



Inclusions East Inc. _____

PO Box 563
Montague, PE C0A 1R0

Tel: (902) 838-2516
Fax: (902) 838-4911

Associate Family Package

- Part 1 Inquiry Form (1 page)
a) Once processed; send out Intro letter (1 page) and Role of Associate Family (1 page)
- Part 2 Associate Family Application (8 pages)
a) Attached forms – References, Criminal Record Check, Medical Report, Insurance (6 pages)
b) Associate Family and residential Co-ordinator complete Part 3, 4 and 5 together through various home visits and contact
- Part 3 Associate Family Assessment Interview (8 pages)
a) If Associate family agrees to complete "Associate family Profile", please fill out (1 page)
b) Agency Policy and Procedures (i.e. Missing Persons, Emergencies, Respite Forms, etc.)
c) Associate Family Agreement (14 pages)
d) Oath of Confidentiality (1 page)
- Part 4 Placement Discussions
- Part 5 On-going Monitoring
a) Monthly home visits and annual reviews
b) Residential Co-ordinator to complete info for Associate Family file
- Part 6 Residential Co-ordinator Check List (2 pages)

Inclusions East Inc.
Alternative Residential Program

INQUIRY FOR ASSOCIATE FAMILY

APPLICANT'S FULL NAME: _____

CO-APPLICANT'S FULL NAME: _____

RESIDENTIAL ADDRESS: _____

CIVIC NUMBER

STREET

COMMUNITY

POSTAL CODE

MAILING ADDRESS: _____

(If different than above)

PHONE NUMBERS: _____

(Best contact # to reach you) WORK

HOME

CELL

DESCRIPTION OF HOME AND DIRECTIONS TO: _____

MOTIVATION/REASON FOR INQUIRING: _____

PERSONAL INFORMATION

DATE OF BIRTH:

CO-APPLICANT'S DATE OF BIRTH:

D M Y

D M Y

Single Married Widowed Separated Divorced Common Law

RELIGIOUS AFFILIATION: _____ CITIZENSHIP: _____

LANGUAGES SPOKEN: _____

FOR OFFICE USE ONLY:

- High-Priority – Immediate contact necessary
 Low-Priority – Further information needed
 Not Approved



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Date: _____

Dear Applicant,

Thank you for inquiring about the Associate Family Program and your interest in providing services through Inclusions East Inc. Enclosed is a brief overview of Inclusions East programs and application. Please fill out the application and if there are any questions or concerns I would be happy to assist you. All information received will be kept confidential.

Inclusions East is a non-profit agency employing highly skilled staff, trained to assist in planning, training, employment, housing, respite and individualized support services to adults with an intellectual disability. The Alternative Residential Option division of Inclusions East will assist individuals with providing residential opportunities within the Kings County. Applications will be evaluated for consideration and a staff person from Inclusions East will be in contact to further discussion regarding your application.

Please submit three (3) letters of reference, a Criminal Record Check and a Medical Report. A Criminal Record Check is required for all family members residing in the home, over the age of 18. All references will be contacted by the coordinating Staff person.

Thank you for your interest in providing services.

Sincerely,

Nancy MacCormac
Executive Director
nancy@kingswoodcentre.com

ROLE OF ASSOCIATE FAMILY

Associate Family

An Associate Family is a person(s) who supports the lives of individual(s) who have intellectual or other disabilities by providing a warm, homelike atmosphere, enhancing community involvement and inclusion. Associate Families are typically responsible to provide a continuous, supportive, and safe environment. Approved Associate Families are committed to provide support, provide positive life choices and to encourage independent living skills according to the individuals' ability. Individual(s) placed in an Associate Family homes, have the right to their independence and should be provided with opportunities for personal decision making and self-determination. There is a number of funding sources that provide compensation for Associate Families. PEI Financial Assistance Program and Disability Support Services are commonly used according to client eligibility.

ELIGIBILITY CRITERIA

Individual Criteria:

- Over 18 years of age
- Training: First Aid/ CPR
- No criminal record
- Willing to participate with Agency (case workers, programs, services and mandates)
- No major health problems that may prevent provisions of care provided

Residential Criteria:

- Own or rent house or apartment
- Furnished bedroom: Min 7 ft x 10 ft (Including single bed, dresser, and closet space. The client should have the opportunity to use his/her own furnishings in the bedroom)
- Home and Vehicle Insurance Agencies notified of changes in household use
- Fire extinguisher, Smoke and Carbon Monoxide Alarm, Emergency Plans (safety code)

Becoming an Associate Family

- 1) Application and supporting documentation is completed
- 2) The applicant is prepared and able to meet program standards as outlined in Associate Family Agreement and complete Associate Family Assessment
- 3) The applicant has no major health problems
- 4) The applicant receives three (3) positive supporting documents/references
- 5) The applicant has no criminal record
- 6) The applicant has adequate house insurance coverage
- 7) The home meets certain physical standards, and
- 8) That there is a need for the home

Once an Associate Family inquiry is received, a home visit will be arranged to discuss agency expectations, Self-Assessment Application package, and Associate Family Agreement. This process can be lengthy as it is very crucial in determining family dynamics and suitability. A Staff person will continue to be involved throughout the placement process and continue to provide support to both Clientele and Associate Family. On-going evaluations and reviews will be completed to help ensure future planning of quality of services.



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ASSOCIATE FAMILY APPLICATION

Additional Attached Forms and Materials Included

- Reference Sheet
- RCMP Criminal Record Check
- Medical Report
- Household and Vehicle Insurance

FOR RESIDENTIAL CO-ORDINATOR ONLY:

Completed Application Received on: _____

Day

_____ ***Month***

_____ ***Year***

Associate Family Process

Part I Inquiry Record

Part II Application

Definitions and Mission Statement
Application Questions
Complete all attached materials
(Including Criminal Record Check for all person 18+ in the home, 3 References, Medical approval – Doctor’s Report, Insurance Forms)

____ **Associate Family Applicant and Residential Co-ordinator complete together** ____

Part III Home Study - Home Visit 1

Review of application
Assessment Interview
Meet member of family and assess physical structure of home, etc.

Home Study – Home Visit 2

Review of policies, procedures, beliefs and Associate Family Agreement
Review and sign Oath of Confidentiality

Part IV Placement Process

Discussion of perspective client
Developing transition plan
Meeting with Disability Support Case Worker and/or Financial Assistance (in determination of financial compensation)
Transition – meeting with client and family

Part V Monitoring

Continued support and follow-up for Client and Associate Family
Monthly home visits
Annual review and updates



DEFINITIONS:

Application: is the process of completing important information about you and/or your family. It includes questions, guidelines and best practices intended to assist in screening and assessing potential care providers in areas such as individual and family characteristics, location, home structure and environment, provision of care, etc.

Case Plan: an agreement between a client and/or family and the PEI service provider described by any community involvement between a client for employment, day program, or financial planning purposes. Case plans help to describe the client's goals and support required for a client to attain these goals.

Client: refers to an adult with a primary diagnosis of an intellectual disability or other disabilities who is involved with this agency for the purposes of planning or currently residing with an Associate Family.

Associate Family: refers to an adult person and/or family, who provides safe accommodations, care, positive support, and supervision according to the level of individual client need. Associate Families provide "care services" and cannot care for more than 3 permanent clients residing in their home. The Provincial Life Safety Code requires additional safety measures for 4 or more permanent residents.

Home Study: generally includes interviewing and assessing family relationships, home environment, and residential structure to ensure family willingness and to promote safety.

INCLUSIONS EAST MISSION STATEMENT

Inclusions East Inc. is a non-profit organization that provides comprehensive services including vocational training, community support, employment, and residential services for people with an intellectual disability.

STATEMENT OF BELIEFS

The design and implementation of all services and programs will be founded on the following set of values and beliefs:

1. The total person is important;
2. Each client is an individual and unique, with unlimited worth;
3. Clients have a right to self-determination and to be included in society;
4. Clients have a right to communicate their needs and wishes;
5. Clients have a right to economic security and an acceptable standard of living;
6. Family and friend involvement is important to Clients;
7. Social interaction is necessary and desirable for Clients;
8. Community integration, interaction, and access is necessary and desirable for Clients;
9. Services for Clients be accessed where possible within their own community.

In accordance with the above beliefs, Inclusions East is committed to the following, in the design and implementation of services and programs:

1. To uphold the human and legal right of each Client
2. To act in the best interest of each Client;
3. To provide support to enable Client's to meet their needs and wishes;
4. To evaluate and adjust services as Client's needs change;
5. To encourage on-going evaluation and review;
6. To promote a positive attitude

Our guiding principles remain:

- Respect
- Inclusion
- Equality
- Dignity
- Self-Determination
- Human Rights



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ALTERNATIVE RESIDENTIAL OPTIONS

APPLICATION TO PROVIDE FAMILY CARE

APPLICANT'S FULL NAME: _____

CO-APPLICANT'S FULL NAME: _____

PHONE NUMBER: _____ CELL _____ WORK _____

ADDRESS: _____

EMPLOYMENT HISTORY:

PRESENT EMPLOYER: _____

EMPLOYER'S NAME: _____

PHONE NUMBER: _____

LENGTH OF EMPLOYMENT: FROM _____ TO _____

PREVIOUS EMPLOYMENT: _____

LENGTH OF TIME: _____

EDUCATIONAL BACKGROUND:

GRADE 12 { } HUMAN SERVICES PROGRAM { } UNIVERSITY { }

OTHER EDUCATION { } _____

CPR { } FIRST AID { } EXPIRY DATE: _____

VOLUNTEER WORK { } _____

OTHER TRAINING COURSES: _____

COMMENTS: _____

SPOUSE / PARTNER
EMPLOYMENT HISTORY

PRESENT EMPLOYER: _____

EMPLOYER'S NAME: _____

PHONE NUMBER: _____

LENGTH OF EMPLOYMENT: FROM _____ TO _____

PREVIOUS EMPLOYMENT: _____

LENGTH OF TIME: _____

EDUCATIONAL BACKGROUND

GRADE 12 { } HUMAN SERVICES PROGRAM { } UNIVERSITY { }

OTHER EDUCATION { } _____

CPR { } FIRST AID { } EXPIRY DATE: _____

VOLUNTEER WORK { } _____

OTHER TRAINING COURSES: _____

COMMENTS: _____

FAMILY DYNAMICS

OTHER MEMBERS OF THE HOUSEHOLD

NAME	GENDER	RELATIONSHIP	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO YOU BABYSIT IN YOUR HOME ON A REGULAR BASIS? _____

PLEASE LIST ANY INTERESTS/HOBBIES WHICH ANY MEMBER OF THE HOUSEHOLD ARE WILLING TO SHARE WITH CLIENT: _____

HAVE YOU DISCUSSED THIS APPLICATION WITH ALL MEMBERS OF YOUR FAMILY? _____

ARE ALL MEMBERS OF YOUR FAMILY SUPPORTIVE OF YOUR APPLICATION? _____

VEHICLE USE

DO YOU HAVE A VALID DRIVERS LICENSE? _____

SPOUSE/PARTNER HAVE A VALID DRIVERS LICENSE? _____

IS THERE A CAR AVAILABLE FOR USE? _____

COMMENTS: _____

EXPERIENCE

1. PLEASE DESCRIBE ANY PREVIOUS CONTACT WITH PERSONS WITH AN INTELLECTUAL DISABILITY/
MENTAL HANDICAPP/ILLNESS: _____

2. HOW DO YOU AND YOUR FAMILY HANDLE STRESSFUL SITUATIONS: (Please give examples)

i) _____

ii) _____

iii) _____

MOTIVATION

HOW DID YOU LEARN ABOUT THE PROGRAM? _____

STATE REASONS FOR APPLYING TO THIS PROGRAM: _____

ADDITIONAL ATTACHED FORMS AND MATERIALS

- Reference Sheet
- RCMP Criminal Record Check
- Medical Report
- Household and Vehicle Insurance



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REFERENCES

APPLICANT: _____

Please list three references. **Include name, address and telephone numbers.** References can include such persons as clergy, friend, employer or non-family member.

NOTE: Married couples are to select three references that can reference you as a couple.

1. _____

2. _____

3. _____

CO-APPLICANT: _____

1. _____

2. _____

3. _____

DECLARATION

I/We declare:

- 1) The information in this application is complete and true to the best of my/knowledge and false statements may disqualify the application for further consideration.
- 2) The Residential Co-ordinator is given permission to contact the references named on this application.

Date

Signature of Applicant

Date

Signature of Co-applicant



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ROYAL CANADIAN MOUNTED POLICE

TO WHOM IT MAY CONCERN:

This is to advise you that _____ have made an application to our Agency to provide supported room and board in their home.

As part of our assessment process, we have requested that this family present to us a Criminal Record Check prior to proceeding any further in the application process.

We appreciate your assistance in this matter.

Sincerely

Nancy MacCormac
Executive Director
Inclusions East Inc.



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MEDICAL REPORT

APPLICANT'S NAME: _____

The above named person has made application to the Alternative Residential Options Division of Inclusions East and would, if approved, be working with persons with an intellectual or physical disability. For the protection of both the applicant and the clientele the applicant would be responsible for, it is important that we are aware of any **health problems being experienced by this applicant which could adversely influence the performance of their duties.**

In your professional opinion, are there any medical, psychiatric, physical, or emotional conditions (including chemical dependencies) of the above named applicant which would limit their ability to work directly with persons with disabilities in the applicant's home.

YES

NO

If yes, describe these limitations and any precautions which should be taken.

Signature of Physician

Date



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CONFIRMATION OF HOUSEHOLD INSURANCE

I, _____ do hereby confirm the following:

1. I have household insurance
 - o YES
 - o NO
2. If YES to Number 1, I agree to the following conditions:
 - a) To carry a minimum of \$ 1,000,000 liability insurance on my home.
 - b) I will notify my insurance company of my plan for adult residential services.
***This step is very important as it could change the type of household insurance policy you need to have. For example, you home could be viewed as a business versus a personal residence.**
 - c) If approved to provide residential services, I agree to provide written confirmation of my insurance status from my insurance company.
 - d) To inform the residential Co-ordinator of any change in my insurance which directly affects the minimum liability insurance required.

Signed _____

Date _____



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CONFIRMATION OF VEHICLE INSURANCE

I, _____ do hereby confirm the following:

1. I have vehicle insurance
 - YES
 - NO
2. If YES to Number 1, I agree to the following conditions:
 - a) To carry a minimum of \$ 1,000,000 liability insurance on my vehicle.
 - b) I will notify my insurance company of my plan to provide transportation for an adult traveling in your vehicle.
 - c) If approved to provide residential services, I agree to provide written confirmation of my insurance status from my insurance company.
 - d) To inform the residential Co-ordinator of any change in my insurance which directly affects the minimum liability insurance required.

Signed _____

Date _____

