

**HOME STUDY
ADULT FOSTER CARE / HOMES PLUS**

NAME: _____

DATE COMPLETED: _____

INTEREST

How has family learned about Adult Foster Care?

Has family provided Adult Foster Care?

Family's past experience with MI, DD or Elderly:

Describe interest in providing foster care:

PHYSICAL ENVIRONMENT & NEIGHBORHOOD

General description of home:

Sleeping arrangements:

Privacy rules:

Do you have weapons in the home? If yes what are your plans to protect Vulnerable Adults from them? (The AFC Rule requires that guns be locked)

Do you attend a church? Could a resident attend a church of choice?

FAMILY / SOCIAL HISTORY INFORMATION

PROVIDER 1:

Date of Birth:

Parents names:

Siblings, names and order:

Describe your family when you were growing up: What kinds of activities, closeness, how affection was shown, discipline used, responsibilities:

Education:

High School and year of graduation:

Education beyond high school:

What kinds of occupations have you held?

What is your current occupation?

Have you been married previously? If yes, when and under what circumstances did the Marriage end?

What are your hobbies and/or interests?

Who would you identify as persons of support for yourself?

Describe your use of alcohol? Have you ever been diagnosed as chemically dependent?

Do you have any health concerns? If yes, what are the concerns?

Have you seen anyone from the Mental Health profession in the recent (past 3 years) past? If yes, what was the reason?

Have you or anyone in your family been abused: physically, sexually or emotionally?

PROVIDER 2:

Date of Birth:

Parents names:

Siblings, names and order:

Describe your family when you were growing up: What kinds of activities, closeness, how affection was shown, discipline used, responsibilities:

Education:

High School and year of graduation:

Education beyond high school:

What kinds of occupations have you held?

What is your current occupation?

Have you been married previously? If yes, when and under what circumstances did the Marriage end?

What are your hobbies and/or interests?

Who would you identify as persons of support for yourself?

Describe your use of alcohol? Have you ever been diagnosed as chemically dependent?

Do you have any health concerns? If yes, what are the concerns?

Have you seen anyone from the Mental Health profession in the recent (past 3 years) past? If yes, what was the reason?

Have you or anyone in your family been abused: physically, sexually or emotionally?

MARRIAGE:

How and when did you meet?

When were you married?

How do you see your marriage and relationship, give a brief description of your marriage?

How do you resolve problems in your marriage and family?

Activities enjoyed as a couple?

FAMILY:

Children: Names and birth dates.

How do they feel about having foster adults?

Special concerns or problems that may affect ability to relate to an adult resident?

PROVIDER QUALIFICATIONS:

1. Evaluate your experience, knowledge and understanding of a person who is:
(If you are not interested in working with a particular population,
please note that in the space provided.)

Developmental Disabled:

Mentally Ill:

Elderly:

Chemically Dependent:

2. Evaluate your ability to work with Social Services and other agencies:
3. For what type of adult is this home best suited?
4. What type of adult would not be accepted or fit well into the home and why?