

CARE NEEDS CHECKLIST

Please indicate YES or NO for these care needs you are willing and are able to accept.

Alcohol drinking on premises OK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Challenging behaviors accepted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dementia clients accepted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heavy care accepted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hospice clients accepted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Incontinence, OK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Specify: Catheter Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Specify: Ostomy Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Language(s) known in AFH? (Other than English)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Specify)		
Medicaid contract accepted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Marijuana, OK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Specify: Smoking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Specify: Vaping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Specify: Edibles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Specify: Oils/Lotions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mental Health expertise/experience in home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Neurological clients accepted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pets allowed/are on premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Specify)		
Pets of client considered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Specify)		
Power wheelchairs accommodated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Private Pay Accepted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provider is a nurse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ramp(s) are on Premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke inside OK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke outside OK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Special diet OK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Specify):		
TBI clients accepted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wheelchair OK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>