STATE OF WEST VIRGINIA

DEPARTMENT OF HUMAN SERVICES

BUREAU FOR SOCIAL SERVICES

**Application to Provide Adult Family 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’s Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Grade Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approx. Yearly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source(s) 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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approx. Yearly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Grade Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Source(s) of Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health of Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

| Name | Age | Relationship | Occupation/Grade in School |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**About You and Your Family**

1. Are all members of your household willing to have an unrelated adult living in the home?

Yes [  ]    No [  ]

If no, explain:

1. Have you ever provided services for or received services from the Department of Health and Human Resources?  Yes [  ]   No [  ]
2. Have you ever cared for persons who are elderly, blind, or disabled? Yes [  ]  No [  ]

If yes, explain:

1. Has anyone in your immediate family ever been arrested for or been involved in any crime or criminal activities? Yes [  ]   No [  ]

If yes, explain:

1. 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:

1. 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 to be placed in your home:

1. 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, to maintain a family life? Yes [  ]    No [  ]

**About Your Home**

1. 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.*

1. Number of rooms [  ] Number of bedrooms [  ] Number of bathrooms [  ]
2. Do you have a yard? Yes [  ] No [  ]
3. Does your home have an upstairs? Yes [  ] No [  ]
4. Does your home have a basement? Yes [  ]  No [  ]
5. Water Supply & Plumbing: (mark all that apply)

[  ] City water supply                                           [  ] Tub bath

[  ] Private water supply                                      [  ] Shower bath

[  ] Inside toilet

1. Does your home have electric lights? Yes [  ]   No [  ]
2. What type of heating system(s) do you have:
3. Do you carry comprehensive liability insurance on your home? Yes [  ]  No [  ]
4. Do you have adequate automobile insurance? Yes [  ]  No [  ]
5. Do you own a reliable automobile? Yes [  ]  No [  ]
6. Is there a household member with a valid driver’s license? Yes [  ]  No [  ]

If not, explain how transportation will be provided?

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

**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.

1. A completed application form
2. A completed Fire Safety Checklist
3. At least two (2) personal references (unrelated to you)
4. At least one credit reference (your electric company is recommended)
5. W-9 Information (IRS requires that information be on file)
6. 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 Human Services.  I (or we) understand that the West Virginia Department of Human Services is not liable for injuries or for property destroyed or damaged by or because of the Adult Family Care/Adult Emergency Shelter Care client.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Spouse Date Signed