

West Virginia Department of Health and Human Resources

Application to Provide Adult Family Care/Adult Emergency Shelter Care

Applicant Name: _____ SSN: _____ - _____ - _____

Mailing Address: _____ Physical Address: _____

How long at this address? _____ Telephone Number: _____

If less than 5 years, give previous address: _____

Directions to the home: _____

Applicant Birth Date: _____ Occupation: _____

Last Grade Completed: _____ Approx. Yearly Income: _____

Religious Preference: _____ Source of Income: _____

Employer: _____

Health of Applicant: _____

Marital Status: (mark one) Single Married Divorced Separated Widowed

If married, complete the following information about your spouse:

Spouse's Birth Date: _____ Occupation: _____

Last Grade Completed: _____ Approx. Yearly Income: _____

Religious Preference: _____ Source of Income: _____

Employer: _____

Health of Spouse: _____

Other Members of the Household: (other than applicant and their spouse)

Table with 4 columns: Name, Age, Relationship, Occupation/Grade in School

About You and Your Family:

A. Are all members of your household willing to have an unrelated adult living in the home? Yes _____ No _____
If no, explain: _____

B. Have you ever provided services for or received services from the Department of Health and Human Resources?

C. Yes _____ No _____

D. Have you ever cared for elderly, blind or disabled persons before? Yes _____ No _____

If yes, explain: _____

E. Has anyone in your immediate family ever been arrested for or been involved in any crime or criminal activities?

Yes _____ No _____ If yes, explain: _____

Applicant Name: _____

F. Has anyone in your immediate family ever been committed to a mental institution or been treated for a severe mental and/or emotional disturbance? Yes _____ No _____

If yes, explain: _____

F. Characteristics of adults you would prefer to be placed in your home: (mark all that apply)

Gender: Male Able to walk alone Age Range: _____
 Female Able to walk with assistance Other: _____
 Both

Characteristics of adults you would prefer NOT be placed in your home: _____

G. Would you be willing to provide care in your home to a person who has been in a psychiatric/mental health facility and who requires additional supervision, including supervision of prescribed medication, in order to maintain a "normal" family life? Yes _____ No _____

About Your Home:

A. I live in: (mark one)

a home I own a home I rent an apartment other (specify) _____

_____ *Note: If you rent your home, a written statement of permission to act as an AFC/ESC provider must be obtained from the property owner.*

B. Number of rooms _____ Number of bedrooms _____ Number of bathrooms _____

C. Do you have a yard? Yes _____ No _____

D. Does your home have an upstairs? Yes _____ No _____

E. Does your home have a basement? Yes _____ No _____

F. Water Supply & Plumbing: (mark all that apply)

City water supply Tub bath
 Private water supply Shower bath
 Inside toilet

G. Does your home have electric lights? Yes _____ No _____

H. What type of heating system(s) do you have: _____

I. Do you carry comprehensive liability insurance on your home? Yes _____ No _____

J. Do you have adequate automobile insurance? Yes _____ No _____

K. Do you own a reliable automobile? Yes _____ No _____

L. Is there a household member with a valid drivers license? Yes _____ No _____ If no, explain how transportation will be provided: _____

M. Why do you and your family want to care for an adult in your home? _____

Applicant Name: _____

Additional Remarks: _____

Additional Requirements:

You will be required to provide all of the following as part of the application process as an Adult Family Care/Adult Emergency Shelter Care provider. The necessary forms for each have been included in your application packet.

- A. A completed application form;
- B. A completed Fire Safety Checklist;
- C. At least two (2) personal references (unrelated to you);
- D. At least one (1) credit reference (your electric company is recommended);
- E. W-9 Information (IRS requires that information be on file); and
- F. Physician's statement completed for each adult member of your household.

Agreement

I (or we) hereby certify that the information reported above is true and accurate to the best of my knowledge. Further, I (or we) agree that if this application is approved and a client is placed in our home, we will observe the regulations established by the West Virginia Department of Health and Human Resources. I (or we) understand that the West Virginia Department of Health and Human Resources is not liable for injuries or for property destroyed or damaged by or because of the Adult Family Care/Adult Emergency Shelter Care client.

Signatures:

_____	_____
Signature of Applicant	Date Signed
_____	_____
Signature of Spouse	Date Signed