

SOCIAL HISTORY AND EVALUATION FOR FAMILY-LIFE HOME PLACEMENT

Service Area		Date
Local Office		
PERSON APPLYING:		
Name		
Address		Date of birth
Education: Circle highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
Other training or higher education:		
FINANCIAL RESOURCES		
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Report salary or amount of benefits	
Address of employer		
Kind of work		
<input type="checkbox"/> Public assistance	<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI
<input type="checkbox"/> Veterans benefits	Other	
OWN RESOURCES		
List all known persons that applicant considers a social resource, whether local or out of town.		
<u>Name</u>	<u>Address</u>	<u>Age</u>

HEALTH SITUATION
Individual's statement of disability and <u>date of onset</u> .
Describe physical and mental health problems <u>observed by the worker</u> . (Summarize correlation with available and pertinent medical reports and statements.)
Describe applicant's attitude toward disability.
Is applicant currently receiving medical care? If so, explain.
How disabled is applicant? (Bedfast, chairfast, ambulant, crutches, cane, wheelchair, etc.)
In which of the following areas is help or supervision by another person needed on a daily basis: <input type="checkbox"/> Eating <input type="checkbox"/> Toileting functioning <input type="checkbox"/> Communicating <input type="checkbox"/> Dressing <input type="checkbox"/> Personal hygiene (bathing, shaving, hair care) <input type="checkbox"/> Administering medication <input type="checkbox"/> Ambulating
For each item checked, describe fully the kind and extent of help needed on a daily basis:
What other services are required?

LIVING ARRANGEMENTS	
<input type="checkbox"/> In own home <input type="checkbox"/> Alone <input type="checkbox"/> With others <input type="checkbox"/> In home of others? <input type="checkbox"/> Relatives	
How long _____ Others _____	
<input type="checkbox"/> Nursing home <input type="checkbox"/> Private institution* <input type="checkbox"/> Public medical institution*	
*Explain type of institution	
Other (explain)	
Are living arrangements satisfactory?	
How long has applicant been in present living arrangement?	
Briefly summarize how the applicant functions in own day-to-day living situation.	
Applicant's reasons for seeking alternate living arrangement. (Worker should actively assist in full explanation of reasons.)	
Worker's signature	Date