

## HOST FAMILY APPLICATION

*Host Families are vital to the success of youth in the Transitions program. Transitions is a voluntary program designed to help youth experiencing challenges related to their use of substances by facilitating a safe and stable home while they work to establish healthy living patterns. Host Families provide a protective and supportive environment for youth as they navigate their way through the process of withdrawal management and supportive recovery.*

*Please complete this application to your best ability. Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of this application.*

### Contact and Demographic Information -----

<b>Applicant 1</b>	<b>Applicant 2</b>
Name:	Name:
Date of Birth:	Date of Birth:
Gender:	Gender:
Current Occupation:	Current Occupation:
Employer:	Employer:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No
Access to reliable vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Access to reliable vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Home Phone: _____ Home e-mail: _____	
Home Address: _____	
City/Town: _____ Province: _____ Postal Code: _____	
Current Marital Status: <input type="checkbox"/> Common Law for ____years <input type="checkbox"/> Married for ____years <input type="checkbox"/> Single	



201-170 WALLACE STREET  
NANAIMO, BC V9R 5B1  
PH: (250) 754-2773  
FAX: (250) 754-1605

**Information About Your Family and Home -----**

**Others Living in the Home**

Name	Age	Gender	Relation to Applicants

**Describe your family.** Please include information about who is in your family, how you like to spend time together, your interests, any hobbies you share, and other activities you are involved in.

**Describe your home.** Please include information about the type of housing it is (eg. house, apartment, farm, etc.), whether it is owned or rented (include lease duration), number of bedrooms/bathrooms, indoor/outdoor spaces, yard, etc.

**Describe your neighbourhood.** Please include information about parks & green spaces, transit access, commercial/retail spaces, libraries & rec centres, schools, hospitals or health centres, and any other points of interest.



201-170 WALLACE STREET  
NANAIMO, BC V9R 5B1  
PH: (250) 754-2773  
FAX: (250) 754-1605

**Describe what the sleeping/living space might look like for a youth staying in your home.** Please include information about the amount of space, location in the home, access to private or shared washroom, access to natural light and to other features in the home. We would encourage you to add any pictures of the designated youth room.

**Training and Work Experiences -----**

**Describe any relevant training or experiences you have that might relate to supporting youth.** Please include any appropriate training programs/certifications, such as: crisis response, adolescent development, trauma informed practice, cultural competency, ASIST, Non-Violent Crisis Intervention, First Aid, etc., as well as volunteer/paid positions you may have held in the areas of peer support, substance use and addictions, supporting youth, etc.

**Confirmation and Signatures -----**

Please read carefully before signing. This application is not valid unless signed by the applicant(s).

I have completed this application myself and understand that if I have given false information about myself, NARSF Programs LTD. (NARSF) is free to reject this application. If NARSF signs a Host Family contract with me, I agree to:

- 1) Follow all the policies provided to me by NARSF, and recognize that if I do not, our contract may be cancelled.
- 2) Sign a confidentiality agreement.
- 3) Complete a criminal record check (CRC) for the vulnerable sector and recognize that I will cover the cost of that CRC and may be refunded by NARSF.
- 4) Tell my Transitions contact person if I know other contractors or employees at NARSF.
- 5) Allow NARSF to collect reference information from employers, family members and friends as part of the application process.

I certify that the information in this application is accurate and complete.

Applicant 1 Signature:	Date:
Applicant 2 Signature:	Date: