



The **PLUS COMPANY** Inc.
People • Learning • Useful • Skills

Adult 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

High school: _____

Did you Graduate? Y/N

College: _____

Did you Graduate? Y/N Degree: _____

Relevant Training: _____

Other: _____

Auto/Insurance/Criminal Background

Do you have a valid Driver's License? 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

If yes, please explain: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Have you ever been convicted of a misdemeanor? Yes No

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? Yes No

Employment History

Are you currently employed? Yes No 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? 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

Employer: _____ Phone: _____

From: _____ To: _____ Supervisor: _____

Position: _____ Salary range: _____

Reason for leaving: _____

May we contact employer for reference? Yes No

Medications

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

How did you learn about this program? _____

Why are you interested in becoming and AFC provider? _____

Do you have any experience being around people with disabilities?

Yes No

If yes, please explain: _____

Do you have experience with the elderly? Yes No

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? Yes No

If yes, please explain: _____

Do you have any restrictions that would prohibit someone from practicing their religious beliefs in your home? Yes No

Do you have the ability to provide 24 hour supervision to an individual in your care? Yes No

Are there any "house rules"? Yes No

If yes, please explain: _____

Do you have smoke detectors in your home? Yes No

Do you have smoke detectors in each bedroom? Yes No

Are they battery operated or hard wired? _____

Do you or anyone in your household own any fire arms? Yes No

Do you or anyone in your household smoke? Yes No

Do you have pets? Yes No

If yes, what kind and how many? _____

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

Describe your major accomplishments in the following areas:

The work place:

Your education:

Your family:

Your community:

Please describe your goals.

Short term goals:

Long term goals:

How do you perceive confidentiality? _____

Are you familiar with HIPPA privacy laws? Yes No

Are you willing to follow HIPPA privacy laws? Yes No

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? Yes No

Detail any other information you feel in 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? Yes No

Please submit you completed application to:

Tina Alexander
Adult Family Care Coordinator
19 Chestnut Street
Nashua, NH 03060
Phone # 603-889-0652
Fax # 603-880-8938
talexander@pluscompany.org