



ADULT FOSTER CARE (AFC) PRE-ADMISSION ASSESSMENT

Client Name: _____	Phone Number: _____
Caregiver Name: _____	Phone Number: _____
AFC Staff Name: _____	Phone Number: _____
Address	
Street Name & Number: _____ City: _____ State: _____ Zip Code: _____	

Pre-Admission Meeting	Date: _____
Home Study	Date: _____
Criminal History Check	Date: _____
<input type="checkbox"/> N/A No Criminal History <input type="checkbox"/> Yes, there is a Criminal History	Explain any findings
Abuse Neglect/History <input type="checkbox"/> N/A No Exclusion History <input type="checkbox"/> Yes, there is a history of abuse/neglect if yes abuse/neglec, describe (please include length of time since the substantiation and any services that have been provided to rectify the problem).	Substance Abuse a. Does the Caregiver or any household member have a substance abuse problem including any alcohol use concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Is the a history of substance abuse/alcohol concerns or treatment for any household member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver's Relationship to Client Describe Relationship	Mental health If any, describe and evaluate the current mental/emotional health of caregiver and household member.