



Date _____

New ADH/CDH Applicant Questionnaire

(Please Print Legibly)

Applicant Name _____ E-Mail _____

Home Phone _____ Cell Phone _____

Address _____ City _____ ZIP _____

Nearest Major Cross Streets _____

Days/Hours you are available for a pre-screening: _____

1. How did you hear about our agency?

☐ Current GA provider ☐ Family ☐ Van Ad
☐ Advertisement ☐ Friend ☐ Job Fair ☐ Other _____

2. Do you have a reliable vehicle available to you?

☐ Yes ☐ No

3. Are you interested in becoming licensed as a CDH (children) or ADH (adults)?

☐ CDH ☐ ADH

4. Do you have an Arizona driver's license, Arizona ID card, or a US Passport (optional) and a Social Security card?

☐ Yes ☐ No

5. Can you obtain a First-Class Fingerprint Clearance Card and are at least 21 years of age? This means you have no arrests, no convictions, and are not currently awaiting trial.

☐ Yes ☐ No

6. Have you ever provided services through another agency?

☐ Yes ☐ No

Name: _____

******For GA Office Use Only******

Application Date received: _____ By: _____

Date/Time contacted: _____ GA Admin Name _____

Notes: _____



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7. Do you currently work outside the home?

☐ Yes ☐ No

If yes, what are your current work hours?

8. Do you currently have a computer, fax machine or scanner? If yes, please list which ones.

☐ Yes ☐ No

9. If you do not own a computer, fax machine or scanner are you willing to obtain one in order to become an ADH provider?

☐ Yes ☐ No

Please note: A computer, fax machine or scanner are required in order to become an ADH provider.

10. Are you open to having a placement in your home that practices a religious belief other than your own?

☐ Yes ☐ No

11. Are you open to assisting your placement in celebrating religious/secular holidays?

☐ Yes ☐ No

12. Are you open to assisting your placement in attending religious events such as church sessions, social events, etc.?

☐ Yes ☐ No



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13. If dial-a-ride/public transportation is not available to your placement at any certain time, are you able to transport your placement to doctors' appointments, day programs, social events, etc.?

☐ Yes ☐ No

14. Are you open to taking a placement that is of a nationality, race or culture other than your own?

☐ Yes ☐ No

**15. What languages are primarily spoken in your home?
(Check all that apply)**

☐ English ☐ Spanish ☐ Other: _____



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16. Please list all persons living in your home. If they are over 18 years of age, could they obtain a fingerprint clearance card? (add additional names if needed)

Name	Age	Relationship	Obtain a fingerprint clearance card?
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA