

Home Share

Application to Become a Coordinating Organization

Disability Support Program

Application for Coordinating Organizations Seeking to Offer Home Share

Opportunity: The Nova Scotia Disability Support Program (DSP), a program of the Department of Opportunities and Social Development (OSD) is seeking qualified Coordinating Organizations to administer Home Share. This involves vetting prospective Home Share Providers, supporting their training, and monitoring living arrangements. It also involves advertising for and recruiting prospective Providers and supporting Participants (defined as a person with a disability receiving funded supports from DSP) in their living arrangements. Service Providers administering Home Share will be referred to as Coordinating Organizations (COs).

Coordinating Organizations administering Home Share will also provide individualized funding (IF) management for the Participant. At minimum, the Participant's costs for participating in the Home Share program must be managed by the Coordinating Organization.

Background: Home Share is a service that supports Participant(s) and qualified members of the community ("Home Share Providers") to live together. The Provider supports the Participant with their disability-related needs, while providing a home and family environment. Home Share is a common service model in Canada and in other countries (e.g. UK, Australia), and supports persons with disabilities to live in the communities of their choice.

About This Application:

We are requesting details about your organization's ability and capacity to provide a Home Share service in alignment with [*The Human Rights Remedy*](#). Due to the integrated service offering, we are also requesting information on your capacity to provide IF management services. You will be able to skip certain sections if you have applied or been approved to offer IF management as a DSP Provider.

We require three unique references to confirm your organization's ability to meet the requirements. Please note that staff or board members of your organization may not be used as references. High-quality references could include persons served and/or their families, community partners, or others involved and familiar with your organization, its philosophy, and its activities.

Please open this document in **Adobe** to use the text box to enter and scroll through the text. You can attach a Word document with your application if you need additional space. Please avoid printing and filling it out by hand, as it may be difficult to read.

Completed applications can be submitted to DSP at **DSP@novascotia.ca**. Applications are due by **May 16th, 2025, at 5 PM Atlantic Time**.

Application Form

Part A: Organizational Information

This section requires basic information about your organization.

1. Organization name:
2. Organization address:
3. Name of contact person:
4. Position title:
5. Phone number:
6. E-mail address:
7. Does your organization currently provide services funded through the Nova Scotia Department of Opportunities and Social Development to persons with disabilities?

☐ Yes | ☐ No

8. Does your organization currently provide services to persons with disabilities in Nova Scotia or another province, territory, or other jurisdiction?

☐ Yes | ☐ No

9. **(If yes to either Q6 or Q7)** What kinds of services do you provide to persons with disabilities (check all that apply)?

- ☐ Adult Residential Centre / Regional Rehabilitation Centre (NS)
- ☐ Residential Care Facility (NS)
- ☐ Small Option Home
- ☐ Home Share
- ☐ Supported Independent Living
- ☐ Group Home
- ☐ Adult Service Centre (NS)
- ☐ Independent Living Support / Independent Living Supports + (NS)
- ☐ Shared Services (NS)
- ☐ Employment / Vocational Training
- ☐ Social Enterprise

- ☐ Day Programming/Services
- ☐ Community-Based Supports
- ☐ Service Provider-Managed Individualized Funding
- ☐ Other (please specify)

Part B: Indication of Interest

This section of the application seeks information on your organization's interest in administering Home Share and IF management and the locations of service.

10. Indicate the counties where your organization would provide Home Share services (check all that apply).

9a. Central

☐ Halifax

9b. Eastern

☐ Cape Breton

☐ Inverness

☐ Port Hawkesbury

☐ Richmond

☐ Victoria

9c. Northern

☐ Antigonish

☐ Colchester

☐ Cumberland

☐ Guysborough

☐ Pictou

9d. Western

☐ Annapolis

☐ Digby

☐ Hants

☐ Kings

☐ Lunenburg

- ☐ Queens
- ☐ Shelburne
- ☐ Yarmouth

11. Within the counties you identified above, are there any areas (e.g., municipalities) you will **not** be able to provide service to?

Part C: Organizational Philosophy (33%)

This section seeks information regarding your organization's philosophy and how it has adopted a human rights-oriented approach as we transform Nova Scotia's disability supports.

If you have already applied or been approved to become a DSP Provider offering Individualized Funding (IF) management services, you may skip this section by checking the box below. Your answers from your prior application will be used to review this section.

☐ I have already applied or been approved to become a DSP Provider offering IF management services. I consent to DSP using the answers provided on my previous application for the purposes of evaluating this application.

- 12.** Describe how your organization is or is adapting to be consistent with the following
(Please provide specific examples from your organization's experiences where possible):
(7 points)

[/7]

- a. The implementation of Home Share
- b. The implementation of Individualized Funding
- c. A Remedy and a Human Rights Based Approach

- 13.** Describe how your organization ensures continuous improvement, professional growth and the adoption of leading practices and will do so for both IF management and Home Share. **(5 points)**

[/5]

Part D: Home Share (33%)

This section seeks information on how your organization will deliver a Home Share service and the degree to which you have considered both opportunities and challenges. Please provide specific examples from your organization's experiences where possible.

14. What opportunities do you see in offering Home Share? (5 points)

[/5]

15. What challenges do you anticipate in offering Home Share, and what strategies or solutions do you plan to implement to overcome them? (5 points)

[/5]

16. How will you deliver Home Share in ways that promote person-directed planning? (10 points)

[/10]

17. What measures will you put in place to safeguard the wellbeing of Participants? (10 points)

[/10]

18. How will you support a smooth transition for Participants when entering and when exiting the Home Share service? **(10 points)**

[/10]

19. How will you support Participants in problem-solving and conflict resolution? **(10 points)**

[/10]

20. How will you handle and manage complaints from Participants, their families, support networks, and providers? **(5 points)**

[/5]

21. What ideas do you have for recruiting prospective Home Share Providers? **(10 points)**

[/10]

22. How would your organization address an urgent or unplanned situation outside business hours, such as the need for a temporary relocation for a Participant or emergency respite for a Home Share Provider? **(10 points)**

[/10]

23. How do you plan to train and support Home Share Providers to fulfill their duties? **(10 points)**

[/10]

24. What key qualities will you look for when screening individuals interested in becoming Home Share providers? **(10 points)**

[/10]

25. Describe how your organization currently engages with the broader community (i.e., people other than Participants) and how these practices could impact Home Share Participants' ability to increase community involvement and engagement. **(5 points)**

[/5]

Part E: IF Management and Supports Provision (33%)

This section seeks information on how your organization will deliver DSP Provider-Managed Individualized Funding (IF).

If you have already applied or been approved to become a DSP Provider offering IF management services, you may skip completing this section by checking the box below. Your answers from your prior application will be used to review this section.

☐ I have already applied or been approved to become a DSP Provider offering IF management services. I consent to DSP using the answers provided on my previous application for the purposes of evaluating this application.

26. Describe how your organization will affirm Participants' human rights and align with the Remedy in delivering DSP Provider-Managed IF. **(7 points)**

[/7]

27. Describe your organization's approach to complementing a Participant's natural supports and facilitating their inclusion in community. **(7 points)**

[/7]

28. Describe how your organization will support a Participant to budget, manage their IF, understand their spending, and learn how to manage their money (if desired). **(5 points)**

[/5]

29. Explain how your organization ensures staff have the appropriate skills to respond to a Participant's unique needs and preferences. Provide two examples of how you have demonstrated this in the past. **(5 points)**

[/5]

30. Describe how your organization will ensure a Participant can access supports outside regular business hours, including in emergencies. **(6 points)**

[/6]

31. Describe how your organization will ensure that supports and services are equitable and responsive to the needs of underrepresented and underserved communities, including but not limited to Mi'kmaw and Persons of Indigenous Descent, African Nova Scotians and Persons of African Descent, the 2SLGBTQIA+ Community, Newcomers, Immigrants and Refugees, Faith-based Communities, and Persons with Disabilities. Provide examples from your organization's experiences. **(6 points)**

[/6]

32. Describe how your organization will support Participant(s) to access supports and services provided by those external to your organization, when chosen by the Participant. **(5 points)**

[/5]

33. Part of delivering individualized funding management will involve either arranging or providing supports directly to a Participant. Please identify the supports your organization will directly provide to Participant(s) as part of this requirement:

- ☐ Relationship-Building
- ☐ Health Maintenance & Promotion
- ☐ Supported Decision-Making
- ☐ Behavioural Supports & Interventions
- ☐ Community Participation (e.g. Day Programming, Vocational Training)
- ☐ Activities of Daily Living
- ☐ Instrumental Activities of Daily Living (e.g., Food Preparation and Communication)
- ☐ Overnight Support

33a. If applicable, outline any specific services your organization is not able to provide at this time.

Part F: References & Additional Comments

If you have already applied or been approved to become a DSP Provider offering IF management services, you may skip this section by checking the box below. Your answers from your prior application will be used to review this section.

☐ I have already applied or been approved to become a DSP Provider offering IF management services. I consent to DSP using the references provided on my previous application for the purposes of evaluating this application.

34. Provide three references who are familiar with your organization's philosophy and activities.

Name:	Relationship:
Address:	Phone:
E-mail:	

Name:	Relationship:
Address:	Phone:
E-mail:	

Name:	Relationship:
Address:	Phone:
E-mail:	

35. Please provide any additional comments you would like the evaluation committee to consider.

Part G: Certification

I certify the organization's ability and willingness to meet the following **mandatory** criteria:

- ☐ Conduct Criminal Record Checks/Vulnerable Sector Checks for all staff interacting with Participant.
- ☐ Sign a service agreement with DSP, which will include:
 - ☐ Providing confirmation of listing on the joint stock registry.
 - ☐ Providing a report from the most recent AGM.
 - ☐ Providing an approved annual budget and financial statements for the previous two years.
 - ☐ Providing a list of Board members (not for profit) or senior management (for-profit).
 - ☐ Providing any changes in bylaws (not for profit).
 - ☐ Providing proof of applicable insurances.
 - ☐ Providing a copy of the organization's Articles of Incorporation and copies of all bylaws (if applicable).
 - ☐ Providing a description of the Board of Directors' mandate (not for profit) or current business plan (for profit).
- ☐ Comply with all reporting requirements.
- ☐ Comply with all confidentiality and privacy requirements.
- ☐ Comply with all governance requirements, including to establish policies on conflict of interest, privacy, anti-Black racism, and others as required.
- ☐ Observe records management best practices.
- ☐ Participate in Home Share evaluations & audits as required.
- ☐ Ensure staff performing financial management activities are qualified to do so.
- ☐ Ensure staff engaged in providing supports to Participant are qualified to do so and have the core competencies identified by DSP.
- ☐ Maintain communication with Participant to ensure supports align with Participant needs and direction.

☐ Ensure that Home Share, IF management services, and supports are offered in a manner that affirms Participant' rights and aligns with the Remedy Shared Values.

☐ I acknowledge that participation in an interview may be required as part of the application process.

☐ I agree to fully participate with other approved Coordinating Organizations in a shared Community of Practice to further develop Nova Scotia's Home Share service.

☐ I acknowledge that the Province of Nova Scotia/Opportunities and Social Development reserves the right to implement accountability measures to ensure compliance with applicable standards and regulations. Such measures may include, but are not limited to, accreditation, audits, or performance reviews.

☐ I acknowledge that by submitting my application, I may be subject to verification regarding the use of artificial intelligence (AI) in its creation. I understand that the Department reserves the right to review my application to confirm whether AI tools were utilized and may request additional information or clarification if necessary.

☐ I certify that the information provided in this application is true and accurate.