

GOING HOME PLUS SURVEY

The Department of Human Services' *Going Home Plus* project moves persons from hospitals and nursing facilities to foster homes. We would like to know about your home and what types of residents you can and would like to have in your home. Based on your responses, we may contact you in the future.

First Name _____ Last Name _____
Street Address: _____ Zip Code _____
Phone: _____ Fax: _____ Email: _____
Languages spoken in my house: English and _____

1. I am a: NA CNA RN LPN

2. I have in my house: Ramp YES NO
Roll-in Shower YES NO

3. Residents in my home usually have his/her: Own Room Share a Room

4. a. Do you own a computer? YES NO
b. Do you know how to use a computer? YES NO
c. Do you have a working fax machine? YES NO

*(*If you do have a working fax, please make sure to include the number above)*

5. a. Do you have pets? YES NO
b. Type of pets: _____
c. If you have dog(s), number of dogs _____
d. Does your dog(s) live: Inside the Home Outside the Home Both

6. a. Are there children in your home? YES NO
b. How many children? _____
c. What are their ages? _____

7. I would like to be a respite caregiver at my house: YES NO

8. I know someone who prefers to work temporarily as a respite home: YES NO
If Yes, Name: _____

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9. I am interested in having these types of residents in my home:

Type	Yes	Need Training? (check if yes)	Comments/ Requests
Elderly 65+			
Young disabled			
Quadriplegics (4 limbs)			
Paraplegics (2 limbs)			
Diabetics			
HIV			
Dialysis			
Home Dialysis			
MRSA			
Obese 125-200 lbs			
Obese- More than 200 lbs			
Behavioral			
Wound Care			
Vent/Trach			
1 on 1 Assistance			
2 Person Assistance			
Bed Bound			
Hospice- Dying Participant			
Blind or Visually Impaired			
Former Sex Offender			

Return surveys to: Madi Silverman, Project Director
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By Fax: 808-692-8087 **Phone:** 808-692-8166
Website: <http://www.cds.hawaii.edu/goinghome/>