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INTERVIEW QUESTIONS WITH APPLICANTS FOR THE MARVIN

APPLICANT NAME _____

CO-APPLICANT NAME _____

DATE OF INTERVIEW _____

1. Please tell us about yourself, and why you are interested in living at The Marvin.

2. Do you live alone? If no - who do you live with? Do they have any responsibility for any of your support?

(Financial? Social? Other?) Will they continue to have any responsibility?

3. How are you managing at home now? **Tell us about a normal day for you.** (From the time you wake up to the time you go to bed) If any, what kind of assistance do you need/or could use through out the day

4. Do you require any assistance with anything? What kind of help/assistance are you receiving now?

(Areas to be touched on with each applicant - for both applicant and co-applicant):

Applicant

Co-Applicant

- Bathing _____
- Toileting _____
- Meal Preparation _____
- Eating _____
- Dressing _____
- Hygiene & Grooming _____
- Mobility _____
- Telephone _____
- Shopping _____
- Housekeeping _____
- Laundry _____
- Transportation _____
- Medications _____
- Finances _____
- Other _____

5. How do you feel? Do you have any problems? How would you rate your health presently? Any ...
chronic illnesses? Pain? Difficulty walking? Sleep? Energy? If there are any chronic conditions such as
diabetes, how are you managing?

6. Do you have any fears/concerns about your life at present?

7. How is your memory? Do you have trouble remembering things? **(ASK ONLY WHEN IT'S APPROPRIATE)**

- What is the.....?
- Year? _____
- Season? _____
- Date? _____
- Day? _____
- Month? _____ ?
- Where are we.....?
- Country? _____
- State? _____
- Town? _____

8. What kind of contact do you have with other people? Family? Friends?

9. How do you feel about being involved in activities at The Marvin?

10. What are your interests? Any hobbies?

11. Do you enjoy children? Would you be interested in being involved with some of the activities in the childcare program? **(ASK ONLY IF YOU HAVE AN INTERGENERATIONAL PROGRAM)**

12. Do you drive? Will you be bringing a car to The Marvin?

What else would you like us to know about you?

Interviewer's Comments:

Interviewer's Name _____

Date _____