

## Caregiving for Adults – Home Study Questions

The purpose of these questions is to determine your skills and abilities as a caregiver for our clients. Each client is different as is each home. We try to make the best match possible. By answering these questions completely, you will give us information for a good match.

Section I should be filled out by the primary caregiver.

Section II should be filled out by the secondary caregiver (spouse).

Section III and IV should be filled out by both caregivers together.









- Chemical Dependency

5. What do you see as the rewards in doing Adult Foster Care?

6. What do you see as the drawbacks in doing Adult Foster Care?

7. What questions do you have about how Adult Foster Care will affect your home?

### Section III – Your home and Adult Foster Care Program

1. Describe the atmosphere of your home (busy, quiet, scheduled, relaxed, etc.)

2. Number of stairs to enter your home (interior and exterior)

Number of stairs between resident's bedroom and bathroom

List other handicap accessible features.

3. Your house rules about residents...

- smoking
  
- drinking alcohol
  
- hours
  
- cleaning
  
- access to home (will they have a key)
  
- pets
  
- personal belongings

- family visits

- friend visits

4. What social activities are available for your residents either with your family or on their own?

5. What arrangements will you have to handle resident's spending money?

6. Describe specifically where you will store medications.

7. Who is/are your emergency substitute caregivers in case of an emergency?  
(Background study needed)

8. Can they provide emergency transportation if you are unable to?

9. What services beyond the 5 basic Adult Foster Care services (room, board, supervision, protection and household services) do you intend to provide?

- Medication supervision/administration (describe your training)
  
- Budgeting client's money
  
- Transporting clients (list purpose: medical appointments, work, school, church, family visits, etc, that you will transport for)
  
- Personal Care (bathing, dressing, grooming, etc)
  
- Special diets (low-salt, diabetic, soft foods, etc)

10. To someone who does not know you, what would you say are the strengths of your program outlined above?

11. In what weaknesses or area would you need training or development ?

## Section IV – Resident Information

1. Type of resident you prefer

- Number of beds available
  
- Shared room or single room
  
- Age range
  
- Sex
  
- Issues (circle all that you will accept)
  - Physically handicapped
  
  - Developmentally disabled
  
  - Mental illness
  
  - Chemical dependence
  
  - Frail/elderly adults

2. Describe briefly the adult you would not wish to care for.

3. What are your basic expectations of residents in your home?

4. How would you work with an uncooperative resident? For example, someone who decides they don't need prescribed medication anymore.