

Primary Caregiver Residential Survey

How many clients do you currently provide services to?



How many beds or clients are you licensed or certified for?







If you are a certified CCFFH, did you provide care to any private-pay clients during the past year?







Date you did this survey:







This survey will help us understand the services you provide in the home. We want to hear about your services and how they help our clients to be independent, make decisions and choices.

Things to **THINK** about when you are doing this survey:

1. Think about the home your client(s) **LIVE** in.
2. Tell us what it is like living in your **HOME**.
3. Tell us about the **CHOICES** your client(s) get to make.
4. Check the box to answer  **YES** or  **NO** to the questions.

		YES 	NO
CHOICE			
1. Clients Home 	<i>Does your client(s)</i>		
	a. Have an agreement in writing for where s/he lives?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Know the housing rights in regards to their agreement?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Share a room?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Choose their roommate?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Get to decorate their room with their favorite things?	<input type="checkbox"/>	<input type="checkbox"/>
	f. Pick the clothes s/he wants to wear?	<input type="checkbox"/>	<input type="checkbox"/>
2. Going out 	<i>Does your client(s)</i>		
	a. Go out into the community?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Pick how often s/he goes out?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Choose what to do?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Pick who goes out with him/her?	<input type="checkbox"/>	<input type="checkbox"/>
3. Schedule 	<i>Does your client(s) pick the time s/he</i>		
	a. Gets up and goes to bed?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Takes a bath?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Watches TV?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Talks on the phone?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Goes on the computer?	<input type="checkbox"/>	<input type="checkbox"/>
4. Meals & Snacks 	<i>Does your client(s) choose</i>		
	a. What s/he wants to eat?	<input type="checkbox"/>	<input type="checkbox"/>
	b. What time s/he wants to eat?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Where s/he sits to eat?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Who s/he eats with?	<input type="checkbox"/>	<input type="checkbox"/>
5. Person-Centered Plan 	<i>Does your client(s)</i>		
	a. Attend a Person-Centered Planning meeting?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Pick the time, place, and who attends the meeting?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Get to be in charge of their meeting?	<input type="checkbox"/>	<input type="checkbox"/>
PRIVACY			
6. Inside your home 	<i>Does your client(s)</i>		
	a. Have a key to the home?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Close and lock the bedroom door?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Have a key to their bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Close and lock the bathroom door?	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
6. Inside your home 	<i>Do you and other caregiver(s)</i>		
	e. Knock and ask permission to enter the client's bedroom or bathroom?	<input type="checkbox"/>	<input type="checkbox"/>
	f. Provide care in private?	<input type="checkbox"/>	<input type="checkbox"/>
	g. Keep the client's personal and health information private?	<input type="checkbox"/>	<input type="checkbox"/>
	h. Know not to talk about the clients in front of other people?	<input type="checkbox"/>	<input type="checkbox"/>
	i. Know not to talk about other people in front of the client?	<input type="checkbox"/>	<input type="checkbox"/>
	j. Have a place for the client to meet with their family and friends in private?	<input type="checkbox"/>	<input type="checkbox"/>
	k. Have a place for the client to talk on the telephone or use the computer (or other device) in private?	<input type="checkbox"/>	<input type="checkbox"/>
DIGNITY & RESPECT			
7. Respect 	<i>Do you and other caregiver(s)</i>		
	a. Say hello and use the client's name?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Talk to the client with respect?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Use words that the client can understand?	<input type="checkbox"/>	<input type="checkbox"/>
8. Free from being bullied 	<i>Do your client(s)</i>		
	a. Know what to do if s/he has a problem with the caregiver or service?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Know that his/her complaint is private?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Listen to the client if s/he has concerns?	<input type="checkbox"/>	<input type="checkbox"/>
ACCESS			
9. Inside your home 	<i>Does your home</i>		
	a. Allow client(s) to get around safely?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Have ramps, wide doorways or hallways to help the client get around the home?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Have any gates, Velcro strips, locked doors, or other things that stop clients from going in or out of some places?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Have locks or straps on the refrigerator or cabinets that make it hard for the client to get a snack or a drink?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Does your client(s)</i>			

		YES 	NO 
9. Inside your home 	e. Use the kitchen when s/he wants?	<input type="checkbox"/>	<input type="checkbox"/>
	f. Get scolded for getting a snack or drink when s/he wants?	<input type="checkbox"/>	<input type="checkbox"/>
	g. Use the washer and dryer when s/he wants?	<input type="checkbox"/>	<input type="checkbox"/>
	h. Have visitors in your home?	<input type="checkbox"/>	<input type="checkbox"/>
	i. Have certain visitor hours?	<input type="checkbox"/>	<input type="checkbox"/>
	j. Have internet connection that s/he can use?	<input type="checkbox"/>	<input type="checkbox"/>
10. Outside your home 	<i>Does your client(s)</i>		
	a. Have access to other houses, stores, and businesses?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Know their neighbors?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Neighbors say hello or greets him/her?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Have access to transportation?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Have a curfew or a rule that says what time s/he will have to be back?	<input type="checkbox"/>	<input type="checkbox"/>
11. Employment 	<i>Does your client(s)</i>		
	a. Have a job?	<input type="checkbox"/>	<input type="checkbox"/>
	b. If no, know who can help them to find a job?	<input type="checkbox"/>	<input type="checkbox"/>
	c. If yes, work with people who do not have a disability?	<input type="checkbox"/>	<input type="checkbox"/>
12. Money 	<i>Does your client(s)</i>		
	a. Have a bank account?	<input type="checkbox"/>	<input type="checkbox"/>
	b. If no, want a bank account?	<input type="checkbox"/>	<input type="checkbox"/>
	c. If yes, know how to get money when s/he needs it?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Pick the person to help manage his/her money?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

If you have any questions, want more information or would like someone to contact you regarding your comments, please leave your name and most convenient way to contact you.

Name: _____

Phone: _____

Mailing address: _____

Email address: _____

Thank you for participating and your answers are very important to us!