|  |  |  |
| --- | --- | --- |
|  | 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 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| REASON FOR VISIT |

|  |
| --- |
|  |

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

|  |
| --- |
|  |

|  |
| --- |
| OTHER NON-AFH RESIDENTS LIVING IN THE HOME |

|  |
| --- |
|  |

|  |
| --- |
| STRENGTHS REGARDING HOUSEHOLD INFORMATION |

|  |
| --- |
|  |

|  |
| --- |
| ISSUES/CONCERNS  |

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

|  |  |
| --- | --- |
| CASE RESOURCE MANAGER CONTACT | **[ ]**  SER Completed |