Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Sponsor Questionnaire**

Do you currently provide Sponsor Residential Services in your home? [ ]  **Yes** [ ]  **No**

Have you ever provided Sponsor Residential Services in your home? [ ]  **Yes** [ ]  **No**

How many years of Sponsor Residential Service do you have? **\_\_\_\_\_ years** [ ] **N/A**

 Please list all persons living in your home and their relationship to you:

|  |  |  |
| --- | --- | --- |
| Resident | Age of resident | Relationship to you |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* Residents in the home 18+ are required to submit to a Criminal Background Check and a Central Registry Check
* Residents in the home 14+ are required to submit to a Central Registry search

These searches will be at your cost. Are you willing to comply with this protocol? [ ]  **Yes** [ ]  **No**

Do you have the following

* Valid Driver’s License: [ ]  **Yes** [ ]  **No**
* Registered vehicle: [ ]  **Yes** [ ]  **No**
* Valid Homeowners/Renters insurance: [ ]  **Yes** [ ]  **No**
* Valid Automobile insurance [ ]  **Yes** [ ]  **No**

Do you have a bedroom available for the exclusive use of an individual? [ ]  **Yes** [ ]  **No**

Please describe your experience working with ID/DD persons:

|  |
| --- |
|  |

Please describe a difficult situation you have encountered servicing an ID/DD person while providing Sponsor Residential Services.

If you have never provided sponsor services, please describe a difficult situation while working with an Individual under another service. Please describe how you handled the situation: (please use additional paper if needed)

|  |
| --- |
|  |

How would you handle a situation where an individual became a danger to himself, you or a family member?

|  |
| --- |
|  |

What does the term “Person Centered” mean to you as it pertains to adults with ID/DD?

|  |
| --- |
|  |

What are 3 reasons that an individual has a “behavior?” for each instance, describe your role )

|  |
| --- |
| 1.2.3. |

What will you do to ensure the needs and desires of an individual that does not use words to communicate, are met? What will you do to understand/learn what they are trying to communicate?

|  |
| --- |
|  |

Being a caregiver to a person with ID/DD can affect your mental wellness. What will you do to ensure your emotional being during stressful times does not affect the individual’s emotional or health?

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| --- |
|  |