

Arizona Department of Economic Security
**ADULT DEVELOPMENTAL HOME
 CAREGIVER ASSESSMENT GUIDE**

The Guide is a tool used by DES to assess your skills, experiences, stability, motivation, and other factors as they relate to providing care for an adult with developmental disabilities. The assessment is intended to promote discussion and an exchange of information between you and the licensing specialist. The goal of this information exchange is two-fold:

- ▶ To assist you in learning about your abilities to provide care to an adult with developmental disabilities, and
- ▶ To assist the specialist in making recommendations regarding your application.

Completion of the Assessment Guide is necessary to assist the licensing specialist in writing your Home Study. The information you provide during the assessment process will only be used by DES to evaluate you for licensure.

Please answer all questions in detail. You may complete the form electronically, on-screen, or print a paper version to complete by hand writing. Please write on the back of the page or attach additional pages, if necessary.

Pages 1 - 8 are to be completed by you (the person applying for licensure). If you are married, pages 10 - 12 are to be completed by your spouse.

HISTORY OF APPLICANT

Your full legal name: _____

NAME OF MOTHER	PRESENT WHEREABOUTS
NAME OF FATHER	PRESENT WHEREABOUTS
NAME OF STEP-MOTHER	PRESENT WHEREABOUTS
NAME OF STEP-FATHER	PRESENT WHEREABOUTS
NAME OF SIBLING	PRESENT WHEREABOUTS
NAME OF SIBLING	PRESENT WHEREABOUTS
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Under the Americans with Disabilities Act, the Department will make reasonable accommodations to allow you to take part in a program, service, or activity. For example, this means that the Department will provide sign language interpreters for people who are deaf, enlarged print materials, or other reasonable accommodations. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your needs in advance if at all possible by contacting: (602) 347-6340.

1. Describe your relationship with your parents/step-parents and siblings.

2. What types of situations are stressful for you?

3. How do you manage that stress?

4. What types of situations cause you to feel angry?

5. How do you express and manage your anger?

6. Who or where do you turn when you need support or assistance with a problem?

7. What sources of support or assistance will be available to you with the addition of an adult with developmental disabilities to your household?

8. Have you ever provided care for an person with developmental disabilities? Yes No If Yes, please explain:

9. Describe experiences and/or training that you have had with people with the following challenges:
 - Medical/health challenges:

 - Behavioral/emotional challenges:

 - Developmental delays or disabilities:

 - Physical disabilities:

10. What methods of discipline do you use or plan to use?

PHYSICAL, EMOTIONAL AND MENTAL HEALTH

1. Do you have any ongoing or chronic medical or physical conditions? Yes No If Yes, please explain:

2. Have you ever been treated by a psychologist, psychiatrist, or a therapist? Yes No If Yes, please explain:

3. To the best of your knowledge, has any other household member ever been treated by a psychologist, psychiatrist, or a therapist? Yes No If Yes, please explain:

4. What medications (prescription and over-the-counter) do you routinely take?

5. Have you ever sought individual, marital, family, or relationship counseling? Yes No If Yes, describe the reason for and the outcome of the counseling:

6. Describe any incidents of domestic violence in your current family.

7. Have you ever been sexually victimized? Yes No If Yes, please explain:

8. Have you ever been physically or emotionally abused/assaulted? Yes No If Yes, please explain:

9. Do you drink alcohol? Yes No If Yes, please describe the frequency and amount:

10. Do you have a history of substance abuse, addiction or use of illegal drugs? Yes No If Yes, please explain:

11. Do you currently use illegal drugs or substances? Yes No If Yes, please explain:

12. Does any other household member have a history of illegal drug use, substance abuse, or addiction? Yes No
If Yes, please explain:
13. To the best of your knowledge, does any other household member currently use illegal drugs? Yes No
If Yes, please explain:

CURRENT AND PRIOR MARRIAGES

1. If you are currently married, please describe your relationship with your spouse.
2. Have you ever been separated due to marital problems? Yes No If Yes, please explain:
3. Have you been previously married? Yes No If yes, please explain. Write on the back or attach additional pages for more marriages.
Name of former spouse: _____
Date of marriage: _____ Date of termination: _____
Circumstances of termination: Death Divorce Other: _____
If divorced, describe your current relationship with your ex-spouse:
4. Do you have minor children from a previous marriage or relationship who do not live with you? Yes No
Please describe the visitation arrangement, if any:

CURRENT HOUSEHOLD AND SOCIAL RELATIONSHIPS

1. Do you anticipate any changes to your household in the next three months?
2. What is your plan for back-up care when you're not available?
3. What role will other household members have in providing care to an adult placed in your home?
4. How does each adult household member express frustration and anger?

5. Who will have the most responsibility for the care and supervision of an adult with developmental disabilities who is placed in your home?

CHILDREN LIVING IN THE HOME

Please write on the back of the page or attach additional pages, as necessary, if you are completing a paper version.

Child's name: _____

1. Describe health or emotional concerns.

2. Describe the child's interests and activities.

3. Describe the child's relationship with siblings and other children.

4. Describe the child's relationship with you, as parent(s).

Child's name: _____

1. Describe health or emotional concerns.

2. Describe the child's interests and activities.

3. Describe the child's relationship with siblings and other children.

4. Describe the child's relationship with you, as parent(s).

MOTIVATION AND COMMITMENT

1. Describe why you are considering providing care to an adult with developmental disabilities at this time.

2. Describe the concerns you have with providing care to an adult with developmental disabilities in your home.

3. Did family or friends express concerns with your decision? Yes No If Yes, how will you resolve this issue?

4. How do you or your family believe you will benefit from providing care to an adult with developmental disabilities?

5. How do you see providing care to an adult with developmental disabilities affecting your life (such as time availability or flexibility)?

PLACEMENT PREFERENCES

This section will be reviewed with you during personal interviews.

Name of Applicant(s): _____

YES	NO	MAYBE	NOTES
Racial and Ethnic Preference			
			White
			American Indian
			Black or African American
			Hispanic or Latino
			Asian
			Native Hawaiian or other Pacific Islander
			Other:
			No Preference
Medical/Physical/Developmental Conditions			
			Daily prescribed medication:
			Injection (i.e., insulin):
			Oral/Topical (pills, creams):
			Medical needs/conditions:
			Monitoring equipment (such as apnea monitor)
			Tube feeding
			Asthma/allergies
			Bandages /cast
			Burns/wounds
			Cancer/Leukemia
			Ear Infections
			Heart problems
			HIV/AIDS
			Lice
			Respiratory problems
			Special diet
			Substance exposed
			Therapy needs
			Counseling
			Physical/occupational
			Speech/language
			Disability
			Autism
			Cerebral Palsy
			Communication impairment
			Epilepsy
			Intellectually challenged (such as mental retardation)
			Sensory impairment (vision and hearing)
			Physically challenged
			Needs assistance with daily living skills:
			Dressing
			Bathing
			Eating
			Toileting

Name of Applicant(s): _____

YES	NO	MAYBE	NOTES
			Educational/Behavioral/Emotional Conditions
			Learning Disabled
			ADHD
			Dyslexia
			Speech & language challenge
			Academic skill disorder
			Behavioral/Mental Health
			Eating disorder
			Depression
			Suicidal
			Bi-polar
			Schizophrenic
			Abusive to animals
			Abusive to self/others
			Alcohol/drug/substance use or abuse
			Aggressive
			Bedwetting
			Defiant/oppositional
			Depressed
			Destructive to property
			Excessive demanding of attention
			Excessively shy/withdrawn
			Fire setting
			Gang association
			Hoards/sneaks food
			Hyperactive
			Lies/manipulative
			Obsessive/compulsive
			Poor social skills
			Runaway
			Soils/wets pants
			Steals
			Temper tantrums
			Tobacco use
			Uses profanities
			Verbally abusive
			Sexual Identity/Lifestyle Issues/Sexual Behaviors
			Gay/Lesbian/Transgender
			Woman on birth control
			Woman with young child
			Masturbates
			Piercing/tattoos
			Pregnant woman
			Sexually active (with opposite sex)
			Sexually active (with same sex)
			Sexually acts out
			Victimizes others sexually
			Possible Transportation above Routine Needs (such as to special medical/counseling/therapy)
			One time weekly
			Two-three times weekly
			Four or more times weekly

Information: The spouse completes this section about himself or herself when the applicants are a married couple.

Please answer all questions in detail. Please write on the back of the page or attach additional pages, if necessary.

HISTORY OF APPLICANT'S SPOUSE

Your full legal name: _____

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