a new applicant, please complete the “Caregiver Application – Basic.” The basic application is available in paper form at the Spectrum office or online under the “Links” section of the Spectrum Supported Family Care website. The detailed form is only available in paper form. You may print out a pdf version from the Supported Family Care website.*

The following detailed application form is for applicants who have already submitted a basic form and have been asked to provide us with more information. Compatibility is imperative as we attempt to match individuals with caregivers whose lifestyles and interests fuse with their own. Please take the time to discuss these questions with your partner and/or family, and to consider your own personal values as you complete this application. When you are finished, please mail or drop off your detailed application to:

Spectrum Society, 3231 Kingsway, Vancouver, B.C., V5R 5K3, Attention DEBRA VINING.

Caregivers undergo an extensive screening process that includes a criminal records search and detailed home study. We will provide you with more information on these requirements when we meet you.

Date of application
Your name

(Check one)

- I will be the primary support provider
- I will be the secondary support provider

(Check one)

- I am willing to move in order to offer support
- I am not willing/able to move

Please describe your house and space available:	
Address (including postal code):	
Phone:	Secondary phone:
Email:	Fax number:

OTHERS LIVING IN YOUR HOME:

Name	Relationship	Age

Please attach your resume that includes any related experience and education.

I am able to offer support to an adult / youth who needs:

(Check all that apply and outline the supports you can offer in the areas that you ticked)

A high level of support:

A moderate level of support:

A minimum level of support:

No support. I will rent out a suite or space in my home:

Do you have a preference for a male or female, youth or adult, specific age group? Please describe.

What commitments do you have in your life at present or in the foreseeable future? Eg. do you attend school or work outside the home? Do you plan to make any significant changes to your lifestyle in the near future?

Describe your personal support network (family, friends, co-workers, professional supports):

Do you feel that you and your family / partner have a sufficient network of support? If not, what steps might you take to strengthen your support network?

(Couples) How long have you been together as a couple? Describe some of the adjustments you've made in order to make your relationship successful.

How do you and your partner / family communicate with each other, and how do you deal with disagreements?

What kinds of things cause stress in your life? How do you deal with stress?

How do you make decisions as a couple / as a family?

If there are children in the home, describe their interests, hobbies, typical routines:

What activities do you do together as a family or as a couple, and how often?

What impact might the addition of a person with special needs into your home have on your family and on your relationship with your partner?

What are your expectations regarding the involvement of the adult / youth in your family activities and day-to-day routines?

What arrangements would be made if the adult / youth chooses not to participate in your family activities or outings?

How might you support the adult / youth in your care to develop friendships, and to maintain the friendships that they already have?

How might you support the adult / youth in your care to maintain and strengthen the relationships they have with their family members?

Caregivers are expected to arrange their own respite as required, for example if they are ill, going on vacation, or just need a break. Please describe your plan for providing appropriately trained respite care for the youth / adult when required.

What languages do you speak?

Have you applied to other agencies to provide family care?

Why do you want to be a Supported Family Caregiver?

SPECTRUM SOCIETY FOR COMMUNITY LIVING SUPPORTED FAMILY CARE PROVIDER SKILLS INVENTORY

Your name:
Date completed:

(Check one)

- I will be the primary support provider
 I will be the secondary support provider

Can you support a youth or adult to maintain and increase their skills in the following areas?

Please rate yourself using the following scale:

5	I have a high level of skill / knowledge in this area. I could independently support someone without any assistance. I have extensive experience / training (3 + years) in this area.
4	I have above average skills / knowledge in this area. I could independently support someone with minimal consultation. I have sufficient experience / training (1-3 years) in this area.
3	I have an adequate level of skill/knowledge. I could independently offer support <u>only</u> with considerable consultation from the agency. I have had some experience / training (<1 year) in this area.
2	I have insufficient skills / knowledge in this area. I could provide a supportive role, but primary support in this area should probably be handled by someone other than me. I have some knowledge, but little if any experience in this area.
1	I have no skill / knowledge in this area. The person receiving support will require support from someone other than me. I have had no previous experience in this area.

PART 1: BASIC LIFE SKILLS

Motor Skills

		Rating	Comments
A.	Gross motor skills ie: Large arm/leg/body movements		
B.	Ambulation skills ie: Walking		
C.	Fine motor skills ie: Using fingers to pick items up		

Perceptual Skills

		Rating	Comments
A.	Visual Discrimination ie: Discriminating between shapes/letters/colors		
B.	Auditory Discrimination ie: Discriminating between sounds/spoken words		
C.	Tactile Discrimination ie: Discrimination between textures/temperatures		

Medical Support

		Rating	Comments
A.	Lifts and transfers Are you physically able to do lifts and transfers? Which kind?		
B.	Frequent illnesses Are you comfortable supporting someone with health challenges?		
C.	Assistive Medical Equipment ie: Use of walkers/wheelchairs/crutches and other aids?		
D.	Incontinence Supporting someone with bowel/bladder incontinence?		
E.	Seizures ie: Grand mal, petite mal?		
F.	Blindness ie: Very low vision or fully blind.		
G.	Deafness ie: Hard of hearing or deaf		

Self Care Skills

		Rating	Comments
A.	Eating Skills ie. Use of cutlery, drinking from a cup, use of napkin		
B.	Nutrition ie. Eating a balanced diet, being aware of dietary allergies		
C.	Cooking Skills ie. Using a recipe, safe use of appliances & food handling		
D.	Washroom Skills ie. Use of toilet/urinal, use of toilet paper, hygiene		
E.	Dressing Skills ie. Dressing for weather/activity, putting on clothes		
F.	Personal Hygiene ie. Bathing, haircare, female menstrual care, shaving		
G.	Bathing Skills ie. Frequency of, use of soap/hair products, cleaning body		
H.	Oral Hygiene ie Brushing/flossing teeth, knowing when to go to the dentist		

Communication Skills

		Rating	Comments
A.	Understanding of English (Spoken and Written) Please note other languages you can speak		
B.	Understanding of Sign Language Please note ASL, Signed English, PSE or LSQ		
C.	Understanding of Augmentative Communication Please note which types you can support someone to use		

Social Skills

		Rating	Comments
A.	Developing / maintaining friendships		
B.	Social etiquette		
C.	Sexuality Ie: Dating, safer sex methods, STD's/AIDS		

Community Skills

		Rating	Comments
A.	Finding leisure activities based on interests		
B.	Use of parks and other community recreation facilities		
C.	Use of public transportation		
D.	Personal safety ie: Sharing information, safety skills, asking for help		

Vocational Skills

		Rating	Comments
A.	Finding volunteer or paid employment		
B.	Standard work expectations ie: On time, focus on duties, appearance, notification of ill		

Academic and other Skills

		Rating	Comments
A.	Telling time		
B.	Time management ie: being on time, using a calendar to make appointments		
C.	Reading skills		
D.	Writing skills		
E.	Arithmetic skills Counting, add, subtract, multiply, divide		
F.	Money recognition ie: Value of each coin and bill		
G.	Money management ie: Pay, budget, write cheques, debit/bank card, banking		

PART 2: SOCIAL FUNCTIONING

Can you support a youth / adult if they are experiencing the following issues?

		Rating	Comments
A.	Withdrawn ie: Isolating self		
B.	Sleep Issues ie: Insomnia, excessive sleeping, nightmares		
C.	Eating Issues ie: Anorexia, bulimia, bingeing		
D.	Lack of motivation ie: not interested in activities/visiting		
E.	Hyperactivity		
F.	Fearful ie: Fear of new people/activities/environments		
G.	Needing to be the centre of attention		
H.	Anger outbursts		
I.	Lying		
J.	Stealing ie: From others in the home, or store, or friends		
K.	Trust issues ie: Scared to trust others, needs a lot of time to build trust		
L.	Truancy from work/day program		
M.	Destruction of personal property		
N.	Suicidal talk/actions ie: Talk of seriously hurting/killing self, suicide attempt		
O.	Verbal aggression ie: Swearing at others, hurtful words to others		

P.	Physical aggression ie: Pinching, hitting, biting, or hair-pulling (towards others)		
Q.	Self-abuse ie: Pinching, hitting, biting, or hair-pulling (to themselves)		
R.	Going missing ie: Extended absences without notification		
S.	Involvement with the law ie: Civil offenses, probation		
T.	Inappropriate Sexual Behaviour ie: Need to learn appropriate location for sexual activity		
U.	Alcohol Addiction		
V.	Drug Addiction		

SPECTRUM SOCIETY FOR COMMUNITY LIVING

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