



# Home Share

## Home Study Toolkit

Disability Support Program



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## About This Toolkit

Home studies are the approach used for assessing potential Home Share Providers. A home study is a review of the physical home, but more importantly it analyzes caregiver skills, family dynamics, and the overall atmosphere and approach of the family and the home.

The steps in a home study, in brief, are as follows:

1. an initial and informal connection between the prospective Provider and Home Share Coordinator
2. an application
3. home visits
  - a. self-reflection after home visits
4. approval/rejection



The image above describes the overall minimum process for a home study. Steps 1 and 2, as listed above, are interchangeable and may happen in any order.

This toolkit includes guidelines and tools to support Coordinating Organizations to conduct home studies. More specifically, this toolkit includes:

- Forms that the Coordinating Organizations can adapt for their application process, their process to request criminal record and vulnerable sector check, a request for a child welfare inquiry, a medical self-report & attestation of good health, and oath of confidentiality; and to identify natural and paid respite supports.
- Guidelines to conduct the home study, including goals for home visits 1 and 2, the self-reflection form, and the question inventory. Questions in the inventory may be covered over several visits to the home and sequenced based on the judgment of the Coordinating Organization.
- The Home Study Applicant Report that Coordinating Organizations must prepare after completing the Home Study.

## Home Share Providers' Application

### Introduction

Home Share is a form of support for Persons with Disabilities in Nova Scotia. It involves sharing your home with an adult with a disability who requires supports to live in the community. As a Home Share Provider (hereafter Provider), you will share a living space and provide disability-related supports to another adult. This could involve helping them with meals, scheduling, managing their health needs, and helping them with the many different activities of daily living.

The types of disability supports you provide will depend on the needs of the participant you live with. [Coordinating Organization] will work with you to ensure you have the skills needed to meet their needs.

You will have a service agreement with [the Coordinating Organization] govern the arrangement. This agreement will outline your rights and responsibilities as a Home Share Provider.

For more information related to Home Share, or to get assistance with the application, please contact [Home Share Coordinator] at [contact information].

Please attach extra pages with your answers if you run out of room to respond.

Please note that a review of requested documents and/or criminal record checks will take place at a time to be determined by the Coordinating Organization. However, required documents and/or background checks are outlined within the document.

## Application Form

### PART ONE: Applicant's Basic Information

#### **I am making this application to:**

- ☐ Share my current home with a Participant (defined as a person with a disability receiving funded supports from the Nova Scotia Disability Support Program).
- ☐ Offer to move into a Participant's home.

*There are limited differences in this application between the two options. Where applicable, they are noted.*

#### **Contact Information**

**Applicant Name:**

**Phone Number(s): (1) | (2)**

**E-mail:**

**Address:**

#### **Employment History**

Are you currently employed?

- ☐ Yes
- ☐ No

If employed, do you work full-time or part-time?

- ☐ Full-time
- ☐ Part-time

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If employed, is your work schedule consistent (e.g. you work the same times each week)?

☐ Yes

☐ No

If employed, please provide details on your current employer.

**Current Employer Name:**

**Job Title:**

**Phone Number:**

**Length of Employment:**

**Brief Description of Role:**

Considering your current job, please describe your plan for ensuring the participant can still access support while you are working.

**Educational Background**

Please tell us the highest level of education completed, using the drop-down menu below.

Highest Level of Education Completed: **Did not complete High School**

Please tell us the name of the institution and the year completed for the highest level of education completed:

If the highest level of education completed is college, skilled trades school, or university, please tell us the credential and field of study:

Please tell us any other specialized trainings, courses, or credentials you have taken or have been awarded that may be relevant to this role:

## PART TWO: Support Partner's Basic Information (if applicable)

This section should be completed if the primary applicant will be supported by another adult in the home to provide care and support to the participant. This could be a spouse, partner, roommate, friend, or other person who lives in the home, is over the age of 18, and has the skills required to provide supports.

**Support Partner Name:**

**Phone Number(s): (1) | (2)**

**E-mail:**

### Relationship to Primary Applicant

They are my ...

- ☐ Spouse/Partner
- ☐ Roommate
- ☐ Friend
- ☐ Family Member
- ☐ Other:

### **Employment History**

Are you currently employed?

- ☐ Yes
- ☐ No

If employed, do you work full-time or part-time?

- ☐ Full-time

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☐ Part-time

If employed, is your work schedule consistent (e.g., you work the same times each week)?

☐ Yes

☐ No

If employed, please provide details on your current employer.

**Current Employer Name:**

**Job Title:**

**Phone Number:**

**Length of Employment:**

**Brief Description of Role:**

Considering your current job, please describe your plan for ensuring the participant can still access support while you are working.

**Educational Background**

Please tell us the highest level of education completed, using the drop-down menu below.

Highest Level of Education Completed: **Did not complete High School**

Please tell us the name of the institution and the year completed for the highest level of education completed:

If the highest level of education completed is college, skilled trades school, or university, please tell us the credential and field of study:

Please tell us any other specialized trainings, courses, or credentials you have taken or have been awarded that may be relevant to this role:



### PART THREE: Involvement in the Community

Please describe how you currently participate in your neighbourhood and community. This can include formal activities such as volunteering, engagement with community groups or informal activities such as supporting others in the community to participate in daily life, attend religious events, supporting neighbours or any other activities you routinely participate in.

**Organization/Group/Activity:**

**Role:**

**Frequency:**

**Organization/Group/Activity:**

**Role:**

**Frequency:**

**Organization/Group/Activity:**

**Role:**

**Frequency:**

What is your philosophy on involving a participant in these activities? How could you see them being involved in your community?

PART FOUR: Other Members of the Household

Please provide detail on other members of the household (Note: not applicable where a Provider moves in with a Participant).

|    | Name | Gender | Relationship | Age | Will they be providing supports to the participant? (Y/N) |
|----|------|--------|--------------|-----|---|
| 1. |      |        |              |     | N/A   |
| 2. |      |        |              |     | N/A   |
| 3. |      |        |              |     | N/A   |
| 4. |      |        |              |     | N/A   |
| 5. |      |        |              |     | N/A   |
| 6. |      |        |              |     | N/A   |

You will be required to obtain and provide a criminal record and vulnerable sector check for each adult over the age of 18 in the home. If your application is provisionally approved, we will follow up with you to request these.

Have you discussed this application with all members of the household?

- ☐ Yes
- ☐ No

Are all members of the household supportive of the application?

- ☐ Yes
- ☐ No

Do you have any children who do not live with you in the home? Please identify them and list in order of birth.

**PART FIVE: Supplementary Information & References**

**Are you licensed to drive in the Province of Nova Scotia?**

☐ Yes

☐ No

If yes, please note we will follow up for a copy of your driver's abstract.

**Do you have (or agree to obtain) vehicle insurance with full liability coverage?**

☐ Yes

☐ No

**You will be expected to provide transportation for the participant in your home as part of this role. Do you agree to notify your vehicle insurance provider of the change in use of your vehicle if you are successful in this application?**

☐ Yes

☐ No

**Do you have (or agree to obtain) home insurance with all-risk coverage?**

☐ Yes

☐ No

*Not applicable where a Provider moves in with a Participant. The Home Share Provider and Participant will need to come to an agreement on acceptable insurance coverage, including whether a Participant's insurance will cover both parties.*

**Do you agree to notify your home insurance provider of the change in use of your home if you are successful in this application?**

☐ Yes

☐ No

*Not applicable where a Provider moves in with a Participant.*

As we move further in the process, we will request to see copies of your insurance policies to validate the information provided here (as appropriate).

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**Have you (or a member of your household) been the subject of a restraining order, peace bond, domestic violence order, or similar protective legal instrument or order within the last seven years?**

☐ Yes

☐ No

**Have you (or a member of your household) been charged with a criminal offence for which you are awaiting a decision of the Courts?**

☐ Yes

☐ No

**Have you (or a member of your household) ever been convicted of a criminal offence?**

☐ Yes

☐ No

**If yes to any of the above, provide additional detail regarding previous or pending criminal offences, restraining orders, peace bonds (or similar orders), or charges.**

If your application is provisionally approved, we will follow up with you to request a completed criminal record and vulnerable sector check. This is a requirement for **all adults in the home over the age of 18**. A letter that you can provide to your local police service is attached to the end of this package.

**Have you (or a member of your household) ever been the subject of an investigation by a child protection agency?**

☐ Yes

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☐ No

**If yes, please provide additional detail regarding the investigation and/or outcome.**

**Please provide contact information for a minimum of three and up to four references. One must be related to you.**

**Reference Name:**

**Relationship:**

**Phone:**

**E-mail:**

**Reference Name:**

**Relationship:**

**Phone:**

**E-mail:**

**Reference Name:**

**Relationship:**

**Phone:**

**E-mail:**

**Reference Name:**

**Relationship:**

**Phone:**

**E-mail:**

If approved, I confirm that I am willing and able to engage in ongoing training (e.g., Standard First Aid and CPR Level-A) as required by **[the Coordinating Organization]**.

☐ Yes

☐ No

#### PART SIX: Applicant's Self-Assessment

The following questions are intended for both single and couple applicants. The questions provide insight into the applicant's history, family functioning, adaptability, and motivations. As part of our screening process, we work to develop an overall understanding of you and your family. If your application is accepted, we will follow up on these responses during in-person meetings as part of our assessment. The self-assessment section of the application provides insight into your background and will help facilitate the in-person interview portion of the assessment.

#### Motivation to Provide Home Share

1. Describe your motivation to provide Home Share support. What led to you begin this process?
2. What experiences in your past (e.g. education, work experience, volunteer work, connection to friends/family with disabilities) lead you to believe you are a good candidate for this role?
3. What do you imagine performing this role will be like? What do you think you will enjoy? What do you think will be challenging?

#### Family History

This set of questions is meant to explore your family dynamics and ~~childhood~~-experiences. Please describe your immediate ~~birth family-family~~.

#### *Upbringing & Family of Origin*

1. Who primarily raised you?

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2. How many siblings do you have? What was your relationship like growing up with them? What is your relationship like now?

~~3. – How would you describe your parents/caregivers when you were a child? (e.g. critical, happy, domineering, outgoing, warm, passive)~~

~~a. – Mother/Guardian~~

\_\_\_\_\_

~~b. – Father/Guardian~~

\_\_\_\_\_

~~4. – What was it like growing up in your family? What are some of your favourite memories?~~

\_\_\_\_\_

~~5.3. \_\_\_\_\_~~ List values that your parents held.

~~6.4. \_\_\_\_\_~~ Which of these values do you share with your parents?

~~7. – How were you disciplined as a child? (e.g. grounded, time out, spanked, fairly, shamed)~~

\_\_\_\_\_

~~8. – Would you parent or did you parent your children the same as you were raised? Explain:~~

\_\_\_\_\_

~~9. – Were there any traumatic events that impacted your childhood growing up? (e.g. \_\_\_\_\_ accidents, death, violence)~~

~~a. – How did your family respond?~~

\_\_\_\_\_

~~b. What was your understanding of the events at the time?~~

~~c. What is your understanding now?~~

Present-Day Family

1. Have there been any traumatic events (e.g. accidents, death, violence) that impacted your present-day family? ~~(e.g. accidents, death, violence)~~

a. How did you and/or your family respond?

b. ~~What was your understanding of the events at the time?~~ What insights did you take from this event and the way in which you responded?

~~c. What is your understanding now?~~

2. Please describe your experience providing care to others. How will this inform your approach to supporting a participant?

~~3. Do you have children? Please tell us about them and list them in order of birth.~~

~~4.3.~~ How would you characterize your family life?

~~4.~~ How would others in your home/family (e.g., spouse, children) describe the dynamics of the household?

~~a. What do you most cherish?~~

~~2.~~ \_\_\_\_\_

~~3.5.~~ What challenges is your family currently experiencing?

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4. ~~What is your approach to discipline? How do you (or did you) discipline your child(ren) (if applicable)?~~

5. ~~\_\_\_\_\_~~

6. How are you and the members of your household connected to your neighbourhood and community?

7. How do you keep up with your life obligations? What is your approach to managing all the things we need to do on a day-to-day basis? Please describe.

8. How do you think your life will change through ~~caring supporting for~~ a participant?

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#### PART EIGHT: Supports

As part of the application process, you will be asked to provide the names of people you can rely on to support you when you take breaks from providing support. We want to know that Home Share Providers can access help when needed and have ties to the community.

We all rely on others at various times for support to do things. **Describe the people you rely on when you need support, assistance, or help. Please describe your relationship to them.**

**Please provide a few examples of times you have accessed help or support from others.**

### PART NINE: Supplementary Documents

If we move ahead with your application, we will require the below documents to be provided to us prior to moving ahead with a home study process. You do not need to provide these documents right now. The documents to be required at that time are listed below:

- [Criminal Record and Vulnerable Sector Check](#) for all adults over the age of 18 in the home
- [Medical Self-Report and Attestation](#)
- [Oath of Confidentiality](#)
- Driver's Abstract (this document can be obtained at a local Access Nova Scotia which has a Department of Motor Vehicles)

### PART TEN: Attestation & Consent

We require you to attest to the information provided in this application and to consent to us to use this information to consider your appropriateness to serve as a Home Share Provider.

*I attest that all information contained in this application to become a Home Share Provider is accurate to the best of my knowledge.*

**Signature:**

**Date:**

**Signature (Secondary Applicant):**

**Date:**

*I consent to the use of information provided in this application by [COORDINATING ORGANIZATION] to assess my/our appropriateness to serve as Home Share Providers.*

**Signature:**

**Date:**

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**Signature (Secondary Applicant):**

**Date:**

## **Request for Criminal Record and Vulnerable Sector Check**

[Coordinating Organization Name, Location, and Phone Number]

To whom it may concern:

The person presenting this letter is currently applying to become a Home Share Provider with [Coordinating Organization].

A Home Share Provider voluntarily lives with and provides support to an adult with a disability. Their duties involve supporting the adult with a disability in going about their daily activities of living. These can include things like assisting them in managing their finances, assisting them with meals, assisting them with bathing, and helping them manage their schedule and activities. This is not an exhaustive list.

If successful in their application, the Home Share Provider will be in a place of trust with the adult with a disability. They will help them to live well in the community.

As part of our assessment process, we require applicants to obtain and present the results of a **criminal record and vulnerable sector check**, due to the nature of the position. Applicants must also obtain and present the same for any other adults living in their home over the age of 18.

The applicant will bear the costs of conducting these checks.

Please feel free to contact me with questions or for further information.

Thank you for your assistance in this matter.

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[Home Share Coordinator Name and Contact Information]

## Medical Self-Report & Attestation of Good Health Form

Applicant Name: \_\_\_\_\_

Do you have any ongoing or intermittent health conditions that would interfere with the delivery of supports to a participant?

☐ Yes

☐ No

If yes, please describe this/these conditions.

If yes, please describe your plan for ensuring continued support to the participant should your health pose an issue.

In view of the above, do you attest that you are in good health and capable of fulfilling the responsibilities of a Home Share Provider? Please note that, if successful, you will be bound by a contract with [Coordinating Organization] for service, and that dishonesty as part of the application process is grounds for nulling our contract, including payment for services.

I, \_\_\_\_\_, attest that I am in good health and capable of fulfilling the responsibilities of a Home Share Provider.

Signature

Date

## Oath of Confidentiality Form

### Oath of Confidentiality and Agreement to Respect Participant Privacy

If I am selected to become a Home Share Provider, I understand that I will be entrusted with privileged information related to the participant I support.

I understand that I will be in a position of trust with respect to this participant.

I understand that I will need to take measures to protect the participant's privacy.

I understand that I can rely on guidance from [Coordinating Organization] regarding how to fulfill these confidentiality obligations.

I understand that, except for emergency situations, I am bound by an oath of confidentiality regarding the participant's personal information. I agree to these obligations.

Signature

Date

## Natural and Paid Respite Supports Form

*Prospective providers should complete this once their written application has been provisionally approved and are in the home study process.*

Respite involves taking a break from providing care to another individual, and it is critical to ensuring that Providers receive a break from their caregiving duties. In this form, we will ask you to identify any natural and/or paid respite supports (people you could rely on, either with or without pay, to provide you with breaks) that can help you. You do not need to complete all fields, but we encourage Providers to be proactive in identifying the supports they can rely on to manage this challenging role.

The people identified in this section will be subject to further screening by [Coordinating Organization]. This will involve a Criminal Record and Vulnerable Sector Check, confirmation of valid Standard First Aid and CPR-A, and, if successful in this process, a review of their skills to ensure they can provide the supports a participant may need. Further detail on screening will follow if you are successful in your application.

The people you identify in this section will be contacted to confirm the details you provide.

|   |   |   |
|---|---|---|
| <b>Respite Support #1</b><br><b>Name:</b><br><b>Relationship:</b><br><b>Phone:</b><br><b>E-mail:</b><br><b>Address:</b> | <b>Respite Support #2</b><br><b>Name:</b><br><b>Relationship:</b><br><b>Phone:</b><br><b>E-mail:</b><br><b>Address:</b> | <b>Respite Support #3</b><br><b>Name:</b><br><b>Relationship:</b><br><b>Phone:</b><br><b>E-mail:</b><br><b>Address:</b> |
|---|---|---|

## Information Sheet – Home Study Process

As part of the overall application process to become a Home Share Provider, you and your family will undergo a 'home study'. A home study is an in-depth examination of your ability, motivation, and aptitude to provide support. The home study will also examine your family dynamics and confirm the appropriateness of the home. Elements of this process (e.g., home visit) will not apply for Providers intending to move in with a Participant.

The home study process can be intrusive, as it requires examining your upbringing, your life experiences, and the difficulties you have encountered in life. The home study will require you to confront what may be difficult experiences or times in your life. This is all done to ensure our organization has a complete picture of you, your family, and your appropriateness for this challenging role.

The process is described below.



You will be visited in your home a minimum of twice, but our organization may require additional home visits at our discretion. Our Home Share Coordinator has a wide variety of questions to discuss with you and will need to make their own inspection of the home to ensure physical safety for a potential participant.

You will be asked questions during these visits across several areas, such as:

- personal & family functioning
- care giving experience
- relationships (marital, extended family, and community)
- family background & upbringing
- family values & attitudes
- community & supports
- life administration
- financial administration
- motivation
- home share in a Participant's home (if applicable)

After your first home visit, you will be provided with a self-reflection worksheet. Please take the opportunity to reflect on the experience at that point and please feel free to share any concerns with our Home Share Coordinator.



## Home Study Guidelines

This section contains advice for the Coordinating Organization on the approach to conduct the home study. It identifies goals for each visit. While DSP requires a minimum of two home visits, we suggest that best practice is to conduct these inquiries over three or more visits. Prospective Home Share Providers may find themselves overwhelmed by the nature and number of questions.

Coordinating Organizations must prepare a report on each prospective Home Share Provider using the format provided following this section. DSP will rely on these documents to review approaches in use and for audit purposes.

For applicants seeking to move in with a Participant, the Coordinating Organization does not need to visit their current home. However, the Participant's home should be reviewed to ensure accessibility, appropriateness, and the availability of emergency equipment (e.g., fire extinguishers, smoke detectors, first aid supplies). The questions contained in the Question Inventory must still be asked to assess applicant appropriateness to provide service.

Applicants must complete a Participant Support Questionnaire (see below) at a point in the Home Study process deemed appropriate by the Coordinating Organization. The results of the Participant Support Questionnaire form part of the Home Study Applicant Report which concludes the Home Study.

### Guidelines – Home Visit 1

Home Visit 1 involves an interview with the primary applicant and conversations with each family member present in the home. There will be a discussion about the completed self-assessment portion of the application. A walk-through of the home will also occur to ensure fire and life safety standards are met by examining the physical structure and layout of the home, with attention to the following:

- Appropriateness of the room proposed for a participant (size, furniture, egress window which meet municipal codes, space available to the participant, location in the home).
- Appropriate fire safety measures (working smoke detectors, fire extinguisher).
- Accessibility of the home (to inform potential placements).
- Any major safety hazards (extreme water temperatures, electrical hazards, accessible swimming pools, steep changes in grade, potential other safety hazards, etc.)
- General cleanliness and upkeep of the home.

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Home Visit 1 will involve an extensive interview with the applicant. The Coordinating Organization can choose which portions of the question inventory to be covered in Home Visit 1.

Members of the family present in the home should be met. The following questions are key for assessing family willingness and openness to the arrangement:

1. What were your initial thoughts when you heard that [applicant] wanted to do Home Share? How did you feel?
2. Are you supportive of [applicant] taking this on?
3. How do you think your life will change? How do you feel about that?
4. How do you feel about inviting in a new member of the household? What do you think your relationship with them will be like?

## **Self-Reflection**

The self-reflection is provided to the applicant following Home Visit 1. It encourages the applicant to reflect on the visit, the nature of the questions asked, and the feelings of the applicant following this stage of the process.

A self-reflection can be administered after each home visit, subject to the judgment of the Coordinating Organization.

The self-reflection document follows this page. Coordinating Organizations may add their own self-reflection questions. Minor modifications may be made for applicants seeking to move in with a Participant.

**Self-Reflection: Prospective Home Share Providers**

Thank you for applying to be a Home Share Provider with [Coordinating Organization]. Following your first home visit, we require you to complete a self-reflection as part of the home study process.

We recognize the home study process is extensive and, for some, may be the first time they have had themselves, their families, and their home life analyzed this intensely. This self-reflection encourages you to reflect on the experience so far and will help inform our next Home Visit.

Please consider and respond to the following questions.

- 1. What are your overall feelings on the first home visit or discussion with [Coordinating Organization]?**
- 2. Did any questions make you feel uncomfortable? Please note the questions and describe why these questions made you feel uncomfortable.**
- 3. Did any other feelings surface during the home visit? Please describe these as well as why you think these feelings came up.**
- 4. Are there any questions you would answer differently on reflection? Which questions? How would you answer them now?**
- 5. Has your confidence level in your ability to provide this service changed since your first home visit? Has it increased or decreased? Please describe.**
- 6. Did members of your family raise any questions or express any specific feelings following the home visit? Please describe.**

## **Guidelines – Home Visit 2**

Home Visit 2 is a continuation of the items addressed in Home Visit 1. Members of the family absent at the first Home Visit should be met with and have the same questions posed to them.

Home Visit 2 should also look for any differences in the home from the first visit. Make a note of what has changed, if anything, and what this might suggest. Document your observations.

In addition, Home Visit 2 is an opportunity to follow up on the self-reflection questions provided after Home Visit 1. These are aimed at helping the applicant dig deeper and further consider their application. Make a note of areas prior to the visit where you will follow up on items from the self-assessment.

## Home Study Question Inventory

Key questions to be posed during the home study are detailed below. The Coordinating Organization may modify these questions as appropriate as well as add additional questions. In any case, the home study report prepared by the Home Share Coordinator must touch on responses provided to the following questions to demonstrate that they have been examined.

Modifications can be made to questions for applicants seeking to move in with a Participant. For instance, the first question below would not need to focus on other members of the home; rather, it would focus on the applicant.

### *Personal and Family Functioning*

- Describe the hobbies and interests of each member of the home. Which ones might be shared with the participant?
- What are your passions and strengths?
- Describe the general routines of each member of the home. Are any particularly important? Are any particularly disruptive? How would an additional person in the home affect the most important routines?
- Describe the personalities of all members of the family. What challenges are they currently experiencing and how are they dealing with them? How would an additional person in the home affect these?
- How do members of the family respond to unexpected events, emergencies, and crises?
- How do you manage stress?
  - What are your coping mechanisms?
- How do you express yourself when you are frustrated?
- Describe how each member of the family gives and receives support. Describe how each member of the family seeks support.
- Describe the general health of each member of the family, as well as any significant medical or mental health challenges.
- Describe any skills, training, or abilities among family members that would support a person with a disability to live well in your home and community.
- How do you think inviting a participant into your home will change the dynamics?
- What do you most cherish about your family?
- How will this be managed? How flexible do you think your family will be, and what is your expectation for flexibility on the part of the participant?

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- Does anybody in the family, including yourself, use substances like alcohol, cannabis, or other drugs? Describe this use, the typical times of day of use, how it is managed, and whether you think it is problematic.

### Family Background & Upbringing

- Tell me about your childhood. What was it like growing up? How would you describe your parents?
- ~~Was your family open to new experiences growing up?~~ Describe your family's approach to new experiences and opportunities while you were growing up? What was your parents' philosophy on discipline? How has this impacted your own attitude towards discipline in the home?
- ~~How did decisions get made in your family home growing up?~~
- ~~How was money managed in the home and how has this impacted your views on money management, budgeting and making financial decisions?~~
- ~~How did your childhood influence your decisions in adulthood, like where you live or how you approached marriage?~~
- What kinds of community (religious, community service, ethnic, etc.) did your family take part in growing up? ~~Was your family open to new experiences growing up?~~

### Family Values & Attitudes

- How do members of the family feel about people of different racial, ethnic, or religious backgrounds? How might these feelings affect your ability to provide support to certain kinds of participants?
- How does the family manage change or uncertainty? Can you describe a time where the family had to navigate these kinds of things?
- Describe members of the family's views on sexuality. Would you feel comfortable supporting a participant with a different sexual orientation or gender expression/identity?
- Describe family members' approach to privacy. How much privacy is each member of the family given, and how is this approached within your family?
- How do your family's values and attitudes align with those of your broader community?
- How do members of the family confront ideas, values, or behaviours that are different from their own?

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- How do you or would you approach conversations about sexuality and safe behaviours?

*Financial Administration*

- Describe the sources of income within your family. Do these incomes all get combined, or are they held separately?
- How are bills and expenses divided? How do these decisions get made?
- How do you handle financial pressure? What are your coping strategies?
- Could you handle an unexpected expense of \$1,000? How would that impact you? What about \$5,000?
- How does your family's standard of living compare to others in the community?
- Are you willing to assist a participant in managing their money? How would you go about this?
- Do you consider yourself financially stable?

*Life Administration*

- What are family members' approaches to keeping track of appointments or obligations?
- When an appointment needs to be made, who makes the appointment right away and who puts it off?
- How would you imagine supporting a participant's schedule and obligations?
- What system do you use to manage records and papers? How will you help a participant to do this?

*Experience providing support or care to others*

- Describe your experience providing care to others, regardless of who they are. How will these experiences translate to supporting a person with a disability?
- How do you recognize and respond to the needs of people you've provided care for, like children?
- Describe the ways that people you've provided support for have had input into decisions made about them or for them.
- Tell me about times you've felt rewarded, and times you've felt frustrated while providing support to another person. Why do you think you felt these ways? How did you process these feelings?

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- How do you approach being challenged by someone to whom you are providing care? What are your strategies for managing these challenges?
- What types of behaviour would you find particularly challenging? How would you anticipate dealing with these behaviours or situations with a participant?
- How will you help the participant develop their independence?
- What can you offer a person with a disability? What skills or abilities can you help teach?

### *Relationships (Marital, Extended Family, and Community)*

- (If applicable) Describe your relationship with your partner. How did you meet? What do you do together that brings you joy? What frustrates you?
- Have you had any past partnerships or marriages? If they broke down, how did you and the family process this? Are you both amicable today?
- (If applicable) How do you communicate with your partner? How do you make each other aware of your needs?
- What is your connection to your extended family? How often do you keep in touch?
- How are you connected to your neighbourhood and your community? Do you volunteer? Tell me about your friends in the community.
- If you needed urgent help, who would you call? How would they respond?

### *Community & Supports*

- How easy is it to navigate your community? What services are available to support getting around (e.g. public transit, shuttle service, etc.)?
- Describe the neighbourhood and community you live in. Is it busy or quiet? What kinds of people live there?
- What kinds of challenges would a person with a disability face in your community?
- What supports are available for people with disabilities in your community?
- How will you keep a participant safe within your home and community?
- How would you describe your social life? How often are you outside your home in the run of a week? What are you doing during these times?
- What kinds of activities do members of your household participate in within the community?
- How will you ensure the inclusion of the participant in the activities they want to participate in?
- How will you facilitate the integration of a participant into your broader network and community?

### *Motivation*



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- Tell me about why you decided to apply for this program. How did you find out about it? Why do you want to participate?
- Tell me about your views on the rights of people with disabilities.
- How do you think your life will change when you have a participant living with you? How will you approach these changes?
- How do you imagine a participant will fit into the household?
- How do family members feel about this application? Does anyone have concerns? If so, what are the concerns?
- What kinds of support do you think you will need to make your participation a success?
- What do you see as the priorities for the first six weeks of sharing your home with a participant?
- How would you help ensure a participant feels like this is their home?

*Home Share in a Participant's Home (if applicable)*

- Tell me a bit more about your motivation to join a Participant in their home. What drives your interest in this option?
- Where would you live if you are not successful in this process or in being matched with a Participant?  
Describe your residential safety net. If you needed to leave suddenly or quickly, where would you stay?

## Home Study Applicant Report

### Home Study Applicant Review – Home Study Report

*Prepared by the Home Share Coordinator following the conclusion of the Home Study.*

Name of Reviewer:

Role:

Date application was received:

#### Applicant Review Matrix

| Category   | Strengths | Areas of Concern | Areas Requiring Follow-up |
|--|-----------|------------------|---------------------------|
| Personal & Family Functioning                      |           |                  |                           |
| Caregiving Experience                              |           |                  |                           |
| Relationships                                      |           |                  |                           |
| Family Background & Upbringing                     |           |                  |                           |
| Family Values & Attitudes                          |           |                  |                           |
| Community & Supports                               |           |                  |                           |
| Financial Administration                           |           |                  |                           |
| Life Administration                                |           |                  |                           |
| Motivation   |           |                  |                           |
| Home Share in a Participant's Home (if applicable) |           |                  |                           |
| Participant Support Questionnaire                  |           |                  |                           |
| Results of Home Safety Review                      |           |                  |                           |

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|---------------|--|--|--|
| Other (misc.) |  |  |  |
|---------------|--|--|--|

☐ Satisfactory Criminal Record & Vulnerable Sector Check

Overall Assessment of Application

Strengths (characteristics/data consistent with the ability to meet Home Share standard):

Weaknesses / Concerns (characteristics/data that might impede ability to meet Home Share standards):

Follow-up (gaps in information or areas requiring further review):

Recommended decision on Applicant

☐ Recommend approval

☐ Recommend denial

|                            |  |
|----------------------------|--|
| <b>Report prepared by:</b> |  |
| <b>Signature:</b>          |  |
| <b>Date:</b>               |  |

## Participant Support Questionnaire

*Applicants are asked to identify any restrictions of the kind of Participant they could support, as well as the areas of support in which they could assist a Participant.*

| Area of Support   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Do you have a preference on whether the Participant is a man, woman, or non-binary? If yes, please specify:   | <input type="checkbox"/> | <input type="checkbox"/> |
| Could you provide support for a Participant who is incontinent? If yes, please describe how:  | <input type="checkbox"/> | <input type="checkbox"/> |
| Could you provide care for a Participant who has ongoing medical needs (e.g., diabetes management) or frequent medical appointments?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Could you provide assistance to a Participant who needs help bathing?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Could you provide assistance to a Participant who needs help using the toilet?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Could you provide support for a Participant who is aggressive or has behavioural needs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how would you manage aggressive behaviours both at home and in public?  |                          |                          |
| Could you provide support for a Participant who needs help developing relationships?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Could you help teach a Participant how to be safe in the community? If yes, please explain:   | <input type="checkbox"/> | <input type="checkbox"/> |
| Could you provide support to a Participant who smokes?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Could you provide support to a Participant who uses alcohol or drugs? Please describe why or why not:   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there participants of a certain age you would not feel comfortable providing support to? If yes, please identify the ages and explain:  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there Participants you feel you could not provide care for based on racial or ethnic origins, a criminal record, their religion, their degree of disability, or their sexual orientation? Please explain: | <input type="checkbox"/> | <input type="checkbox"/> |

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| <b>Areas of Support</b>   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| <i>Please identify the areas in which you can readily support Participants.</i> |                          |                          |
| Personal Hygiene  | <input type="checkbox"/> | <input type="checkbox"/> |
| Education   | <input type="checkbox"/> | <input type="checkbox"/> |
| Prompting   | <input type="checkbox"/> | <input type="checkbox"/> |
| Hands-on Assist   | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Skills   | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoking Habits  | <input type="checkbox"/> | <input type="checkbox"/> |
| Transportation  | <input type="checkbox"/> | <input type="checkbox"/> |
| Medication Administration   | <input type="checkbox"/> | <input type="checkbox"/> |
| Care of Belongings and Room   | <input type="checkbox"/> | <input type="checkbox"/> |
| Recreational Skills   | <input type="checkbox"/> | <input type="checkbox"/> |
| Money Management  | <input type="checkbox"/> | <input type="checkbox"/> |
| Nutrition & Food Preparation  | <input type="checkbox"/> | <input type="checkbox"/> |
| Responsibility  | <input type="checkbox"/> | <input type="checkbox"/> |
| Keeping Appointments  | <input type="checkbox"/> | <input type="checkbox"/> |
| Literacy Skills   | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexuality Awareness   | <input type="checkbox"/> | <input type="checkbox"/> |
| Behavioural Management  | <input type="checkbox"/> | <input type="checkbox"/> |

Please identify any additional areas where you could provide support or add any comments that may be relevant to the types of support you can provide.

## Home Safety Review Checklist

*This checklist outlines the requirements for reviewing the safety of a Home Share Providers' home. It applies to both Home Share Providers moving in with Participants, and Participants moving in with Home Share Providers.*

### Review Date:

|  |   |
|--|---|
| Home Share Provider:                   | Participant:  |
| Address:                               | Postal Code:  |
| Home Phone (Primary Homeowner/Renter): | Cell Phone (Primary Homeowner/Renter):  |
| Primary Homeowner/Renter:              | <input type="checkbox"/> Home Share Provider <input type="checkbox"/> Participant |
| Total Number of Bedrooms in Home:      |   |

### Non-Primary Homeowner/Renter Bedroom – Checklist

| Yes                      | No                       | N/A                      | Review Item   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Individual sleeps in a separate bedroom (location and size: )   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All bedrooms have a window which meets minimum code requirements for evacuation purposes  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Individual's bedroom is finished, furnished, and well maintained (Furnishing requirement N/A if individual prefers to furnish their own room) |

### Household Safety

| Yes                      | No                       | N/A                      | Review Item  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage is contained in an appropriate receptacle                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pools are fenced and locked, in accordance with municipal requirements       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stairways, exits and entrances provide a clear path for escape during a fire |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | House numbers clearly visible from the street                                |

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- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Furnace, heating equipment serviced annually by a licensed professional                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency phone numbers posted   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Halls and rooms free of excess clutter   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior of home and roof in good repair   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interior of home well-maintained. Windows and walls sealed properly against leaks            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Home is clean and well-maintained  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Furnishings, mattresses, and linens are adequate and in good repair                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate supply of heat to all rooms   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No external locks on bedroom doors   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Significant changes/renovations to the home have occurred since last Review. If yes, detail: |

**Fire Safety**

- | <u>Yes</u>               | <u>No</u>                | <u>N/A</u>               | <u>Review Item</u>  |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No one in the home smokes in any bedroom. Areas for smoking are identified and reflect safe practice. If applicable, identify smoking areas:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Working (and regularly tested) smoke detectors placed throughout the home in compliance with the Nova Scotia <i>Fire Safety Regulations</i> and any code requirements (e.g., in each bedroom) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Working (and regularly tested) smoke detector on every level of the home  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All household members are familiar with fire evacuation plan; plan is exercised annually or more often as needed  |

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- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire extinguishers available in kitchen and furnace room (2A-5BC ULC approved dry chemical recommended minimum); equipment in good working condition and appropriate household members familiar with operation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Household goods which pose a fire risk (e.g., candles, electrical blankets) are carefully monitored  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flammable, combustible, and toxic substances or products are properly stored   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extension cords are for short-term use only  |

**Weapons in the Home**

- | <u>Yes</u>               | <u>No</u>                | <u>N/A</u>               | <u>Review Item</u>  |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Weapons in the home   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Firearms and ammunition stored according to legal requirements (i.e., stored separately and in a locked cabinet)                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Weapons (including firearms, BB guns, pellet guns, sport/hunting knives, crossbows, bows/arrows) are locked or stored appropriately |

Other weapons:

Storage of weapons other than firearms:

**Medication, Supplies, and Records**

- | <u>Yes</u>               | <u>No</u>                | <u>N/A</u>               | <u>Review Item</u>  |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First aid supplies readily available                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medications are locked or otherwise stored appropriately    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultation with pharmacist concerning all medications     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Participant records are up-to-date and stored appropriately |



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- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Valid Standard First Aid and CPR-A (Minimum) Certificate (expiry date:      ) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Criminal Record and Vulnerable Sector Check up to date (renewal date:      )  |

**Pets**

Number and types of pets in the home:

Have any pets ever bitten or acted out aggressively towards others?

**Insurance**

- | <u>Yes</u>               | <u>No</u>                | <u>N/A</u>               | <u>Review Item</u>                                 |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Automobile insurance (if applicable)               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Homeowners'/tenants' insurance (all-risk coverage) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Copies attached                                    |

**Recommendations and Follow-Up**

- | <u>Yes</u>               | <u>No</u>                | <u>Review Item</u> |
|--------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Home is acceptable |
| <input type="checkbox"/> | <input type="checkbox"/> | Follow-Up required |

Describe any required modifications or follow-ups (as applicable):

**Reviewer**

|                 |                  |
|-----------------|------------------|
| Reviewer Name:  | Reviewer Title:  |
| Reviewer Phone: | Reviewer E-mail: |