

COMMONWEALTH OF KENTUCKY
Cabinet for Families and Children
Department for Community Based Services

DSS-278

(R 4-99)

PROFILE OF FAMILY CARE HOME

A. IDENTIFYING DATA

Name _____ Address _____

Phone() _____

Length of time at this address _____

Age _____

HOUSEHOLD MEMBERS AGE RELATIONS

B. RELIEF PERSON Name _____ Phone _____

Address _____ Relationship _____

C. APPLICANT/OPERATOR

Previous experience as a foster parent, caretaker, nurse aid or family care operator.

Yes _____ No _____ If yes, elaborate _____

Level of Education _____

Health problems Yes _____ No _____ If yes, elaborate _____

D. SAFETY FACTORS

Guns or other weapons kept in the home? Yes _____ No _____

Are weapons kept in a locked cabinet? Yes _____ No _____

CONTINGENCY PLANS:

1. Fire Yes _____ No _____

2. Illness Yes _____ No _____

3. Medical Emergencies Yes _____ No _____

DOES THE APPLICANT/OPERATOR HAVE SOME AWARENESS OF:

1. Community Resources Yes _____ No _____

2. Psychiatric Disorders Yes _____ No _____

3. Special Needs of the Elderly Yes _____ No _____

4. Medications Yes _____ No _____

Will applicant/operator provide or secure transportation to the doctor, etc? Yes _____ No _____

Are there pets in the home? Yes _____ No _____ If yes, list number and kind _____

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E. RESIDENT ACTIVITY

Resident will be permitted /encouraged to:

1. Eat meals with family? Yes ___ No ___ 4. Have access to TV? Yes ___ No ___
2. Be included in activities? Yes ___ No ___ 5. Have access to living room? Yes ___ No ___
3. Have access to kitchen? Yes ___ No ___ 6. Have access to telephone? Yes ___ No ___

F. TYPE OF RESIDENTS ACCEPTED (Check the appropriate choices)

Male _____ Female _____
Private Pay Only _____ History of Alcoholism _____
Use of Tobacco _____ Under Age of 50 _____
Emotional/Mental Health Problems _____

If resident transfers during the month will charges for remaining days be refunded? Yes ___ No ___

G. PHYSICAL STRUCTURE

Neighborhood: Appearance:
Urban _____ House in good repair? Yes ___ No ___
Rural _____ Furnishings adequate and in good condition? Yes ___ No ___
Suburban _____ Air conditioning? Yes ___ No ___
Housekeeping standards? Excellent ___ Good ___ Fair ___ Poor ___

Number of rooms _____

Location of residents' bedrooms: _____

Private _____ Semi-Private _____

Yard accessible to residents? Yes ___ No ___

Yard fenced? Yes ___ No ___

Porches accessible to residents? Yes ___ No ___

Will residents need to climb stairs? Yes ___ No ___

If yes, explain _____

Is residence wheelchair accessible? Yes ___ No ___

H. COMMENTS AND RECOMMENDATIONS

WORKER'S SIGNATURE _____ DATE _____

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