

Adult Foster Home Initial License Application

Instructions for Completion: 1. Type or print in black or blue ink. 2. Answer all questions. 3. Attach any required forms (e.g. Financial Statement, Physician's Statement, Criminal Record Release, floor plan of home). 4. Include any required fees. 5. Make a copy for your records.	For Office Use Only Date Received: _____ Date Effective: _____ Date of Issue: _____ Date of Expiration: _____ Amount Received: _____ Capacity Approved: _____ License #: _____ Medicaid Contract? <input type="checkbox"/> No <input type="checkbox"/> Yes Attended Orientation? <input type="checkbox"/> No <input type="checkbox"/> Yes
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I. Basic Information:

A. Name _____ Phone No. _____

B. AFH Name, if any _____
AFH Address _____
AFH City, State, Zip _____

C. Are you 21 years of age or older? Yes No

D. Mailing Address, if different from above _____
City, State, Zip _____
Business Phone No., if different from above _____

E. Person to contact, in case of emergency _____
Phone No. _____

F. Is home: Owned Rented Leased Other, please specify _____
If home is rented or leased:
Name of Landlord _____
Address _____
City, State _____
Phone No. _____

II. Classification/Capacity:

A. Classification Requested: I II III (circle one)

B. Capacity Requested:
No. of Residents: _____
No. of Day Care Occupants: _____
No. of Room and Board Occupants: _____
No. of Relatives (needing care services): _____

II. Facility Information:**A. Physical Features** (check all that apply)

- Well Water Wheelchair Ramp Video Camera System
 Woodstove Intercom System Door/Entry Alarms

B. Accommodations for all occupants (list number of bedrooms, beds and bathrooms):

	Bedrooms	Beds	Bathrooms
First Floor			
Second Floor			
Basement			

C. Other

Are there pets/animals in the home? No Yes

If Yes, verification of rabies or other necessary vaccinations will be required.

Is smoking permitted? No Yes

Is alcohol permitted? No Yes

Are residents' pets permitted in the home? No Yes

IV. Applicant Information (Note: any co-applicant(s) will need to completed the Adult Foster Home Supplemental Application):**A. Are you now or have you ever been a provider or resident manager in a foster home?**

- No Yes If Yes, the home was licensed by:
- Senior and Disabled Services Division Veterans Administration
 Services to Children and Families (SCF) Another State (name) _____
 Mental Health and Developmental Disability Services Division
 County Ordinance (e.g. Multnomah County, Clackamas County) (name) _____

B. Have you ever had a license or certificate for a foster home or other long term care facility denied, suspended, voluntarily surrendered, or revoked in this state or any other state?

- No Yes If Yes, by whom _____ Date _____

C. Education:

School	City/State	Degree	Year

D. Qualifying Experience: Describe any previous qualifying experience you have working with the elderly or persons with disabilities. This may include paid, volunteer, and/or family experience.
If more space is needed, attach a separate sheet.

E. Special Qualifications:

- Registered Nurse License No. _____
- Licensed Practical Nurse License No. _____
- Certified Nursing Assistant Certificate No. _____
- Certified Medical Assistant Certificate No. _____
- Languages, other than English, including American Sign Language _____
- Other, please list _____

F. Training Courses (attach a copy of certification, if applicable):

- Basic First Aid Course Where _____ When _____
- Fire Safety Training Where _____ When _____
- CPR certified Expiration Date _____
- Senior and Disabled Services Division approved Basic Training Course
 Where _____ When _____ Pass/Fail (Circle One)
- Other (please list): _____

G. Employment:

Are you currently employed outside the home? No Yes

If yes, where? _____

List last five years employment history (attach separate sheet if necessary):

Name and Address of Employer	Job Responsibilities	From	To

H. Personal References: List three current references that are **NOT RELATED** to you.

Name	Address, City, State, Zip Code	Phone No.

V. Other Occupants: List all occupants other than residents receiving care services.

Anyone 16 years or older will need to sign a “Criminal History Clearance Release Authorization” form.

Name	Relationship	Birthdate

I declare under penalties of perjury this information is true, correct, and complete to the best of my knowledge. I understand that failure to provide accurate information may result in the denial of my application for an adult foster home license.

Signature _____ **Date** _____