Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
ADULT FAMILY HOME (AFH)

AFH Quality Improvement Initial Visit

DDA PQIS

DATE OF VISIT TIME OF VISIT ☐ A.M. ☐ P.M.

PROVIDER NAME	LIVES IN HOME ☐ Yes ☐ No

RESIDENT MANAGER'S NAME	LIVES IN HOME ☐ Yes ☐ No	TELEPHONE NUMBER	PRIMARY CAREGIVER'S NAME (IF DIFFERENT)

STREET ADDRESS	CITY	STATE	ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM AFH)	CITY	STATE	ZIP CODE

TELEPHONE NUMBER	FAX NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS

LICENSE NUMBER	P1 PROVIDER NUMBER	DSHS AFH LICENSED CAPACITY	DSHS AFH CONTRACT EXPIRATION DATE

SPECIALTY DESIGNATION ☐ DD ☐ Mental Health ☐ Dementia	NURSE DELEGATED ☐ Yes ☐ No

CONDITIONS ON LICENSE IF ANY

NUMBER OF CURRENT VACANCIES	BEDROOMS ☐ Shared ☐ Single	VACANCIES ☐ Shared ☐ Single	WHEELCHAIR ACCESSIBLE ☐ Yes ☐ No

EVACUATION LEVEL ☐ 1 (Independent with one verbal cue) ☐ 2 (Assistance Required	WILL ACCEPT EMERGENCY PLACEMENTS ☐ Yes ☐ No	NURSE ON STAFF ☐ Yes ☐ No

COMMENTS

HOUSEHOLD LAYOUT ☐ Single Level ☐ Two Story ☐ Split Level ☐ With Basement	RESIDENT BEDROOMS ☐ Main Floor ☐ Upstairs ☐ Basement	OTHERS RESIDING IN HOME ☐ Children ☐ Spouse ☐ Pets ( )

PREFERRED AGE RANGE	PREFERRED GENDER ☐ Male ☐ Female ☐ Either	SMOKING ☐ Smokers Permitted (Has outside designated area) ☐ Nonsmoking only

COMMENTS / PREFERENCES / LIMITATIONS

NEIGHBORHOOD

Yes	No	
☐	☐	Typical Residential neighborhood.
☐	☐	Accessible public transportation.
☐	☐	Para transit/other service available.
☐	☐	Provider assist with transportation?
☐	☐	Close proximity to community service and amenities.

CONTRACTED RESPITE PROVIDER ☐ Yes ☐ No	INTERESTED IN RESPITE ☐ Yes ☐ No	SCHOOL DISTRICT

COMMENTS
PROVIDER AND CAREGIVER EXPERIENCE/EDUCATION (RN, LPN, NAC, NAR, HCA-C, WORK EXPERIENCE)
POSITIVE BEHAVIOR SUPPORT EXPERIENCE / TRAINING
COMMUNITY INTEGRATION / OUT OF HOME ACTIVITY (HOW ACTIVITIES ARE CURRENTLY SUPPORTED BY)
COMMENTS
ADITIONAL STRENGTHS
ADDITIONAL AREAS OF CONCERN