CIVITAN FOUNDATION

CAMP CIVITAN
Promoting Lifelong Fun Adventures for the Developmentally Disabled Since 1968

HCBS Pre-Service Questionnaire

(To be completed by interviewer)

Direct Care Staff Name: _____ Zip Code: _____

Date: _____ Phone #: _____ Email: _____

1. What services do you prefer to provide?
   - ☐ Respite – RSP
   - ☐ Attendant Care – ANC or AFC
   - ☐ Habilitation – HAH
   - ☐ All of them
   - ☐ Camp Respite – RSP
2. What age range is your preference?
   - ☐ Children (please specify age range: _____)
   - ☐ Adults (please specify age range: _____)
3. What types of disabilities are you familiar with?

   _____

   _____
4. How many years have you worked with these particular disabilities?

   _____

   _____
5. Which disabilities are you **NOT** willing to work with?

   _____

   _____
6. Availability for providing services:

	Full Time	Part Time
☐ Mornings(please specify time frame: _____)	☐	☐
☐ Afternoons(please specify time frame: _____)	☐	☐
☐ Evenings(please specify time frame: _____)	☐	☐
☐ Weekends(please specify time frame: _____)	☐	☐
☐ Flexible/On Call Status(please specify: _____)	☐	☐
☐ Camp Respite(please specify # of weeks: _____)	☐	☐
☐ Weekend Activities (please specify: _____)	☐	☐

7. Location Preference:
   - ☐ In your own home/ Direct Care Staff Home **(YOUR HOME MUST BE CERTIFIED BY THE STATE)**
   - ☐ Consumer's home (this may also include community activities and/or travel to and from appointments)
8. Do you speak more than ONE language? Do you know Sign Language? Are you familiar with ANY communication devices? (List all that apply)

   _____

   _____