



APPROVED HOME OPERATOR QUESTIONNAIRE

Name: _____ Date: _____

Address: _____ Telephone: _____

Please feel free to add comments and information on the backside of these pages.

How did you become interested in the Approved Home Program and in providing a home and service to individuals with a long-term mental illness?

Describe the kind of home you can provide for an individual with a long-term illness.

Describe your understanding of mental illness or personal experiences that have led you to this understanding.

What difficulties do you foresee in having one or more individuals with a long-term mental illness living in your home?

Do you work outside the home? Yes No

If yes, do you plan to continue? Yes No

Do you own or rent your house?

How many residents do you feel you can manage (limit of 5)? _____

What type of work experiences have you had that may help in operating an approved home?

Will the income from approved home residents be the only or major part of your financial income? Yes No Other sources: _____

Who else is living in your home at the present time? _____

To what extent will other people living in your home be involved with providing care and supervision to residents?

What do you feel will be the impact on yourself and family members by introducing a person with long-term mental illness into your home?

How would you involve the resident with your family?

Please describe the type of care and supervision you are willing to provide.

How would you motivate your residents to participate in activities in the community?

Are you prepared to provide a resident full assistance in maintaining his/her personal hygiene?

Are there any behaviours you cannot tolerate or deal with?

How do you define “confidentiality” and how would you practise it?

What do you think might cause a complaint to be made about an approved home from neighbours?

What kind of back up do you have available if you become ill, stressed out or an emergency arises? Describe how you cope and what supports you have available to you.

What would you do in an emergency such as suicide and medication overdose?

How would you handle an abusive or violent resident?

What do you consider your personal strengths?

Additional information you want to give the residential coordinator in support of your application.

Signature

Date