

Lifesharer Home Study

Home Study Professional Information

Name _____

Address _____

Phone _____ Email _____

Date of Home Study _____ Date of Home Study _____



Lifesharer or Prospective Lifesharer Information

Address: _____

Phone: _____

Directions: _____

Household Composition:

Children/Other Adults Living in the Home:

<u>First and Last Name</u>	<u>Age/Date of Birth</u>	<u>Current Job/Schooling</u>	<u>Relationship of Household members in-home and type of care required</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Neighborhood and Home Site (Overview of neighborhood composition, access, location, safety, size, wheelchair accessibility, home allergens such as smoking and pets, etc.)

Sleeping area (Overview of sleeping accommodations for the person, including size, furniture, other living areas, safety, access to bathroom and other living space)

Transportation (Overview of transportation options that might be provided by the individual, lifesharer, program, public, and family.) Overview should include transportation that can be provided by Lifesharer including times when transportation will not be available.

Work Schedule & Availability:

Describe briefly the work schedule of each adult in the home.

Adult Name or Initials	Work Schedule

Describe other work (paid and unpaid) commitments of each adult in the home.

Describe how household members and/or alternate lifesharer will share support responsibilities for person(s) living the home?

Motivation:

Why does the lifesharer want to have someone come and live in their home?

Has the lifesharer provided in-home services with another agency?

If yes, who? _____ When? _____ Reason for Leaving? _____

Background information for Lifesharer & Alternate:

Describe the background of the Lifesharer, including where the lifesharer was born and raised, number of siblings by birth order, parent information, marriage information, and state of current family ties.

Describe the background of the Alternate, including where the alternate was born and raised, number of siblings by birth order, parent information, marriage information, and state of current family ties.

Household Dynamics

Describe the personality of the Lifesharer and Alternate and each member of the household?

Household Names or Initials	Personal Descriptions
1.	
2.	
3.	
4.	
5.	

Give examples of the ways in which each person tends to interact with others in the home.

Household Names or Initials	Personal Descriptions
1.	
2.	
3.	
4.	
5.	

How are decisions made which affect the family/household unit?

How does each household member handle conflicts that arise with others in the household?

Household Names or Initials	Personal Descriptions

How do you see each household member relating to an individual with a disability who may live with them?

In what ways does each household member respond to changes in the family or their personal situations?

Household Names or Initials	Personal Descriptions

What kind of routine or periodic stress does the family experience?

How does each individual in the family tend to react to stress and how do household members work together to cope with this stress?

Names or Initials	Personal Descriptions

How does the lifesharer and other household members feel about agency and government representatives being involved with the family and visiting their home?

Names or Initials	Personal Descriptions

In what ways do members of the household interact with neighbors and how would you characterize their relationships with them?

Names or Initials	Personal Descriptions

What does the lifesharer consider to be the likely reaction of neighbors to a person with disabilities moved into your home?

What group(s) of people does the lifesharer consider to be part of their community and in what ways are they involved with them?

What kinds of help or support will the lifesharer receive from your family and community?

Names or Initials	Personal Descriptions

What are the attitudes of extended family and friends to the idea about including an individual with disabilities in your home?

Describe a typical day in the home.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Describe the meals that household member eat together? What happens during family, meal times.

Describe what the family/household unit does after work/school, and before bedtime.

Describe when household members usually sleep. (approximate hours and times)

Describe activities that household members regularly do together.

What kinds of activities do household members do by themselves?

How does the lifesharer/family spend holidays?

What does the lifesharer/family do for vacations?

Lifesharer’s philosophies/abilities:

Describe the prospective Lifesharer’s expectations of person with disabilities, in terms of the types of work the person with disabilities will do around the house, what type of activities household members would and would not do with the person with disabilities, what type of support the lifesharer would be able to provide to the person with a disability on an ongoing or periodic basis.

How would the lifesharer encourage an individual to do something, continue doing something, or stop doing something that is not appropriate?

Describe how the lifesharer would handle a situation where the individual seems to be upset about something and either is unable or does not want to talk about it. In either case, how might you respond?

Describe how the lifesharer would handle a situation where the individual declines healthy food choices you have prepared and wants to eat snacks instead.

Describe how the lifesharer would handle a situation where the individual comes home with alcohol on his/her breath?

Describe how the lifesharer would handle a situation where the individual comes home with indication that he/she has been sexually active?

Describe how the lifesharer would handle a situation where the person refuses to participate in a planned night out with the family.

Lifesharing Expectations

Please indicate characteristics of a person with disability that the Lifesharer would be comfortable in supporting.

Gender		Age				
Female	Male	Infant	Child	Teen	Adult	Elder

Disability	None	Mild	Moderate	Severe	Profound
Mental Retardation					
Autism					
Other related conditions to MR					
Emotional or Mental Health (MH)					
Dual Diagnosis (MH/MR)					
Substance Abuse					
Age-related					
Physical					
Sensory (visual impairment, hearing impairment, etc.)					

Care/Assistance	None	Minimal	Moderate	Total	NA
Bathing					
Grooming					
Dressing					
Feeding					
Assistance needed for walking					
Budgeting					
Wheelchair					

Lifting/transporting assistance needed.					
Vision impairment					
Non-verbal					
Medication administration					
Seizures					
Asthma					
Diabetes					
G-tube					
Communicable disease					

Other preferences or conditions: (smoking/nonsmoking,certainreligiouspreference, behavioral issues etc.)

Availability if doing respite care/substitute care:

Emergency	Weekends	Days	Evenings

Once you have a person living in your home, would you be willing to consider providing substitute care or for another person as well? Yes No **NA**

Recommended Training and Technical Assistance:

Overall Recommendations:

Summary:

Certification:

This is to certify that I have completed this Home Study of the prospective lifesharer and his/her home and that the information I have conveyed through this home study is accurate and complete to the best of my knowledge.

Home Study Professional

Date