



CASS

## Support Home Provider Application Form

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

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Place a check in the box)

Are you over 18 years of age? Yes  No

Are you eligible to work in Canada? Yes  No

If yes, can you provide proof of eligibility? Yes  No

Are you a current CASS employee? Yes  No

### Education

Please list all schools attended. Include name, location, years completed and level attained

#### High School:

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Years completed: \_\_\_\_\_

Level attained: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Years completed: \_\_\_\_\_

Level attained: \_\_\_\_\_

#### Post-Secondary:

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Years completed: \_\_\_\_\_

Level attained: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Years completed: \_\_\_\_\_

Level attained: \_\_\_\_\_

### Training

Please indicate if you have completed any of the following training:

Emergency/Standard First Aid & CPR Yes  No  Date Completed (YYYY-MM-DD): \_\_\_\_\_

Medication Administration Yes  No  Date Completed (YYYY-MM-DD): \_\_\_\_\_

Crisis Prevention & Intervention Yes  No  Date Completed (YYYY-MM-DD): \_\_\_\_\_

PDD Abuse Protocol Yes  No  Date Completed (YYYY-MM-DD): \_\_\_\_\_

Please list any other certifications that you have completed:



## References

Please provide 3 references, including your most recent work reference. Please **do not** include relatives.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## Employment History

Please provide the history for your last 5 years of employment (attach pages if needed)

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Start Date (YYYY-MM-DD): \_\_\_\_\_ End Date (YYYY-MM-DD): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please list the responsibilities of the position(s) you held, the skills you developed and/or used, any personal development completed while employed and any advancements or achievements during your employment.

## Employment History – (Continued)

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Start Date (YYYY-MM-DD): \_\_\_\_\_ End Date (YYYY-MM-DD): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



Please list the responsibilities of the position(s) you held, the skills you developed and/or used, any personal development completed while employed and any advancements or achievements during your employment.

### Employment History – (Continued)

Name of Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Start Date (YYYY-MM-DD): \_\_\_\_\_ End Date (YYYY-MM-DD): \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Please list the responsibilities of the position(s) you held, the skills you developed and/or used, any personal development completed while employed and any advancements or achievements during your employment.

### Please answer the following questions

Do you have previous experience as a Support Home Provider? Yes  No

If yes, please provide:

Agency Name: \_\_\_\_\_

Start Date (YYYY-MM-DD): \_\_\_\_\_ End Date (YYYY-MM-DD): \_\_\_\_\_

How did you hear of this position? \_\_\_\_\_

Please elaborate on any background or experience that you feel would contribute to your success as a Support Home Provider. This can include volunteer experience, hobbies, or anything else you believe to be relevant to the position.



## Home Dynamics

Please fill in the answers as completely as possible

Are there others living in the home? Yes  No

If yes, please describe who is currently living there (Name, age, relationship, occupation):

***\*All of those residing in the home over the age of 18 will be required to complete a Police Information Check including a Vulnerable Sector Check\****

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Please describe what a typical week in your home is like:

How would you describe your lifestyle? How do you spend your free time?

What are your beliefs when supporting people with disabilities around the following subjects?

Alcohol Consumption?

Smoking?

Sexual Relationships?

Do you have pets? Yes  No  If yes, please describe what type(s) of pet(s) you have:



CASS

Are you open to having a (another) pet? Yes  No

If yes, please describe what type(s) of pet(s) you'd consider.

Do any of the current residents of the house have serious allergies (i.e. animals, peanuts, etc.)?

Yes  No

If yes, please describe the allergies:

### Description of the Home and Neighborhood

I acknowledge that I will be expected to have a professional safety home inspection completed at my cost by a CASS contractor both at the beginning of my contract and every 3 years on an ongoing basis.

Yes  No

Type of Residence (Bi-Level, Apartment, Condo, etc.): \_\_\_\_\_

Size and Location of the Available Space (upstairs, basement, etc.):

\_\_\_\_\_

Furnished or Unfurnished? \_\_\_\_\_

Separate Entrance? Yes  No

Kitchen? Yes  No

Wheelchair Accessible? Yes  No

Laundry on Site? Yes  No

What are the nearest transit routes?

What community resources can be accessed (library, recreation centre, etc.)?



## Services Provided

Are you willing to provide support in the areas of personal care including toileting, dressing, bathing, oral hygiene and meals? Yes  No

Are you willing to provide lifestyle support including meal preparation, budgeting, household management, and recreation and leisure access and community inclusion? Yes  No

Are you willing to provide emotional support including developing and maintaining relationships, supporting challenging behaviors, and teaching coping strategies? Yes  No

Are you willing to take an online Medication Administration course (at no cost to you) Yes  No

## Client Preference

Do you have a preference as to the gender of the individual you would be supporting?

Male:

Female:

No Preference:

## 504.09 – COVID-19 – Immunization Policy

COVID-19 is an acute respiratory illness caused by the severe acute respiratory syndrome coronavirus 2 (SARS-COV-2). The evidence overwhelmingly confirms that being fully immunized mitigates potential harm and transmission. CASS subcontractors are responsible for protecting their health and the well-being of the vulnerable individuals that we support. Vaccination is an important tool to assist in meeting this standard.

***All CASS Support Home Providers hired after November 15, 2021, must show proof of vaccination before the commencement of work.***

You can read more about this decision in a blog post where the CASS Senior Leadership Team communicates its ongoing response to the COVID-19 pandemic here: <http://www.c-a-s-s.org/covid19/>

Please submit this completed application form with your cover letter and resume via email to [jobs@c-a-s-s.org](mailto:jobs@c-a-s-s.org) or by faxing it to 403.283.0691 or in person at 2335 30th Avenue NE, Calgary Alberta, T2E 7C7.

Thank you for your interest in a Support Home Provider position with Calgary Alternative Services.