

Residential Care Licensing

Expression of Interest - Private Home Shares

Thank you for your interest in becoming a home share provider for adults living with an intellectual disability receiving supports from the Community Living disABILITY Services (CLDS) program.

Please answer the following questions about yourself, household, home, and experience. Your responses will help Residential Care Licensing (RCL) assess your suitability to become a home share provider. Please note this is not an application form.

Privacy statement: Personal information and personal health information are being collected by the Department of Families pursuant to **The Freedom of Information and Protection of Privacy Act (FIPPA)** and **The Personal Health Information Act (PHIA)**. This information will be used solely by the Department of Families to assess your expression of interest in becoming a home share provider for adults living with an intellectual disability. If you have any questions about the collection, use, and protection of this information, please contact the Residential Care Licensing office in your region by visiting the [Residential Care Licensing website](#).

Expectations for Home Share Providers

Home share providers are expected to be available at all times to provide individuals with daily living supports. For more information, download the **Understanding Residential Care and the Home Study Process** document available at <https://www.gov.mb.ca/fs/rcl/pubs/rcl-residential-care-home-study-process.pdf>

1. Are you planning to use your primary residence as a home share? A primary residence refers to the home in which you reside and care will be provided.

☐ Yes
☐ No Note: If you selected No, you would not need to proceed further. Please be advised that you must reside in the home (and not reside in a secondary residence for a portion of the week) in order to be a home share provider.

2. Have you read and are you willing to meet the **Residential Care Licensing Standards** necessary to be licensed as a home share provider with Residential Care Licensing? To learn about Residential Care Licensing Standards, you can download the document available at <https://www.gov.mb.ca/fs/rcl/pubs/mpshg-approved-host-family-homes-minimum-standards-for-rcl.pdf>

☐ Yes
☐ No Note: If you selected No, you would not proceed further. Please be advised that home share providers must be willing to meet the Residential Care Licensing Standards in order to be licensed.

Minimum Licensing Requirements – Private Home Shares

In order to be licensed by Residential Care Licensing, all home share providers and other adults in the home must provide a clear **Adult Abuse Registry Check** and a satisfactory **Criminal Record Check**, including a **Vulnerable Sector Search** from their local police service.

1. Would all individuals in the home over the age of 18 be willing to complete and submit the Criminal Record Check with a Vulnerable Sector Search?

☐ Yes
☐ No Note: If you selected No, you would not proceed further because you will not be suitable for licensing approval without this requirement being met.

2. Would all individuals in the home over the age of 18 be willing to complete and submit the Adult Abuse Registry Check?

☐ Yes

☐ No **Note: If you selected No, you would not proceed further because you will not be suitable for licensing approval without this requirement being met.**

3. All home share providers who provide direct care to an individual must have a valid First Aid Certificate. Would you be willing to complete and submit a valid First Aid Certificate?

☐ Yes

☐ No **Note: If you selected No, you would not proceed further because you will not be suitable for licensing approval without this requirement being met.**

Contact and Household Information:

Name(s) of all interested home share providers:

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Address:

Street: _____ City/Town: _____

Postal Code _____

Mailing Address, if different than above address:

Street/PO Box _____ City/Town: _____

Postal Code _____

Phone number(s): _____

Email Address(es): _____

Information about the total number of people currently living in your home.

- How many people are over the age of 18 are currently living in your home? Please include yourself in the head count. _____
- How many people are under the age of 18 are currently living in your home? _____

Knowledge of Residential Care, Motivation and Experience

Please answer the following questions to help Residential Care Licensing understand any past or current involvement in providing residential care to eligible Manitobans.

1. Have you ever applied to Residential Care Licensing to provide care to adults in your home?

☐ Yes ☐ No

If you answered yes, what date did you last apply?: _____

What was the result of your application?

☐ Approved ☐ Denied ☐ Withdrawn ☐ Unknown

Optional: Please list any other information you wish to provide about your previous Residential Care Licensing application.

2. Are you currently licensed by any other Manitoba government program to provide care to children under the age of 18 (i.e. Child and Family Services, Early Learning and Child Care/Child Day Care)?

☐ Yes ☐ No

If you answered yes, which program are you currently licensed with?

☐ Child and Family Services ☐ Early Learning and Child Care/Child Day Care

3. To help Residential Care Licensing understand your interest(s) and any related experience(s) supporting your Expression of Interest to become a home share provider, briefly describe why you are interested in providing residential care. Please do not include any identifiable information, such as names, in your answer.

4. Do you have any direct experience caring for adults with an intellectual disability?

☐ Yes ☐ No

Please provide a brief example of when you provided care or supports to an adult living with an intellectual disability. Please do not include any identifiable information, such as names, in your answer.

Personal and/or Disability-related Supports

Supported individuals may require a variety of personal and/or disability-related supports from the home share provider. Please respond if you are comfortable with and willing to provide the following supports to individuals in your home. When providing additional information or explanation, do not include any identifiable information, such as names.

	YES	NO	MAYBE
Are you comfortable with and willing to provide assistance with personal care (e.g., showering, toileting, dressing, feeding, etc.)?	<input type="checkbox"/> Provide additional information (if applicable).	<input type="checkbox"/> Provide additional information (if applicable).	<input type="checkbox"/> Provide additional information (if applicable).
Are you comfortable with and willing to provide supports to individuals who have a tendency to be verbally aggressive (e.g., uses swear words or threatening language, yelling at others)?	<input type="checkbox"/> Provide additional information (if applicable).	<input type="checkbox"/> Provide additional information (if applicable).	<input type="checkbox"/> Provide additional information (if applicable).
Are you comfortable with and willing to provide supports to individuals who are non-verbal or have difficulty with communication?	<input type="checkbox"/> Provide additional information (if applicable).	<input type="checkbox"/> Provide additional information (if applicable).	<input type="checkbox"/> Provide additional information (if applicable).
Are you comfortable with and willing to provide supports to individuals who have behaviours resulting from a mental illness (e.g., schizophrenia, depression, etc.)?	<input type="checkbox"/> Provide additional information (if applicable).	<input type="checkbox"/> Provide additional information (if applicable).	<input type="checkbox"/> Provide additional information (if applicable).

	YES	NO	MAYBE
Are you comfortable with and willing to provide supports to individuals who have a tendency to be physically aggressive and/or to damage property?	<input type="checkbox"/> Provide additional information (if applicable).	<input type="checkbox"/> Provide additional information (if applicable).	<input type="checkbox"/> Provide additional information (if applicable).
Are you comfortable with and willing to provide supports to individuals who have addiction issues?	<input type="checkbox"/> Provide additional information (if applicable).	<input type="checkbox"/> Provide additional information (if applicable).	<input type="checkbox"/> Provide additional information (if applicable).
Are you comfortable with and willing to provide supports to individuals with mobility limitations (e.g., uses walker, cane, wheelchair)?	<input type="checkbox"/> Provide additional information (if applicable).	<input type="checkbox"/> Provide additional information (if applicable).	<input type="checkbox"/> Provide additional information (if applicable).
Are you comfortable with and willing to provide supports to prepare an individual to participate in employment services, day program or school, where appropriate?	<input type="checkbox"/> Provide additional information (if applicable).	<input type="checkbox"/> Provide additional information (if applicable).	<input type="checkbox"/> Provide additional information (if applicable).

General Home Information and Licensing Safety Requirements

All home share providers must comply with local municipal fire and building codes to be licensed with our program. These standards apply both to the physical structure of your home and fire safety equipment that must be present within it.

Note: Residential Care Licensing does not financially support home renovation costs required to ensure a home is in compliance with building and fire codes.

1. How many bedrooms are in the home? _____
2. How many bedrooms are currently occupied? _____
3. How many bathrooms are in the home? _____
4. On which floor level is the bedroom located where you plan to place a supported individual (i.e., main floor, second floor, basement)? _____
5. Will the bedroom of the supported individual result in a change of sleeping arrangement for another person in the home (i.e., displace or relocate them to another bedroom or location)?
☐ Yes ☐ No

If you answered Yes, identify who will be displaced or relocated to another bedroom or location.

What is the plan for the person being displaced or relocated? _____

Declaration of Information

☐ I declare that the information provided in this Expression of Interest is true and complete to the best of my knowledge.

Initials/Signature:

Date:

Thank you for completing this Expression of Interest form. Please email this form to rcleoi@gov.mb.ca

Once you have completed and submitted the form, Residential Care Licensing will consult with the CLDS program to confirm there is a need for the resource. If a need is identified, Residential Care Licensing will contact you for further information and you will be required to complete an application and participate in a home study process. If a need is not identified, your information will be kept on file for six months in the event a need is identified.

If you have any questions about this form, please contact the Residential Care Licensing program in your region. Please visit the Residential Care Licensing page at <https://www.gov.mb.ca/fs/rci/index.html> for contact information.