SOUTHERN ALBERTA
COMMUNITY LIVING ASSOCIATION
401-21A Street North Lethbridge, Alberta T1H 6L6

APPLICATION FOR CONTRACTOR

Position being applied for: **Supports to Adults** __ **Roommate Companion**
__ **Adult Respite**

Supports to Families __ **Host Family** *(supporting a child one weekend per month)*

If interested in more than one, please rank your preferences, #1 most preferred

SECTION I: PRIMARY APPLICANT

- **All additional persons living in the home over the age of 18 must complete the attached application (Part 2).**
- **Additional applications available upon request.**

Name:_____ Male ☐ Female ☐

Address:_____City:_____

Postal Code:_____ Telephone: (home)_____ (cell)_____

Telephone: (work) _____ Email: _____

Are you applying to assist a specific individual? ☐Yes ☐ No If yes, who? _____

OPTIONAL: (Supplying information to the following questions is optional. This information will assist in identifying an appropriate match for both you and the individual.)

Date of Birth: _____ Preference of Faith: _____ ☐ No Preference
(Must be 18+ years old)

Marital Status: _____ Previous Names: _____

****

Have you applied or worked for this Association in any capacity previously? ☐Yes ☐ No

If yes, please give details: _____

If no, how did you become aware of us? _____

Do you have a valid Drivers License? ☐Yes ☐ No Do you have access to a vehicle? ☐Yes ☐ No

Would you have any difficulty lifting and transferring? ☐Yes ☐ No

Would you have any concerns about providing personal care if required? ☐Yes ☐ No

Please specify your availability (i.e. between 4:00 p.m. & 9:00 a.m. Monday – Friday and all day Saturday & Sunday):

_____

EDUCATION, TRAINING, OR EXPERIENCE WITH PERSONS WITH DISABILITIES:

EDUCATION/TRAINING	WHERE	DATES

RELATED EXPERIENCE	WHERE	DATES

EMPLOYMENT HISTORY (Most Recent First)

1. Employer_____ From_____ To _____
mo/yr mo/yr

Address _____Postal Code _____Supervisor_____

Phone # _____Reason for Leaving_____

Position, duties, hours of work: _____

_____

_____

****

2. Employer_____ From_____ To _____
mo/yr mo/yr

Address _____Postal Code _____Supervisor_____

Phone # _____Reason for Leaving_____

Position, duties, hours of work: _____

_____

SECTION II

Are there any individuals living in your home under the age of 18? ☐Yes ☐ No

If yes, indicate male/female and the date of birth of each child.

1) _____ 4) _____

2) _____ 5) _____

3) _____

Are there any individuals living in your home 18 years of age and older? ☐Yes ☐ No

If yes, indicate how many and your relationship with them. _____

_____

If applying as a Roommate Companion, would you consider relocating locally?
For example, moving into a home owned/rented by the individual you would be supporting. ☐Yes ☐ No

Do you allow smoking in your home? ☐Yes ☐ No

Is there anyone living in your home who smokes? ☐Yes ☐ No

Do you allow the use of alcohol in your home? ☐Yes ☐ No

Is your home wheelchair accessible? ☐Yes ☐ No

Do you live in a: ☐ House ☐ Apartment ☐ Condo ☐ Acreage ☐ Other _____

If you live in a house: ☐ Full House ☐ Main Floor ☐ Basement Suite

Do you rent or own your home? ☐ Rent ☐ Own

Do you have a separate suite available in your home? ☐Yes ☐ No

If yes explain: separate entrance, full/partial kitchen, etc. _____

_____

Will the person have their own bedroom in your home? ☐Yes ☐ No

If no, please explain _____

List any pet(s) in the home: _____

List interests, community activities, hobbies that you and/or your family participate in: _____

_____

To assist in the matching process, please identify your preferences: ☐ Male ☐ Female ☐ No Preference

Age Range_____ ☐ No Preference

Comments: _____

_____

SECTION III

EMPLOYMENT REFERENCE – PRIMARY APPLICANT

Please completed only if references are different than employers listed in the previous section.

- **The Association would prefer employment references if available.**
- **If not available please list other professional references, teachers, advisors, coaches etc.**

Note: Employment references do not need to be specific to this field.

Name: _____ Title: _____

Organization Name: _____ Location: _____

Telephone: (work)_____ Home (if available): _____

Date of Employment / other: _____ to _____
Month/Year Month/Year

Reason for Leaving (if applicable): _____

Your position and duties: _____

_____

****

Name: _____ Title: _____

Organization Name: _____ Location: _____

Telephone: (work) _____ Home (if available): _____

Date of Employment / other: _____ to _____
Month/Year Month/Year

Reason for Leaving (if applicable): _____

Your position and duties: _____

_____

CHARACTER REFERENCES

- **Provide 2 character references of people who have known you/your family personally for <u>3 or more years</u> and <u>who are not related to you</u>.**

Name	Home phone number
City / Province	Work phone number (if available)
How long has this individual known you?	How did you become acquainted?

****

2.

Name	Home phone number
City / Province	Work phone number (if available)
How long has this individual known you?	How did you become acquainted?

ADDITIONAL COMMENTS:

_____

_____

_____

_____

_____

_____

_____

I certify that the statements made by me on this application form are true and complete. I understand that any false statements/information will result in immediate termination of the associated contract.

Signature	**Date**

IMPORTANT INFORMATION – Please Read Carefully!

To ensure there are no additional costs to you, do not apply or submit the conditions of contract with this application.

Conditions of Contract required by SACLA - All conditions must be met prior to entering into a contract with SACLA and are required to be maintained throughout the term of the contract or the contract may terminated.

Supports to Adults –

1) Police Records Check – including the Vulnerable Sector check for everyone in the home 18 years of age and older. *(SACLA may pay the cost)*
2) Proof of valid Emergency First Aid/CPR for the Primary Applicant *(if required, SACLA will register you and pay the cost for this certification)*
3) Proof of home owners or rental insurance with a minimum of $2,000,000.00 liability included
4) Drivers License and access to a vehicle is required unless waived by the Association

Supports to Families – (Children)

1) Child Intervention Check for everyone in the home 18 years of age and older. *(There is no fee for this)*
2) Police Records Check – including the Vulnerable Sector check for everyone in the home 18 years of age and older. *(SACLA may pay the cost)*
3) Proof of valid Emergency First Aid/CPR for the Primary Applicant unless otherwise determined *(if required, SACLA will register you and pay the cost for this certification)*
4) Proof of home owners or rental insurance with a minimum of $2,000,000.00 liability included.
5) Proof of a valid Driver's License
6) Proof of vehicle insurance with a minimum of $1,000,000.00 liability included

****After a successful interview and all references have been checked you will be contacted by phone and asked to submit the specific conditions of contract.**

Remember, in order for you not to incur additional costs, please do not apply or submit the conditions of contract with this application.

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401-21A Street North Lethbridge, Alberta T1H 6L6

PART 2 – Secondary Applicant

****Required information for individuals 18 years and older residing in the home at the time of application that will be assisting in the support of an adult or child that you are matched with.**

****Additional applications available upon request.**

SECTION I

Name:_____ ☐ Male ☐ Female

Address:_____City:_____

Postal Code:_____ Telephone:(home)_____ (cell)_____

Telephone: (work) _____ Email:_____

Relationship to Primary Applicant: _____

OPTIONAL: (Supplying information to the following questions is optional. This information will assist us in finding a suitable match for both you and the individual.)

Date of Birth: _____

Marital Status: _____ Previous Names: _____

****

Have you applied or worked for this Association in any capacity previously? ☐Yes ☐ No

If yes, please give details: _____

_____

Do you have a valid Drivers License? ☐Yes ☐ No Do you have access to a vehicle? ☐Yes ☐ No

Would you have any difficulty lifting and transferring? ☐Yes ☐ No

Would you have any difficulty providing personal care if required? ☐Yes ☐ No

EDUCATION, TRAINING, OR EXPERIENCE WITH PERSONS WITH DISABILITIES:

EDUCATION/TRAINING	WHERE	DATES

RELATED EXPERIENCE	WHERE	DATES

EMPLOYMENT HISTORY (Most Recent First)

1. Employer_____ From_____ To _____
mo/yr mo/yr

Address _____Postal Code _____Supervisor_____

Phone # _____Reason for Leaving_____

Position, duties, hours of work: _____

_____

_____

****

2. Employer_____ From_____ To _____
mo/yr mo/yr

Address _____Postal Code _____Supervisor_____

Phone # _____Reason for Leaving_____

Position, duties, hours of work: _____

_____

I certify that the statements made by me on this application form are true and complete. I understand that any false statements/information will result in immediate termination of the associated contract.

_____ _____

Signature **Date**