

DIRECT FUNDING —

Agent's Application to Manage Direct Funding > \$10,000 per year

Please fill out this form and return in person or by mail to your facilitator identified at the right. If you have any questions, please contact this facilitator.



COMMUNITY LIVING
BRITISH COLUMBIA

PART A To be completed by the Applicant (Agent)

Information about the Agent:

Last name	First and Middle Name	Maiden or Previous Last Name
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Mailing Address:

Apt No – Street No and Street Name		Social Insurance Number	
PO Box	RR	Date of Birth (yyyy/mm/dd)	
City	Prov.	Postal Code	Phone Number (Primary)
Alternate Phone Number		Agent's E-mail Address	

Information about the Individual:

Last Name	First and Middle Name	PRISM ID #	Date of Birth (yyyy/mm/dd)
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Please answer the following questions and provide an explanation as required:

(if you need more space please use the blank field at the end)

1. Are you 19 years of age or older and a resident of BC? (An agent must be at least 19 to sign a Direct Funding Agreement and a BC resident to conduct Criminal Background Checks). *At the time of interview please be prepared to show proof of age and picture ID* ☐ Yes ☐ No
2. Are you legally authorized to represent the individual in administering their personal and financial affairs? If so, provide details of the type and nature of your legal representation. *At time of interview please be prepared to show proof of legal representation* ☐ Yes ☐ No
3. Does the individual have a valid Disability Tax Credit authorized by the Canada Revenue Agency? *At time of interview, please be prepared to show proof of a valid DTC.* ☐ Yes ☐ No
4. Have you been convicted of a criminal offence? If so, please explain: ☐ Yes ☐ No
5. Are you willing to obtain a criminal record check? ☐ Yes ☐ No
6. Have you ever declared personal bankruptcy? ☐ Yes ☐ No
7. Do you currently or have you previously received and managed funding on behalf of an individual through CLBC, MCFD or another government organization? ☐ Yes ☐ No
If so, please describe:

For office use only.
To be completed by
assigned Facilitator

Facilitator's Name:

Address:

Email:

Phone #:

The personal information collected on this form will be used for the purpose of determining eligibility for providing funds for the support of the individual under the authority of the Community Living Authority Act and guided by the Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of this personal information should be directed to Communications Branch, Community Living British Columbia, (604)-664-0101.

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|-------|---|--|
| 8. | If you have previously received and managed funding, was the funding method terminated or changed by the funder? If so, please explain why: | <input type="radio"/> Yes <input type="radio"/> No |
| <hr/> | | |
| 9. | Have you ever been denied a request to receive or manage direct funding on behalf of an individual? If so, please explain: | <input type="radio"/> Yes <input type="radio"/> No |
| <hr/> | | |
| 10. | Have you taken any courses relevant to the Individual's disability and/or the development of relevant support services? Please describe: | <input type="radio"/> Yes <input type="radio"/> No |
| <hr/> | | |
| 11. | Do you have practical experience or have you had training in: basic bookkeeping; preparing payroll documents; maintaining financial records; and/or preparing basic financial reports. Please describe: | <input type="radio"/> Yes <input type="radio"/> No |
| <hr/> | | |
| 12. | Do you have practical experience or have you had training in: supervising workers; hiring and terminating employees; and/or training workers? Please explain: | <input type="radio"/> Yes <input type="radio"/> No |
| <hr/> | | |
| 13. | Do you understand that you will be required to: maintain a separate bank account; maintain financial records; keep all receipts and invoices; and, send reports to CLBC about the Direct Funding money you receive and how you spend the money? | <input type="radio"/> Yes <input type="radio"/> No |
| <hr/> | | |
| 14. | Do you understand that any money that is unspent at the end of a Direct Funding Agreement, or spent on ineligible expenses must be repaid to CLBC on demand, or spent as required by the agreement? | <input type="radio"/> Yes <input type="radio"/> No |
| <hr/> | | |
| 15. | Do you understand that you may have to act as the employer of workers you hire to provide supports and services? Your responsibilities as an employer will require you to comply with employment and taxation legislation including the Canada Tax Act, the Workers Compensation Act and the BC Employment Standards Act. | <input type="radio"/> Yes <input type="radio"/> No |
| <hr/> | | |
| 16. | Are you aware of other payment options available through CLBC including Host Agency Funding or supports and services directly contracted by CLBC? | <input type="radio"/> Yes <input type="radio"/> No |
| <hr/> | | |
| 17. | Do you have access to a computer and are you able to complete basic forms and reports on the internet? | <input type="radio"/> Yes <input type="radio"/> No |
| <hr/> | | |
| 18. | If the amount of Direct Funding that you manage is expected to exceed \$25,000 per 12 month period, will you authorize CLBC to obtain personal credit information about you? | <input type="radio"/> Yes <input type="radio"/> No |

Attestation – To be completed by the applicant (agent):

By signing below, I confirm that I have responded to all the above questions accurately and completely.

Agent's Signature: _____

Date: _____

PART B To be completed by CLBC Facilitator at the time of the interview with the applicant (agent)

1. Is the agent able to explain how they will implement the requested funded supports through Direct Funding? Describe the applicant's plan including:
 - the types of supports and services that are required;
 - when the services will be provided (e.g. hours/day, days/week)
 - how the services will be provided
 - where the services will be provided (e.g. at home/in community)
2. How does the agent plan to recruit support workers?
3. How does the agent plan to train support workers?
4. How will the agent monitor/evaluate how the services are provided?
5. How will the agent make changes based on the results of the monitoring/evaluation of the supports and services provided?
6. How will the agent monitor the day-to-day activities of support workers?
7. How will the agent identify and measure the indicators of success?
8. How will the agent fulfil their bookkeeping, payroll and reporting responsibilities required for Direct Funding? (e.g. hire a bookkeeper, maintain their own financial records, etc.)
9. Has the agent provided photo ID as proof of identity, age and BC residency?
10. Has the agent provided a copy of their authority to legally represent the individual?
11. Has the agent provided evidence of the individual's entitlement for a Disability Tax Credit?
12. Provide further information as required based on your review of the applicant's answers in Section A:

PART C To be completed by CLBC Quality Service Analyst

Direct Funding Standard Addendum Date (yyyy/mm/dd)

1.	Has the applicant answered all of the questions in Part A of this application?	<input type="radio"/> Yes	<input type="radio"/> No
2.	Has the agent provided proof of age and identification?	<input type="radio"/> Yes	<input type="radio"/> No
3.	Has the agent/individual provided satisfactory evidence that they are authorized to legally represent the individual in their financial affairs? (review documents in SharePoint for validity). If NO, explain the concern:	<input type="radio"/> Yes	<input type="radio"/> No
4.	Has the agent provided satisfactory evidence that the individual is entitled to a Disability Tax credit authorized by the Canada Revenue Agency? If NO, explain:	<input type="radio"/> Yes	<input type="radio"/> No
5.	Has the agent ever been convicted of a criminal offence? If YES, indicate whether a criminal record check was requested and if so, whether there has been manager approval to proceed with the application based on the review of the criminal record check:	<input type="radio"/> Yes	<input type="radio"/> No
6.	Has the agent ever declared personal bankruptcy? If YES, describe:	<input type="radio"/> Yes	<input type="radio"/> No
7.	If the agent has managed funding from CLBC, MCFD or other government organization in the past, did they do so in a satisfactory manner? If NO, explain:	<input type="radio"/> Yes	<input type="radio"/> No
8.	Has the agent ever been denied previous requests to manage direct funding? If YES, explain.	<input type="radio"/> Yes	<input type="radio"/> No
9.	Does the agent appear to understand the supports and services that the individual requires to meet disability-related needs and how to implement these supports? If NO, explain:	<input type="radio"/> Yes	<input type="radio"/> No
10.	Does the agent appear to have sufficient experience or training to enable them to manage the funds? (e.g. banking, bookkeeping, financial reporting). If NO, explain the concerns:	<input type="radio"/> Yes	<input type="radio"/> No

Review of the Application by the Analyst (continued)

11. Does the agent appear to have sufficient experience or training to work with employees or contractors? (e.g. supervising, hiring, terminating, and training). If NO, explain: ☐ Yes ☐ No

12. Does the agent appear to understand their responsibilities with respect to: administering the funds; maintaining the funds in trust for the individual and CLBC; and, acting as an employer of workers who provide supports and services? If NO, explain: ☐ Yes ☐ No

13. Does the agent have access to a computer and are they able to complete basic forms and reports on the internet? ☐ Yes ☐ No

14. If the amount of Direct Funding will exceed \$25,000 per 12 month period, has the agent provided CLBC authorization to obtain personal credit information about them? (a signed Consent to Obtain Personal Information form has been received). If NO, explain: ☐ Yes ☐ No

15. If a credit check is required (Direct Funding exceeds \$25,000 per 12 month period), has Accounting Services confirmed the agent has an acceptable credit history? ☐ Yes ☐ No

Application Evaluation Results

Explanation (if "No")

Has the agent's application to manage the Individual's Direct Funding been approved? If not approved, explain why and indicate any recommendations that were provided to the applicant. ☐ Yes ☐ No

If the applicant is not approved to act as the agent, have the reasons and any resulting recommendations been discussed with them? ☐ Yes ☐ No

Has a letter confirming CLBC's decision with respect to this application including any recommendations been sent to the applicant/agent? ☐ Yes ☐ No

Date evaluation completed (yyyy/mm/dd)

Date letter sent to agent (yyyy/mm/dd)

Name of analyst completing evaluation



Please use this page if you need more space to answer questions.
