

# Initial Screening Questionnaire for MFH Caregiver Inquiries

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Are you at least 21 years of age? YES\_\_\_\_ NO\_\_\_\_

Are you able to provide proof of a Statewide background clearance? YES\_\_\_\_ NO\_\_\_\_

Are you able to provide proof of a medical clearance signed by a Physician? YES\_\_\_\_ NO\_\_\_\_

How did you learn about MFH? \_\_\_\_\_

The Veterans participating in the Medical Foster Home Program are frail or disabled and meet nursing home level of care criteria. We are recruiting caregivers who will commit to a long-term relationship with the veterans in their care. We need to make you aware that there may be significant care issues involved.

Are you able to make this kind of commitment to the Veterans? YES\_\_\_\_ NO\_\_\_\_

Are you able to give 24/7 care and supervision for the Veteran(s) provided either by yourself or a relief caregiver?  
YES\_\_\_\_ NO\_\_\_\_

Do you have formal or informal caregiving experience? YES\_\_\_\_ NO\_\_\_\_

If yes, please explain \_\_\_\_\_

Are you able to take 1, 2 or 3 Veterans in your home to care for them? YES\_\_\_\_ NO\_\_\_\_

Do you own or rent your home? OWN\_\_\_\_ RENT\_\_\_\_

Do you live in a: HOUSE\_\_\_\_ APT\_\_\_\_ OTHER\_\_\_\_

How many stories is your home? ONE\_\_\_\_ TWO\_\_\_\_ THREE\_\_\_\_ Other\_\_\_\_

Are you able to provide Veterans with bedrooms on the ground floor with a second exit from the bedroom, such as a door, sliding glass door, or window? YES\_\_\_\_ NO\_\_\_\_

If so, what type of exit is available? \_\_\_\_\_

Are all doorways at least 28 inches wide? YES\_\_\_\_ NO\_\_\_\_

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Coordinator Follow-Up:

Information sent: \_\_\_\_\_ Contacted on: \_\_\_\_\_

Appropriate/Not appropriate (Circle)

Notes: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_