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
NAME OF SIBLING	PRESENT WHEREABOUTS
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NAME OF SIBLING	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?

6. 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 developmental 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?

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. 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:

12. Does any other household member have a history of illegal drug use, substance abuse, or addiction? ☐ Yes ☐ No
If Yes, please explain:

13. To the best of your knowledge, does any other household member currently use illegal drugs? ☐ 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: _____

   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:

CURRENT HOUSEHOLD AND SOCIAL RELATIONSHIPS

1. 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?

CHILDREN LIVING IN THE HOME

Please write on the back of the page or attach additional pages, as necessary, if you are completing a paper version.

Child'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).

Child'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)?

PLACEMENT PREFERENCES

This section will be reviewed with you during personal interviews.

Name of Applicant(s): _____

YES	NO	MAYBE	NOTES
Racial and Ethnic Preference			
☐	☐	☐	White
☐	☐	☐	American Indian
☐	☐	☐	Black or African American
☐	☐	☐	Hispanic or Latino
☐	☐	☐	Asian
☐	☐	☐	Native Hawaiian or other Pacific Islander
☐	☐	☐	Other:
☐	☐		No Preference
Medical/Physical/Developmental 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)
☐	☐	☐	Physically challenged
☐	☐	☐	Needs assistance with daily living skills:
☐	☐	☐	Dressing
☐	☐	☐	Bathing
☐	☐	☐	Eating
☐	☐	☐	Toileting

Name of Applicant(s): _____

YES	NO	MAYBE	NOTES
Educational/Behavioral/Emotional Conditions			
☐	☐	☐	Learning Disabled
☐	☐	☐	ADD/ADHD
☐	☐	☐	Dyslexia
☐	☐	☐	Speech & language challenge
☐	☐	☐	Academic skill disorder
☐	☐	☐	Behavioral/Mental Health
☐	☐	☐	Eating disorder
☐	☐	☐	Depression
☐	☐	☐	Suicidal
☐	☐	☐	Bi-polar
☐	☐	☐	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
Sexual Identity/Lifestyle 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
Possible Transportation above Routine Needs (such as to special medical/counseling/therapy)			
☐	☐	☐	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

Your full legal name:

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