ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities

Office of Licensing, Certification and Regulation (OLCR)

CHILD OR 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 a child or 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 a child or 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 9 - 13 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

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. 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, including making reasonable changes to an 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 disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

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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?
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7.	What sources of support or assistance will be available to you with the addition of a child or adult with developmental disabilities to your household?
8.	Have you ever provided care for a person with developmental disabilities? \square Yes \square No If Yes, please explain:
9.	Describe experiences and/or training that you have had with people with the following challenges:

• Medical/health challenges:

• Physical disabilities:

• Behavioral/emotional challenges:

• Developmental delays or disabilities:

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

	YSICAL, EMOTIONAL AND MENTAL HEALTH 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:

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12.	Does any other household member have a history of illegal drug use, substance abuse, or addiction? \square Yes \square No If Yes, please explain:
13.	To the best of your knowledge, does any other household member currently use illegal drugs? \square Yes \square No If Yes, please explain:
	IRRENT AND PRIOR MARRIAGES 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:
	RRENT HOUSEHOLD AND SOCIAL RELATIONSHIPS 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 a child or 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 a child or adult with developmental disabilities who is placed in your home?
	IILDREN LIVING IN THE HOME ase write on the back of the page or attach additional pages, as necessary, if you are completing a paper version.
Ch	ild's name:
	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).
	ild's name:
	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).
	DTIVATION AND COMMITMENT Describe why you are considering providing care to a child or adult with developmental disabilities at this time.
2.	Describe the concerns you have with providing care to a child or 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 a child or adult with developmental disabilities?
5.	How do you see providing care to a child or 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	
	and Eth	nic Prefe	erence	
			White	
			American Indian	
			Black or African American	
			Hispanic or Latino	
			Asian	
			Native Hawaiian or other Pacific Islander	
			Other:	
			No Preference	
Medica	al/Physic	cal/Deve	Iopmental 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)	
		$\perp \square$	Physically challenged	
	$\perp \square$	$\perp \square$	Needs assistance with daily living skills:	
	<u> </u>		Dressing	
	$\perp \square$	$\perp \square$	Bathing	
			Eating	
			Toileting	

Name of Applicant(s):

YES		NO		IAY		NOTES I/Emotional Conditions
Educa	atior	iai/i	Ben	avid	ora	
_\		<u> </u>		<u> </u>		Learning Disabled
		<u> </u>		<u> </u>		ADD/ADHD
		<u>Ц</u>				Dyslexia
Ц		$\underline{\underline{\sqcup}}$				Speech & language challenge
						Academic skill disorder
_Ц		<u>Ц</u>				Behavioral/Mental Health
		$\underline{\underline{\sqcup}}$				Eating disorder
Ц		$\underline{\underline{\sqcup}}$				Depression
						Suicidal
		$\underline{\underline{\sqcup}}$				Bi-polar Bi-polar
$\underline{\sqcup}$						Schizophrenic
						Abusive to animals
						Abusive to self/others
						Alcohol/drug/substance use or abuse
						Aggressive
						Bedwetting
						Defiant/oppositional
						Depressed
						Destructive to property
						Excessively 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
Sexua	al Ide	enti	ity/L	ifes	ityl	e 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
Possi	ble	Tra	nsp	orta	tio	n above Routine Needs (such as to special medical/counseling/therapy)
			ĺ			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

PRESENT WHEREABOUTS	
PRESENT WHEREABOUTS	
PRESENT WHEREABOUTS	_
PRESENT WHEREABOUTS	
	PRESENT WHEREABOUTS PRESENT WHEREABOUTS

- 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?

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	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 a child or adult with developmenta disabilities to your household?
8.	Have you ever provided care for a 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?
	IYSICAL, EMOTIONAL AND MENTAL HEALTH 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?

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5.	Have you ever sought individual, marital, family, or relationship counseling? \square Yes \square 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:
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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:

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	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:
	IRRENT HOUSEHOLD AND SOCIAL RELATIONSHIPS 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?
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4.	How does each adult household member express frustration and anger?
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	IILDREN LIVING IN THE HOME ase write on the back of the page or attach additional pages, as necessary, if you are completing a paper version.
Chi	ild's name:
1.	Describe health or emotional concerns.

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

2. Describe the child's interests and activities.

LCR	-1031B FORFF (1-15) - Page 13
4.	Describe the child's relationship with you, as parent(s).
	ild'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 a child or adult with developmental disabilities at this time.
2.	Describe the concerns you have with providing care to a child or 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 a child or adult with developmental
	disabilities?

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