



Adult Foster Home Supplemental Application

Aging and Physical Disabilities

<p>Instructions for Completion:</p> <ol style="list-style-type: none"> Type or print in black or blue ink. Answer all questions. Attached any required forms (e.g. The Financial Statement, Physicians's Statement, Criminal History Release Authorization, floor plan.) Include any required fees. Make a copy for your records. 	<p style="text-align: center;">For Office Use Only</p> <p>Date Received: _____ Date Effective: _____</p> <p>Date of Issue: _____ Date of Expiration: _____</p> <p>Amount Received: _____</p> <p>Approved for:</p> <table style="width: 100%;"> <tr> <td>Co-Applicant</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Resident Manager</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Shift Caregiver</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Limited License</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Relative Foster Home</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>	Co-Applicant	<input type="checkbox"/>	Resident Manager	<input type="checkbox"/>	Shift Caregiver	<input type="checkbox"/>	Limited License	<input type="checkbox"/>	Relative Foster Home	<input type="checkbox"/>
Co-Applicant	<input type="checkbox"/>										
Resident Manager	<input type="checkbox"/>										
Shift Caregiver	<input type="checkbox"/>										
Limited License	<input type="checkbox"/>										
Relative Foster Home	<input type="checkbox"/>										

I am applying to be a:

Co-Applicant Relative Foster Home

Resident Manager **For Relative Foster Home License only:**

Shift Caregiver Qualifying Relative: _____

Limited License SPD Case Manager: _____

I. Basic Information

- A. Name _____ Phone No. _____
- B. AFH Name (if any) _____
AFH Address _____
- C. 21 years of age or older Yes No
- D. Mailing address, if different from above _____
City, State, Zip Code _____
- E. Person to contact, in case of emergency _____
Phone No. _____

II. Applicant Information:

- 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 (CSD) Another State, (name) _____
 Mental Health and Developmental Disability Services Division
 County Ordinance (e.g. Multnomah County, Clackamas County), (name) _____
- B. **Have you every 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 of 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.

I declare under penalties of perjury this information is true, correct and completed to the best of my knowledge.

Signature _____ Date _____