

COMMUNITY CARE FOSTER FAMILY HOME PRIMARY CAREGIVER DISCLOSURE FORM

Answer all of the following questions honestly.

Reason for Disclosure APPLICATION UPDATE due to changes in information to Section 1 or 2 (i.e. Household member)

Name: _____ DOB: _____ Age: _____

Street address: _____

Phone: _____ Email address: _____

Do you speak/read/write proficiently in English? Yes No **(circle one)** Are you a NA CNA LPN RN? **(circle one)**

SECTION 1:	YES	NO
Do you have any physical, mental or health related problem that would prevent or limit you from meeting the daily needs of clients 24 hours a day 7 days a week including but not limited to transfers and lifting (For example: Diabetes, heart or vascular disease, hearing or vision impairment, depression, fatigue, anxiety, muscle strain, back or joint problems)		
Are you under the care of a physician or mental health professional for any medical or psychological condition, which could affect your ability to care for clients 24 hours a day, 7 days a week?		
Do you take any prescribed medication, over the counter or herbal medicine, which might affect your ability to respond to clients 24 hours a day, 7 days a week?		
Do you become easily angered or quickly frustrated?		
Have you had a previous certificate or license to provide residential, social or healthcare services that was revoked and not successfully appealed within the last 12 months?		

SECTION 2: (do not include or count clients in the information)

1. How many people live in the house? _____ How many are children under the age of 18? _____
 How many adult household members require care, assistance or help from another household member? _____

2. Specify the ages of any children under 18? _____

3. Are any household members currently under the treatment of a physician or counselor?
 Yes or No **(circle one)**

4. Does any household member take any prescribed medication, over the counter or herbal medicine, which might affect the household routine if doses are missed?
 Yes or No **(circle one)**

5. Does any household member become easily angered or quickly frustrated?
 Yes or No **(circle one)**

6. Explain any areas from above:

**COMMUNITY CARE FOSTER FAMILY HOME
PRIMARY CAREGIVER DISCLOSURE FORM**

SECTION 2 (Continued):

7. Complete #7 If reason for this disclosure is to report changes in Household members (HHM):

HHM(s) moving In:	Move-in Date	HHM(s) moving out:	Move-out date
_____	_____	_____	_____
_____	_____	_____	_____

HHM(s) who turned 18: _____

8. Do you have any other jobs? If yes, how many hours do you work per day?

EXAMPLE: MONDAY: 12:00pm – 5:00pm, Tuesday: 9:00-Noon, Wednesday: No Work, Thursday: 1:00-4:00

9. In the past 12 months has the household: **(check one)**

(i) Paid all bills on time	Yes_____	No_____
(ii) Had a telephone always available in the home	Yes_____	No_____

10. Does the home have a fax available 24/7? Yes_____ No_____

11. Are you aware and open to other cultural beliefs? Yes_____ No_____

12. Do all of the household members speak, read and write in English? Yes_____ No_____

If not, specify language spoken: _____

Use this area to explain any areas from Section 1 and 2, attach additional sheets if necessary:

By signing below, I acknowledge I have answered all questions honestly and to the best of my ability. I verify that I can speak, read and write in the English language in order to communicate with Medical providers. I understand by not completing this form entirely and/or falsifying information can lead to denial of an application or revocation of a certificate at a future date.

I understand the department or designee may request a medical or mental health clearance from my doctor if there are any concerns are present now or in the future. I understand the clients in the Community Care Foster Family home are to be integrated into the daily life activities in the home to the greatest extent possible and I shall provide for social and recreational activities of the client based on their service plan.

I understand if any information on this form changes I need to send CTA an updated Disclosure Form.

Print Name (PCG)

Signature Date