

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? Yes No

If Yes, please explain:

9. Describe experiences and/or training that you have had working with people with medical/health needs, behavioral/emotional needs, developmental disabilities or physical disabilities.

10. Describe any other caregiving experience, including parenting.

11. What methods of behavior intervention do you use or plan to use?

12. Describe your spiritual/religious/cultural beliefs and practices. Are there any specific beliefs/practices that are regularly observed in your household?

13. How 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:

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:

8. To the best of your knowledge, does any other household member currently use illegal drugs or substances?

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: _____

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? Yes No

If yes, please explain:

3. Describe the child’s relationship with parents and siblings.

Child’s Name: _____

1. Describe physical and emotional health including any special care needs.

2. Describe the child’s interests and activities.

3. Describe the child’s relationship with parents and siblings.

MEMBER SUPPORT PREFERENCES

As a developmental home provider, you will be responsible to support a member’s emotional, physical, social, developmental, educational, cultural and intellectual needs. The Member Support Preferences grid is designed to help you think about the specific types of support you may need to provide. Do you have any special skills or training in certain areas? Do you have life experiences that will assist you in providing support? Prior to submitting your application for a developmental home license, your licensing worker will have an open conversation with you about your abilities and needs relative to member support. This will help you work with the licensing agency to determine if you are a good match for a prospective member.

Name of Applicant(s): _____

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 and supervision.				
Daily prescribed medication				
Injection (<i>i.e., insulin</i>)LPN/RN only:				
Medical needs/conditions				
Monitoring equipment (<i>such as apnea monitor</i>)				
G-Tube feeding				
Asthma/allergies				

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

Educational/Behavioral/Emotional Conditions	YES	NO	MAYBE	NOTES
Most members attend school or an adult day program or have 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 able to provide.				
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				

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
Developmental home providers must consider the amount of bedroom space in the home and consider how support and supervision must be tailored to each individual.				
Male				
Female				
Pregnant				
Person with a young child				
Gay/Lesbian				
Transgender				
Married/cohabiting couple				

Racial and Ethnic Preference	YES	NO	MAYBE	NOTES
Studies show better outcomes and increased placement stability 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?

Instructions: The spouse completes this section about themselves 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.

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 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

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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? Yes No
If yes, please explain:

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?

The information I have provided on this form is true and accurate to the best of my knowledge.

Applicant's Name (*Print or type*): _____

Applicant's Signature: _____ Date: _____

Co-Applicant's (*Spouse*) Name (*Print or type*): _____

Co-Applicant's (*Spouse*) Signature: _____ Date: _____