



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 of Agency: _____

******For GMS Office Use Only******

Application Date received: _____ By: _____

Date/Time contacted: _____ GMS 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? Check all that apply.

Computer Fax Machine Scanner None

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

Yes No

Please note: A computer, fax machine or scanner are required to become an ADH/CDH 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

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