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 Caregiver Assessment 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 for licensure.

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 your license application.

Please answer all questions in detail. You may complete the form electronically, 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.

Your Full Legal Name:
MOTIVATION AND COMMITMENT
1. Describe why you are considering providing care to a child or adult with developmental disabilities at this time.
2. How do you or your family believe a child or adult with developmental disabilities would benefit from receiving care ir your home?
3. How do you see providing care to a child or adult with developmental disabilities affecting your life (such as time availability or flexibility)?
4. Describe any concerns you have with providing care to a child or adult with developmental disabilities in your home.

HISTORY OF APPLICANT

1. Describe your family background and upbringing.
2. Describe your current relationship with your parents/step-parents and siblings.
3. 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?
4. What types of situations are stressful for you?
5. How do you manage that stress?
6. What types of situations cause you to feel angry?
7. How do you express and manage your anger?

8.	Have you ever provided care for a person with developmental disabilities? If Yes, please explain:	Yes	No
9.	Describe experiences and/or training that you have had working with people we emotional needs, developmental disabilities or physical disabilities.	ith medic	al/health needs, behavioral/
10	Describe any other caregiving experience, including parenting.		
11	l. What methods of behavior intervention do you use or plan to use?		
12	2. Describe your spiritual/religious/cultural beliefs and practices. Are there any s regularly observed in your household?	pecific be	liefs/practices that are
13	3. How will you support a member with their spiritual/religious/cultural beliefs and	d practice	s?
14	1. What languages are primarily spoken in your household?		

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. What medications (prescription and over-the-counter) do you routinely take?
4. Describe any incidents of domestic violence in your household.
5. Do you drink alcohol? Yes No If Yes, please describe the frequency and amount:
6. Do you have a history of substance abuse, addiction or use illegal drugs or substances? Yes No If Yes, please explain:
7. Do you currently use illegal drugs or substances? Yes No If Yes, please explain:

LCR	R-1031B FORFF (12-22)	Page 5 of 15
8.	To the best of your knowledge, does any other household member currently use illegal drugs or substances	?

8.	To the best of your knowledge, does any other household member currently use illegal drugs or substances? Yes No	,
	f Yes, please explain:	

CURRENT AND PR	IOR MA	ARRIAGES	
1. If you are currently married, please describe your relationsh	nip with you	ur spouse.	
Have you ever been separated due to marital problems? If Yes, please explain:	Yes	No	
3. Have you been previously married? If Yes, please explain: Write on the back or attach additional pages for more marri	Yes iages.	No	
Name of Former Spouse:			
Date of Marriage: Date of Termina	ation:		
Circumstances of Termination: Death Divorce C	Other:		
4. Do you have minor children from a previous marriage or rel Please describe the visitation arrangement, if any:	lationship w	who do not live with you? Yes No)

CURRENT HOUSEHOLD AND SOCIAL RELATIONSHIPS

1. Do you anticipate any changes to your household in the next three months? Yes No If yes, please explain:

LCR-1031B FORFF (12-22)	ge 6 of 15
2. What is your plan for the care of the member when you are not available (alternate supervision)?	
3. How much alternate supervision do you plan to use?	
4. What role will other household members have in providing care to a child or adult with developmental disabilities'	?
5. How would you characterize your household relationships and interactions?	
6. Who will have the most responsibility for the care and supervision of a child or adult with developmental disabilities	es?
CHILDREN LIVING IN THE HOME	
Please write on the back of the page or attach additional pages, as necessary, for additional children	
Child's Name:	
1. Describe physical and emotional health including any special care needs.	
2. Describe the child's interests and activities.	

LCR-1031B FORFF (12-22)			Page 7 of 15
3. Describe the child's relationship with parent	ts and s	iblings.	
Child's Name:			
1. Describe physical and emotional health incl	luding a	ny special	care needs.
2. Describe the child's interests and activities.			
3. Describe the child's relationship with parent	te and s	ihlinas.	
O. Describe the ormal relationering that parent	.o ana c.	ibiii igo.	
MEMP	ED CL	PRODE	
			PREFERENCES
you think about the specific types of support y areas? Do you have life experiences that will a developmental home license, your licensing	lectual n /ou may assist yo worker	needs. The need to prouid will have a	Member Support Preferences grid is designed to help rovide. Do you have any special skills or training in certain ling support? Prior to submitting your application for n open conversation with you about your abilities and
for a prospective member.	∦p you v	NOIK WILLI LI	ne licensing agency to determine if you are a good match
Name of Applicant(s):			
Medical/Physical/	s NO	MAYBE	NOTES
Developmental Conditions			more developmental disabilities. However, specific
			ion. Some members complete their daily activities with

Medical/Physical/ Developmental Conditions	YES	NO	MAYBE	NOTES				
All DDD members are qualified for services based on one or more developmental disabilities. However, specific								
	care needs are unique to each individual served by the Division. Some members complete their daily activities with							
,	minimal help while other members may need a higher level of assistance and supervision. Some members may							
require more intensive medical support	t and s	uperv	ision.					
Daily prescribed medication								
Injection (i.e., insulin)LPN/RN only:								
Medical needs/conditions								
Monitoring equipment (such as								
apnea monitor)								
G-Tube feeding								
Asthma/allergies								

LCR-1031B FORFF (12-22) Page 8 of 15

Medical/Physical/	YES	NO	MAYBE	NOTES
Developmental Conditions (Cont.)				
Burns/wounds				
Special diet				
Substance exposed				
Therapy needs (Counseling/Physical/ Occupational/Speech)				
Disability				
Autism				
Cerebral Palsy				
Down Syndrome				
Epilepsy				
Cognitive/Intellectual Disability				
Sensory disability (vision and hearing)				
Physical disability				
Communication disorder				
Needs assistance with daily living skills:				
Dressing				
Bathing				
Eating				
Toileting				

Educational/Behavioral/ Emotional Conditions	YES	NO	MAYBE	NOTES			
				e employment. Some members have behavioral			
or emotional conditions that require thoughtful and patient support. It is critical for developmental providers to							
consider the level of support they are a	able to	provid	e.				
Learning Differences							
ADD/ADHD							
Speech & language disorder							
Behavioral/Mental Health							
Eating Disorders							
Depression							
Suicidality/Self-Harm							
Bi-polar Disorder							
Schizophrenia/Psychosis							
Abusive to animals							
Abusive to self/others							
Uses alcohol or other substances							
Physical aggression							
Defiant/oppositional							
Destructive to property							
Fire setting							
Hyperactive							

LCR-1031B FORFF (12-22) Page 9 of 15

Educational/Behavioral/ Emotional Conditions (Cont.)	YES	NO	MAYBE	NOTES
Lies/manipulative				
Masturbates in inappropriate areas				
Obsessive/compulsive				
Leaves without telling anyone				
Sexually acts out				
Steals				
Uses tobacco				
Uses profanities				
Member Profile	YES	NO	MAYBE	NOTES

Member Profile	YES		MAYBE	NOTES
Developmental home providers must of	onside	r the a	mount of	bedroom space in the home and consider how support
and supervision must be tailored to ea	ch indi	vidual.		
Male				
Female				
Pregnant				
Person with a young child				
Gay/Lesbian				
Transgender				
Married/cohabiting couple				

Racial and Ethnic Preference	YES	NO	MAYBE	NOTES
	reased	place	ment stab	ility when a member's cultural needs are supported.
White				
American Indian				
Black or African American				
Hispanic or Latino				
Asian				
Native Hawaiian or other Pacific Islander				
Other:				
No Preference				

Possible Transportation Above Routine Needs (Such as to Special Medical/Counseling/Therapy)	YES	NO	MAYBE	NOTES
Developmental home licensees are responsible to provide for the routine transportation needs of members. Some members may have additional transportation needs beyond what is typically required.				
One time weekly			•	
Two-three times weekly				
Four or more times weekly				

Are there areas where you feel you would need help or more instruction?

LCR-1031B FORFF (12-22) Page 10 of 15

Instructions: The spouse completes this section about themself 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.

Yo	our Full Legal Name:
	MOTIVATION AND COMMITMENT
1.	Describe why you are considering providing care to a child or adult with developmental disabilities at this time.
	How do you or your family believe a child or adult with developmental disabilities would benefit from receiving care in your home
3.	How do you see providing care to a child or adult with developmental disabilities affecting your life (such as time availability or flexibility)?
4.	Describe any concerns you have with providing care to a child or adult with developmental disabilities in your home.
	HISTORY OF APPLICANT'S SPOUSE
1.	Describe your family background and upbringing
2.	Describe your current relationship with your parents/step-parents and siblings.

LCR-1031B FORFF (12-22)	Page 11 of 15

LCR-1031B FORFF (12-22)	Page 11 of
3. What sources of support or assistance will be availad disabilities to your household?	able to you with the addition of a child or adult with developmental
4. What types of situations are stressful for you?	
5. How do you manage that stress?	
6. What types of situations cause you to feel angry?	
7. How do you express and manage your anger?	
8. Have you ever provided care for a person with deve If Yes, please explain:	elopmental disabilities? Yes No
Describe experiences and/or training that you have emotional needs, developmental disabilities or physics.	had working with people with medical/health needs, behavioral/ sical disabilities.

LCR-1031B FORFF (12-22)	Page 12 of 15
10. Describe any other caregiving experience, including parenting.	
11. What methods of behavior intervention do you use or plan to use?	
40. Describe very entities //wellinies //wellinies //wellinies and muselines. And there are any energies beliefe/ numetices that	
12. Describe your spiritual/religious/cultural beliefs and practices. Are there any specific beliefs/ practices that a regularly observed in your household?	пе
13. How will you support a member with their spiritual/religious/cultural beliefs and practices?	
10. Flow will you support a member with their spiritual/religious/cultural beliefs and practices:	
14. What languages are primarily spoken in your household?	
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:	
and the second of the second o	

LCR-1031B FORFF (12-22)	Page 13 of 15
3. What medications (prescription and over-the-counter) do you routinely take?	
4. December 2011 and a fill a fill and a fill and a fill and a fill and a fill a fill and a fill a fill and a fill a fill a fill and a fill a	
4. Describe any incidents of domestic violence in your household.	
5. Do you drink alcohol? Yes No If Yes, please describe the frequency and amount:	
res, predes deserbe and mequancy and amount	
6. Do you have a history of substance abuse, addiction or use of illegal drugs or substances? Yes	s No
If Yes, please explain:	
7. Do you currently use illegal drugs or substances? Yes No If Yes, please explain:	
8. To the best of your knowledge, does any other household member currently use illegal drugs or survey. No	ubstances?
If Yes, please explain:	
CURRENT AND PRIOR MARRIAGES	

Have you ever been separated due to marital problems? If Yes, please explain:	Yes No
 Have you been previously married? If Yes, please explain: Write on the back or attach additional pages for more marriage. 	Yes No riages.
Name of Former Spouse:	
Date of Marriage: Date of Termin	
	Other:
CURRENT HOUSEHOLD AN	D SOCIAL RELATIONSHIPS
Do you anticipate any changes to your household in the near the left of the second of the secon	ext three months? Yes No
2. What is your plan for the care of the member when you are	e not available <i>(alternate supervision)</i> ?
3. How much alternate supervision do you plan to use?	

Page 14 of 15

LCR-1031B FORFF (12-22)

LCR-1031B FORFF (12-22)	Page 15 of 1
4. What role will other household members have in providing care to a child	d or adult with developmental disabilities?
5. How would you characterize your household relationships and interaction	ns?
6. Who will have the most responsibility for the care and supervision of a cl	hild or adult with developmental disabilities?
The information I have provided on this form is true and accurate to t	
Applicant's Name (Print or type):	
Applicant's Signature:	
Co-Applicant's (Spouse) Name (Print or type):	
Co-Applicant's <i>(Spouse)</i> Signature:	Date: