

CAREPROVIDER HOMESTUDY

Residential Care Licensing

DATE

Residential Care Licensing Coordinator

FOR General License

Client Specific License

Respite

NAME OF APPLICANT

DOB

CRC

First Aid

CLBA

NAME OF APPLICANT

DOB

CRC

First Aid

CLBA

ADDRESS

Mailing Address if different

Phone #

Language(s) Spoken

Other Adults in the Home

Name
Name
Name

Relationship
Relationship
Relationship

CRC
CRC
CRC

Children residing in the home

Name
Name
Name
Name

DOB
DOB
DOB
DOB

Sex
Sex
Sex
Sex

FOSTER CHILDREN

Name

DOB

Sex

Date of Placement

Placement Plan

Agency & CFS Worker

Phone #

Name

DOB

Sex

Date of Placement

Placement Plan

Agency & CFS Worker

Phone #

APPROVED RESPITE PROVIDERS

1.	Name				Phone #	
	Address					
	CRC	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	CLBA	<input type="checkbox"/>
2.	Name				Phone #	
	Address					
	CRC	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	CLBA	<input type="checkbox"/>
3.	Name				Phone #	
	Address					
	CRC	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	CLBA	<input type="checkbox"/>

DATES OF CONTACT FOR HOME STUDY

MOTIVATION TO PROVIDE CARE

INFORMATION ON THE CARE PROVIDER(S)

Description and Personality

Interests and Activities

Health

Religious practice/level of involvement/willingness to support alternate faith/cultural practices

Education / Employment / Experience with vulnerable persons

Financial Stability

Marriage and/or Relationship Discussion

CHILDREN / FOSTER CHILDREN
Description/activities/care needs

SUPPORT NETWORK

Relationship with extended family

Relationships with friends/neighbours

Alternate / Respite Care Plan

SLEEPING ACCOMODATIONS (Indicate locations of all persons residing in the home)

Room # 1 Floor _____

Room # 2 Floor _____

Room # 3 Floor _____

Room # 4 Floor _____

Room # 5 Floor _____

Room # 6 Floor _____

Attach physical structure report

CARE PROVIDER TRAINING/SUPPORT GROUPS (List courses completed and future plans, if any)

PHILOSOPHY APPROACH TO SUPPORTING RESIDENTS

Integration to Home/Community

Sexuality (Attitudes on dating, same sex relationships etc)

REPORT OF REFERENCES

IMPRESSIONS

RECOMMENDATIONS

IDENTIFIED PREFERENCE FOR PLACEMENT

Residential Licensing Coordinator

Date _____

Residential Licensing Supervisor

Date _____