

## ADULT FAMILY CARE QUESTIONNAIRE

Name:			Date:
Address:			How long at this address?
Town:	State:	Zip:	
Home Phone:	Cell Phone:	Email:	
List all household members (including yourself):			
Name:	Birth Date:	Relationship:	

## EDUCATION

Highschool:

College:

Training:

Other:

## EMPLOYMENT

Are you currently employed? Yes ☐ No ☐ If yes, please check one: Full time ☐ Part time ☐ Other ☐

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? Yes ☐ No ☐

Employer:

Phone:

From:

To:

Supervisor:

Position:

Salary range:

Reason for leaving:

May we contact employer for reference? Yes ☐ No ☐

Employer:

Phone:

From:

To:

Supervisor:

Position:

Salary range:

Reason for leaving:

May we contact employer for reference? Yes ☐ No ☐

## BACKGROUND

Do you have a valid Driver's License? Yes ☐ No ☐

Do you have a reliable vehicle that you would be willing to use for transportation? Yes ☐ No ☐

Do you have 100/300 k Auto Insurance? Yes ☐ No ☐ If no, are you willing to purchase it? Yes ☐ No ☐

Have you had any motor vehicle violations with in the last 3 years? Yes ☐ No ☐

Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been Excluded (per Federal Department of Health and Human Services, Office of Inspector General) from participating in Medicaid and/or Medicare? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently Excluded from Participating in Medicaid and/or Medicare? Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you submit to a driver, DCYF, BEAS and criminal record check? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or anyone else who lives in your home ever had a client rights violation founded against you? Yes <input type="checkbox"/> No <input type="checkbox"/>

TRAINING/EXPERIENCE			
Have you ever been trained to administer medications? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please give date last trained: _____ Is your certificate still valid? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please indicate the name of the trainer and region: _____			
May we contact the Nurse Trainer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have any experience being around people with disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have experience with the elderly? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have experience with the following:			
Documentation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Incident reporting	Yes <input type="checkbox"/> No <input type="checkbox"/>
Computer skills	Yes <input type="checkbox"/> No <input type="checkbox"/>	Planning activities	Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal care	Yes <input type="checkbox"/> No <input type="checkbox"/>	Service Agreements/ISPs/IEPs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you provided respite, emergency or other specialized care? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Would you be interested? Yes <input type="checkbox"/> No <input type="checkbox"/>			
How did you hear about PLUS Company?			
How do people who know you, best describe you?			
What has been one of your major accomplishments in:			
The workplace:			
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? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you willing to commit to at least one year as a provider? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you willing to allow client's visitors to your home? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What type of person would you like to live with (male, female, smoker, non-smoker, young, old, active, etc.):			
Detail any other information you feel is pertinent to your ability to provide care to our individuals:			
What other skills or interests do you have that you believe will be of benefit in this type of work?			

What are your hobbies, skills, abilities, interests?

How did you learn about this program?

Why are you interested in this situation?

## HOME

Do you own your own home? Yes ☐ No ☐

Is your home accessible for individuals with handicaps? Yes ☐ No ☐

If not, are you willing to modify your home? Yes ☐ No ☐

Are you willing to relocate? Yes ☐ No ☐ If yes, to what towns?

Do you have smoke detectors in your home? Yes ☐ No ☐ Battery operated ☐ Hard wired ☐ Both ☐

Do you have smoke detectors in each bedroom? Yes ☐ No ☐

Do you have an available bedroom on the first floor of your home? Yes ☐ No ☐

Do you have an "in-law" apartment or an area that is separated from the main home that would accommodate an individual with a high level of independence? Yes ☐ No ☐

Could you provide 24-hour supervision to an individual in your care? Yes ☐ No ☐

Are there any activities which are part of you or your family's schedule that may present problem for an individual living with you? Yes ☐ No ☐ If yes, please explain:

Do you or anyone in your household smoke? Yes ☐ No ☐

Are you willing to have someone live in your home that smokes cigarettes? Yes ☐ No ☐

Do you have pets? Yes ☐ No ☐ What kind, how many? \_\_\_\_\_

Would you be willing to accept an individual's pet into your home? Yes ☐ No ☐

Do you have internet/WiFi access and a computer at your home? Yes ☐ No ☐

Describe any "house rules":

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

## REFERENCES

Please list the name, address and phone number of three personal references:

Name:	Address:	Phone:

Please submit questions and completed applications to:

PLUS Company  
19 Chestnut St  
Nashua NH 03061  
FAX 603-880-8938  
Email [awebber@pluscompany.org](mailto:awebber@pluscompany.org)