|  |  |  |
| --- | --- | --- |
|  | 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 |
| NEIGHBORHOODYes 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 |