Renewal Interview Documentation

In order to assist your licensing worker in completing a detailed renewal homestudy please complete the following questions for the licensing year.

ADH/CDH Provider(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you obtained any other license and/or certification this past licensing year?(Examples include LPN, CNA License, Assisted Living License, HCBS caregiver certification, etc).

|  |
| --- |
|  |

Has your employment changed this past licensing year? If yes, please provide the name, address and phone number of your new employer, start date, hours worked, and monthly income.

|  |
| --- |
|  |

Have any new household members moved into your home this past licensing year? (this does not include members placed in your home)

|  |
| --- |
|  |

Have you used alternative care(respite providers) this past licensing year to care for any members placed in your home? If yes, please provide the name of the respite provider and some examples of when they were used and for how long.

|  |
| --- |
|  |

Member Information: Please provide an updated daily scheduled for any member(s) that is/are placed in your home. (Example to include, wake time, morning routine, DTA/Work schedule, return home time, what activities they participate in during their down time in the home, dinner time, night time routine, and bedtime. Weekend(Sat-Sun) schedule to be included)

|  |
| --- |
| Member 1: Initials\_\_\_\_\_\_\_ |
| Member 2: Initials\_\_\_\_\_\_\_ |
| Member 3: Initials\_\_\_\_\_\_\_ |

Please indicate any stressors that have occurred within your family over the past licensing year and how you dealt with them. (Please try to list at least one event this past year as OLCR strongly encourages the agency to identify something in the homestudy).

|  |
| --- |
|  |

Please provide a description of the bedroom arrangements in your home. Please indicate who occupies which bedroom and if there is an open bedroom for a member please indicate how it is furnished. Please also describe the furnishings and décor for any member’s bedroom that is placed in your home.

|  |
| --- |
|  |

Please indicate if you have participated in any court actions and/or received any traffic citations this past licensing year. If yes, please explain the nature of the court hearing or traffic citation, the date it occurred, and the outcome.

|  |
| --- |
|  |