

Enhanced Family Care Questionnaire

Date: _____

Name: _____

Address:

Home Phone: _____ Cell Phone: _____

How long at this address: _____

List of household members (including yourself):

Name	Birth date	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education:

Highschool: _____

College: _____

Training: _____

Other: _____

Do you have a valid Driver's License? _____

Do you have 100/300 k Auto Insurance? _____

If no, are you willing to purchase it? _____



Have you had any motor vehicle violations with in the last 3 years? _____
If yes, please explain? _____

Have you ever been convicted of a felony? _____
If yes, please explain: _____

Have you ever been convicted of a misdemeanor? _____
If yes, please explain: _____

If we should choose to pursue an AFC placement with you, would you submit to both a driver and criminal record check? _____

Employment History:

Are you currently employed? _____ FT/PT
List names and addresses of employers, most recent first.

Employer: _____ Phone: _____
From: _____ To: _____ Supervisor: _____
Position: _____
Salary range: _____ Reason for leaving: _____
May we contact employer for reference? _____

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Have you ever been trained to administer medications? _____
If yes, please give date last trained: _____ Is your certificate still
valid? _____

If answered yes, please indicate the name of the trainer and region:

May we contact the Nurse Trainer for a reference? _____

Please list the names, addresses and phone numbers of three personal
references that are not relatives:

Do you own your own home? _____

If yes:

Is your home accessible for individual's with handicaps? _____

If not, are you willing to modify your home? _____

Are you willing to relocate? _____

If yes, to what towns? _____



How did you learn about this program? _____

Why are you interested in this situation? _____

Do you have any experience being around people with disabilities? _____

If yes, please explain: _____

Do you have experience with the elderly? _____

If yes, please explain: _____

What are your hobbies, skills, abilities, interests? _____

Do you belong to any communities' organizations or groups? _____

Are there any activities which are part of you/your family schedule that may present problem for and individual living with you? _____

If yes, please explain: _____

Do you have any restrictions that would prohibit someone from practicing their religious beliefs in your home? _____



Do you have the ability to provide 24 hour supervision to an individual in your care? _____

Are there any "house rules"? _____

If yes, please explain: _____

Do you have smoke detectors in your home? _____

Do you have smoke detectors in each bedroom? _____

Are they battery operated or hard wired? _____

Do you or anyone in your household own any fire arms? _____

Do you or anyone in your household smoke? _____

Do you have pets? _____

What kind, how many? _____

How do people who know you, best describe you? _____

What has been one of your major accomplishments in:

The work place:

Your education:

Your family:

Your community:

What are some of your:

Short term goals:

Long term goals:

How do you perceive confidentiality? _____

Are you familiar with HIPPA privacy laws? _____

Are you willing to follow HIPPA privacy laws? _____

What type of person would you like to live with (male, female, smoker, non-smoker, young, old, active, etc....) _____

Do your best to describe you household (active, busy, quiet, younger, older)

... _____

What type of person do you feel would best fit into you household?



Are you willing to commit yourself to at least one year? _____

Detail any other information you feel is pertinent to your ability to provide care to our individuals:

Do you have a support system (family, friends in the area) that you can depend on in case of emergency? _____

Please submit your completed application to:

Cindy Howard
Adult Family Care Coordinator
19 Chestnut Street
Nashua, NH 03061
Phone # 603-889-0652
Fax # 603-880-8938
choward@pluscompany.org