



MFH Initial Caregiver Questionnaire

Name: _____

Home Address: _____

Phone: _____ Cell: _____ Do you live within 50 miles of the Fargo VA Medical Center?
YES/NO

How did you learn about MFH: _____

The veterans participating in the Medical Foster Home Program are frail or disabled and meet nursing home level of care criteria. We are recruiting caregivers who will commit to long-term relationships with the veterans in their care and you need to be aware that there may be significant care issues involved.

Are you able to make this kind of commitment to the Veterans providing 24-hour care for them? YES/NO

Do you have formal or informal caregiving experience? YES/NO

Are you a RN, LPN, CNA? _____ Do you have a license? _____

Give examples of your caregiving experience...history/skills/certifications (*wound care, diabetic injections, catheter care, medication management, meal preparations, taking vitals*): _____

Do you agree to take up to *No more* than 3 Veterans, at one time, into your home to care for them? YES/NO

Do you **OWN/RENT** your home? (*we do not accept apartment rentals*) Do you live in this home? YES/NO
What type of home do you have? Ranch, bi-level, 2-story, etc., (Layout of home) _____

How many steps do you have to get into your home from the **front**? _____

How many steps do you have to get into the **side or back** of the home? _____

How many steps do you have **inside** your home? _____

Do you have *one* or *two* extra bedrooms, at least 100 square feet each; on the same level you sleep? YES/NO

Are you able to provide veteran bedroom(s) on the ground floor, if needed? YES/NO

How many bathrooms do you have? _____ Are they handicap accessible? _____

What is the age of your home? _____

Do you have a State/County License for Adult Foster Care? YES/NO If yes, date of license: _____

Are you retired or remain employed? _____

Do you have current CPR/First Aid training? YES/NO

Do you have a pet(s)? YES/NO If yes, how many? _____ what kind? _____ Last immunized? _____

Do you smoke? YES/NO Can a Veteran who smokes, do so *outside* of your home? YES/NO

Do you have a Driver's License? _____ Are you a US citizen? _____

Who else lives in the home with you? _____

How many backup caregivers will you have? _____

Brief description of your interest & goals in caring for various veterans groups _____

Which of the following areas best defines your experience level with care and or willing to accept training?

	<u>Experienced with this</u>	<u>Willing to care with training</u>	<u>Can't manage</u>
Hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wandering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ostomy/Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoyer Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal Cord Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bariatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incontinent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where Heroes Meet Angels!

What happens next?

After receipt of the questionnaire, you will receive a call from the Medical Foster Home Program staff to review the information. If your home and qualifications meet program requirements, a home visit will be scheduled to further discuss how you may become approved as a VA Medical Foster Home. If you have any questions, please contact us at 701-232-3241, Ext 9-4394 or 1-800-410-9723, Ext 9-4394

Thank you for your interest in serving our nation's heroes.

Please mail questionnaire to: Medical Foster Home Program
Department of Veterans Affairs
Medical Center (130)
2101 Elm Street North
Fargo ND 58102