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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  ADULT FAMILY HOME (AFH)  **AFH Quality Improvement Visit Assessment** | | | | | | | | DDA PQIS    DATE OF VISIT TIME OF VISIT  A.M.  P.M. | | | | |
| PROVIDER NAME | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | MAILING ADDRESS (IF DIFFERENT FROM AFH) | | | | | | |
| CITY ZIP CODE | | | | | | | CITY ZIP CODE | | | | | | |
| TELEPHONE NUMBER | | | FAX NUMBER | | | | CELL PHONE NUMBER | | | | | E-MAIL ADDRESS | |
| LICENSE NUMBER | | P1 NUMBER | | | DSHS AFH LICENSED CAPACITY | | | | | DSHS AFH CONTRACT EXPIRATION DATE | | | |
| **\* Asterisk those residents present during visit.** | | | | | | | | | | | | | |
| NAME OF DDA RESIDENT | | | | DDA NUMBER | | AGE | | CRM | | | DAILY RATE | | EVACUATION LEVEL |
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| REASON FOR VISIT | | | | | | | | | | | | | |

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| NAME AND TITLE OF STAFF OBSERVED OR INTERVIEWED DURING THE VISIT |

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| OTHER NON-AFH RESIDENTS LIVING IN THE HOME |

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| STRENGTHS REGARDING HOUSEHOLD INFORMATION |

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| ISSUES/CONCERNS |

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| IF NEW RESIDENT(S), REASON FOR MOVE |

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| NEGOTIATED CARE PLANS:  Current  Not Current – Explain: |
| DDA ASSESSMENT:  Current  Not Current – Explain: |
| **Competence** |
| COMMENTS / CONCERNS |

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| **Health and Safety** |
| COMMENTS / CONCERNS |

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| **Inclusion** |
| COMMENTS / CONCERNS |

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| **Relationships** |
| COMMENTS / CONCERNS |

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| **Power and Choice** |
| COMMENTS / CONCERNS |

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| **Status and Contribution** |
| COMMENTS / CONCERNS |

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| CASE RESOURCE MANAGER CONTACT | SER Completed |