



## SL CAREGIVER INTAKE FORM

### CARE PROVIDER DETAILS:

<b>Names:</b>	
<b>Address:</b>	
<b>Phone Numbers:</b>	
<b>Email Address:</b>	
<b>Employer:</b>	
<b>Position:</b>	
<b>Days / Hours of work</b>	
<b>Years with current employer:</b>	

### What do you know about Shared Living?

### What brought you to CVS / How did you hear about us?

### What makes you an ideal candidate for home sharing with a person with developmental and physical disabilities and why do you want to do Shared Living?

### HOME DETAILS:

<b>Current Community:</b> <input type="checkbox"/> Burnaby <input type="checkbox"/> New Westminster <input type="checkbox"/> Pitt Meadows/ Ridge Meadows <input type="checkbox"/> Richmond <input type="checkbox"/> Surrey / Delta <input type="checkbox"/> Tri-Cities <input type="checkbox"/> Upper Fraser (Langley, Abbotsford, Mission) <input type="checkbox"/> Vancouver	<b>Type of Home:</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Other  <b>Number of rooms?</b>	<b>Where would supported individual live in the home:</b> <input type="checkbox"/> Suite (separate entrance) <input type="checkbox"/> Suite (main entrance) <input type="checkbox"/> Main floor bedroom <input type="checkbox"/> Upper bedroom <input type="checkbox"/> Other
<b>Do you have children?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you have pets?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is Home wheelchair accessible?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you Smoke?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>In house/car?</b>	<b>Experience with Sign Language or Augmentative Communication?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you have access to a vehicle?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Who else lives in the home?</b>		
<b>Availability Date:</b>		

**SUPPORT QUESTIONS:**

<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Community Inclusion <input type="checkbox"/> Transportation <input type="checkbox"/> Communication needs	<input type="checkbox"/> Bathing/Showering <input type="checkbox"/> Toilet <input type="checkbox"/> Shaving <input type="checkbox"/> Internet Safety <input type="checkbox"/> Spouse/partner visits	<input type="checkbox"/> Drug/Alcohol use <input type="checkbox"/> Behaviour Support Plans <input type="checkbox"/> Violence <input type="checkbox"/> Self harm <input type="checkbox"/> Mental Health
<b>Comments:</b>		

**OFFICE USE ONLY**

<b>Date:</b>	
<b>Completed by:</b>	
<b>Approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	<b>Comments:</b>
<b>Initial Home Visit:</b>	<b>Potential Clients:</b>