

CRS QUESTIONNAIRE

Provider: _____

CRS License #: _____

Site Phone: _____

Site Address: _____

If you have any of the information in this form in a different document, you can say see attached and attach it to this questionnaire.

I. Housing/Community:

1) Changes to home or property (remodeling, additions, bedroom arrangements, etc.):

2) Neighborhood issues/concerns due to home/clients being here:

	Number in Home	Locations	Last Test Date
3) Fire Extinguishers Tag Date:			
4) Smoke Detectors			
5) Carbon Monoxide Detectors <i>(not required)</i>			

6) City or well water?

- Last well water test for coliform bacteria and nitrate nitrogen:
(attach water test)

7) Household pets?

- Kinds of pets:
- Attach Pet Health Certificates:
- Describe animal temperament:

8) Supplemental Heat:

- Kerosene Heater? Wood Burning Appliance?

II. Health/Safety/Emergency Practices:

1) Caregiver/Household Emergency Backup Plan:

2) Designated safe area for

- Fire:
- Severe weather:

Fire drills dates/times:

III. Program:

- 1) Attach the PAPP
- 2) Make sure the Vulnerable Adult Policy is posted

IV. Staffing Patterns/Training:

- 1) Current Staffing patterns. If there have been changes in the last year, please note the differences. (Can attach a copy of staffing patterns)

V. Resident Information:

1) Current Residents: (Can attach resident fact/information sheets)

Consumer Name	DOB	Admission Date	Case Manager/County

- 1) Are there any dietary restrictions for any of the residents? If so, who and what are the restrictions? (Diabetic, limited calorie intake, lactose intolerant)

Provider Signature

date

Licenser

date