

Developmental Home Questionnaire:

Date: _____ Full Name: _____

Alias (Maiden Name): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How did you hear about Arizona Knowledge, Empowerment and Advocacy Group?

Would you like to care for:

- Children
- Adults

Do you have any experience working with individuals with disabilities?

- Yes
- No

If yes, Please describe your experience below:

Who lives in your home?

Has anyone in your home been arrested?

- Yes
- No

If yes, please explain:

Do you have a level one fingerprint clearance card?

- Yes
- No

Have you, or anyone living in your home ever had contact with Child or Adult protective services?

- Yes
- No

If yes, please explain:

Describe your home: _____

Do you have any bodies of water on the property deeper than 18 inches?

- Yes
- No

If yes, are they fenced?

- Yes
- No

Are you currently employed?

- Yes
- No

If yes, please describe your work schedule:

Are you currently able to meet your financial responsibilities?

- Yes
- No

What questions do you have of the process?

Please note, that an extensive background check will be completed, if you have any concerns of anything being discovered please disclose at this time:
