



Date \_\_\_\_\_

### 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 GMS 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 GMS Office Use Only\*\*\*\*\*

Application Date received: \_\_\_\_\_ By: \_\_\_\_\_

Date/Time contacted: \_\_\_\_\_ GMS Admin Name \_\_\_\_\_

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



## ADH/CDH Applicant Questionnaire

7. Do you currently work outside the home?

- Yes       No

If yes, what are your current work hours?

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

- Yes       No
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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



**ADH/CDH Applicant Questionnaire**

**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: \_\_\_\_\_