PLUSCompany
Empower Individuals | Maximize Independence

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 ☐ No ☐
Have you ever been convicted of a misdemeanor? Yes ☐ No ☐
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 ☐ No ☐
Are you currently Excluded from Participating in Medicaid and/or Medicare? Yes ☐ No ☐
Would you submit to a driver, DCYF, BEAS and criminal record check? Yes ☐ No ☐
Have you or anyone else who lives in your home ever had a client rights violation founded against you? Yes ☐ No ☐

TRAINING/EXPERIENCE			
Have you ever been trained to administer medications? Yes ☐ No ☐ If yes, please give date last trained: _____ Is your certificate still valid? Yes ☐ No ☐ If yes, please indicate the name of the trainer and region: _____ May we contact the Nurse Trainer for a reference? Yes ☐ No ☐			
Do you have any experience being around people with disabilities? Yes ☐ No ☐			
Do you have experience with the elderly? Yes ☐ No ☐			
Do you have experience with the following:			
Documentation	Yes ☐ No ☐	Incident reporting	Yes ☐ No ☐
Computer skills	Yes ☐ No ☐	Planning activities	Yes ☐ No ☐
Personal care	Yes ☐ No ☐	Service Agreements/ISPs/IEPs	Yes ☐ No ☐
Have you provided respite, emergency or other specialized care? Yes ☐ No ☐ Would you be interested? Yes ☐ No ☐			
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 ☐ No ☐			
Are you willing to commit to at least one year as a provider? Yes ☐ No ☐			
Are you willing to allow client's visitors to your home? Yes ☐ No ☐			
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:

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