

INDICATION OF INTEREST

Instructions

You can complete this form at a time, place and pace that suits you, and with assistance from a person of your choice if assistance is desired.

The form is split into three sections:

- **Section A - Your Interest** focuses on your interest in Shared Services.
- **Section B – Your Best Possible Living Situation** focuses on your preferred living situation.
- **Section C – Your confirmation** is where you confirm that everything on the form is correct and that you understand what this form is about.

Section A. Your Interest and Consent

To indicate your interest in Shared Services please check the appropriate box below and sign Section C at the bottom of this form.

- YES, I want to be assessed to possibly participate in Shared Services
- No, I am not interested in Shared Services

If you marked “YES”, please complete the rest of this form.

By completing this form, I consent to the agencies/organizations listed below might, in collaboration with each other, use and share my name, contact information, and my responses included in this form, in order to coordinate my assessment for Shared Services.

- The Department of Community Services
- The Department of Seniors and Long-Term Care
- Nova Scotia Health

Section B. Your Best Possible Living Situation

Everyone's situation is different, and everyone has unique needs and living preferences.

Shared Services will be offered in stages. During the next 12 months, around 25 eligible individuals will be able to work with a Service Provider to move into community. Then, the remaining eligible individuals will start exploring the option to participate in Shared Services.

The following questions ask about your preferred choices if you do participate in the program in the future. Based on availability of resources, we will make every effort to provide you with the right supports at the right times.

1. What community would you want to live in? Mark as many places as you wish.

- | | |
|--------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Halifax Regional Municipality | <input type="checkbox"/> Lawrencetown |
| <input type="checkbox"/> Halifax | <input type="checkbox"/> Middleton |
| <input type="checkbox"/> Dartmouth | <input type="checkbox"/> Wolfville |
| <input type="checkbox"/> Bedford | <input type="checkbox"/> Kings County |
| <input type="checkbox"/> Sheet Harbour | <input type="checkbox"/> Aylesford |
| <input type="checkbox"/> Yarmouth County | <input type="checkbox"/> Berwick |
| <input type="checkbox"/> Yarmouth | <input type="checkbox"/> Canning |
| <input type="checkbox"/> Shelburne County | <input type="checkbox"/> Cornwallis Square |
| <input type="checkbox"/> Clark's Harbour | <input type="checkbox"/> Greenwood |
| <input type="checkbox"/> Lockeport | <input type="checkbox"/> Kingston |
| <input type="checkbox"/> Shelburne | <input type="checkbox"/> New Minas |
| <input type="checkbox"/> Digby County | <input type="checkbox"/> Port Williams |
| <input type="checkbox"/> Digby | <input type="checkbox"/> Lunenburg County |
| <input type="checkbox"/> Freeport | <input type="checkbox"/> Bridgewater |
| <input type="checkbox"/> Tiverton | <input type="checkbox"/> Chester |
| <input type="checkbox"/> Westport | <input type="checkbox"/> Hebbville |
| <input type="checkbox"/> Weymouth | <input type="checkbox"/> Lunenburg |
| <input type="checkbox"/> Queens Municipality | <input type="checkbox"/> Mahone Bay |
| <input type="checkbox"/> Liverpool | <input type="checkbox"/> Hants County |
| <input type="checkbox"/> Annapolis County | <input type="checkbox"/> Windsor |
| <input type="checkbox"/> Annapolis Royal | <input type="checkbox"/> Colchester County |
| <input type="checkbox"/> Kentville | <input type="checkbox"/> Bible Hill |

- Stewiacke
- Tatamagouche
- Truro
- Cumberland County
 - Amherst
 - Oxford
 - Pugwash
 - River Hebert
- Pictou County
 - New Glasgow
 - Pictou
 - Stellarton
 - Trenton
 - Westville
- Antigonish County
 - Antigonish
- Guysborough County
 - Dover
 - Mulgrave
- Inverness County
 - Port Hawkesbury
- Victoria County
 - Baddeck
- Cape Breton Regional Municipality
 - New Waterford
 - Sydney
- Richmond County
 - St Peter's

2. What statement describes best your current situation?

- I feel ready to move into community as soon as possible
- I would like to move into community, but I'm not on a rush
- Moving into community is not a priority for me, but I would like to do it in the next few years

3. Please indicate all the groups below to which you belong. You can self-identify in as many categories as apply to you as you wish. You can skip any questions.

Are you...

- Male
- Female
- Non-Binary
- 2SLGTBQIA+
- Immigrant
- African Nova Scotian, Black, or of African-Descent
- Indigenous (Aboriginal, First Nations, Métis, and Inuk)
- Other visible minority. Which?

Is there anything else you would like to share that could help Shared Services to better understand your ideal living situation?

What's next?

We will review your Indication of Interest form. If we need more information about your needs and preferences for this part of the process, we will connect with you.

Section C – Your Confirmation

Please check the boxes to confirm you understand this process:

- I understand that I may be contacted by DSP and NSH to coordinate an assessment to determine if I may be eligible for Shared Services
- I understand that indicating my interest may or may not result in me being one of the people offered a place in Shared Services.
- I understand that my completing this form and indicating my interest do not mean I am accepting an offer to participate in the Shared Services. If offered the opportunity to be one of the participants, I could accept or decline.
- I understand that SLTC, NSH, and DCS cannot guarantee that all my personal preferences expressed in this form will be met.
- I understand that Shared Services is completely voluntary. I can withdraw from the application process at any time.
- I understand that completing this form does NOT mean:
 - Committing to participate in Shared Services
 - Affecting my current supports and services
 - Affecting my current living arrangement or place on the waitlist for services

Name (Please Print): _____

Signature: _____

Date: _____