

Living Situation and History

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1. TYPE OF HOME (Current):

- 1 Own Home
- 2 Parents' or Other Relatives' Home
- 3 Supported Living in Community (not a group home)
- 4 Supervised Community Residence (Group Home)
- _____ 5 Foster Home, non-relatives
- 6 Foster Home, relatives
- 7 Nursing Home
- 8 Developmental Center
- 9 Other _____

2. WHO CHOSE THIS HOME?

- 1 Professionals chose this home
- 2 Professionals chose this home with input from person and/or family (guardian)
- 3 Family (guardian) chose this home
- _____ 4 Person and family (guardian) chose this home
- 5 Person chose this home
- 6 Other

3. HOME OWNERSHIP: Does the person have any ownership interest in this home?

- 1 No, not at all (agency or government or others own this home)
- 2 Yes, minor part of ownership
- _____ 3 Yes, major part of ownership
- 4 Yes, wholly owned by person
- 9 Not Applicable (this home is rented or is used via some other arrangement)

4. IF HOME IS RENTED, IS THE PERSON'S NAME ON THE LEASE OR RENTAL AGREEMENT?

- 0 No
- 1 Yes, and so is the agency or government
- 2 Yes, and so is agency or government and relative/guardian/friend
- _____ 3 Yes, and so is relative/guardian/friend
- 4 Yes, and so are one or more cohabitants
- 5 Yes, only this person's name is on the lease
- 9 N/A

5. HOW MANY PEOPLE LIVE IN THIS HOME? (Cottage or living unit or building or wing or other meaningful subunit if this is a State Hospital or other congregate facility. If this is a community home, then please define home as a distinct **mailing address**.)

5A. _____ People with disabilities (including this person)

5B. _____ People without disabilities (unpaid cohabitants, including friends, parents, and other family members.)

5C. _____ Paid staff who live here (paid cohabitants)

6. HOW MANY STAFF WORK IN OR AT THIS HOME? (Counting all shifts, and only count staff who are physically present at the home regularly, not staff who make phone contacts or staff who monitor alarm devices.)

6A. _____ Full Time Staff (Enter 0 if none or 99 for NOT APPLICABLE, such as Independent Living)

6B. _____ Part Time Staff (Enter 0 if none or 99 for NOT APPLICABLE, such as Independent Living)

7. WITH HOW MANY OTHER PEOPLE DOES THIS PERSON SHARE A BEDROOM?

_____ People

8. PREVIOUS TYPE OF HOME (Use same codes as #1 above)

_____ (88 if none, 99 if unknown)

9. DATE LEFT THAT HOME (AND CAME HERE)

_____/_____
Month Year (88/88 if N/A, 99/99 if unknown)

10. THE TYPE OF HOME BEFORE THAT? (Same codes as #1.)

_____ (88 if none, 99 if unknown)

11. DATE LEFT THAT HOME?

_____/_____
Month Year (88/88 if N/A, 99/99 if unknown)

12. HOW MANY TIMES IN THE PAST YEAR HAS THIS PERSON MOVED (CHANGED ADDRESSES)?

_____ times

13. DID THIS PERSON EVER LIVE IN ANY PUBLIC OR PRIVATE SETTING OF MORE THAN 15 BEDS? (These large settings are often called institutions or congregate care facilities.)

0 No
_____ 1 Yes

14. IF YES, WHEN DID HE/SHE LAST LEAVE THAT LARGE OR INSTITUTIONAL SETTING?

_____/_____
Month Year (88/88 if N/A, 99/99 if unknown)

15. ABOUT HOW MANY YEARS OF THIS PERSON'S LIFE HAVE BEEN SPENT IN LARGE CONGREGATE SETTINGS (STATE DEVELOPMENTAL CENTERS, ORPHANAGES, HOSPITALS, DETENTION CENTERS, PRISONS, ETC. OF MORE THAN 15 BEDS)

_____ Years (Enter 0 if none, 99 if Don't Know)