

Adult Foster Care Resident Rights Receipt

REQUIREMENTS FOR USE OF THIS SAMPLE DOCUMENT: AFC license holders are responsible for modifying this sample for use in their program. At a minimum, you must fill in the blanks on this form. This sample meets compliance with current licensing requirements as of April 1, 2018. Providers remain responsible for reading, understanding and ensuring that this document conforms to current licensing requirements. DELETE THIS HIGHLIGHTED SECTION TO BEGIN MODIFYING THIS FORM.

Person name: _____

Program name: _____

This packet contains information regarding your rights while receiving services and supports from this program, information on restriction of your rights, and information of where you can go if you have questions or need additional information related to your rights.

I received the following information upon admission:

1. A copy of my rights under the law, Minnesota Statutes, section [245A.11, subd. 10](#).
2. An explanation of what my rights are and that I am free to exercise my rights; and that this program must help me exercise my rights and help protect my rights.
3. A written summary of the Vulnerable Adults Protection Act.

If my rights are or will be restricted in any way to protect my health, safety, and well-being, the restriction has been explained to me and I understand the program must document and implement the restriction as required by law to make sure I get my rights back as soon as possible.

Are there any restrictions placed on my rights? Yes (if yes, see IAPP) No

I understand that I may contact the agency below if I need help to exercise or protect my rights:

Washington County Community Services
Adult Foster Care Licensing
14949 62nd St. N.
Stillwater, MN 55082
651-430-6455 (ask for licensing inday person or adult foster care licensor)
ComSvsAFCLicensing@co.washington.mn.us

I want [\[insert name of my authorized representative/ legal representative/ family member\]](#) to help me exercise my rights. The program has this person's contact information in my record.

By signing this document I am agreeing that I have read and understand the boxes I checked above.

Person/Legal representative

Date

Adult Foster Care Resident Rights

Program name: _____

This program is licensed under Minnesota Statutes, Chapter 245A. It must help you exercise and protect your rights identified in Minnesota Statutes, section [245A.11, subdivision 10](#).

When receiving services and supports from this program, I have the right to:

1. Have free, daily, private access to and use of a telephone for local calls, and long-distance calls made collect or paid for by me.
2. Receive and send mail and emails and not have them opened by anyone else unless I ask.
3. Use of and free access to common areas and the freedom to come and go at will.
4. Have visits in private (including my bedroom) with my spouse, family, legal counsel, religious advisor, or others allowed in Human Rights Act, Minnesota Statutes, section 363A.09.
5. Keep, use, and access my personal clothing and possessions as space permits, unless this right infringes on the health, safety, or rights of someone else who lives in my home.
6. Choose who visits me and when they visit me, and participate in activities of commercial, religious, political, and community groups without interference, if the activities do not infringe on the rights of someone else who lives in my home.
7. If married, have privacy for visits with my spouse. If we are both residents of the home, we have the right to share a bedroom and a bed.
8. Privacy, including the use of the lock on my bedroom or unit door. My privacy must be respected by others by knocking on the door of my bedroom, or the bathroom, and asking if it is okay to come in, unless there is an emergency.
9. Furnish and decorate my bedroom or living unit.
10. Take part in activities that I choose, and have support with a schedule that meets my preferences.
11. Freedom and support to access food at any time.
12. Have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.

13. Have access to my records and recorded information that the program has about me as allowed by state and federal law, regulation, or rule.
14. Be free from abuse, neglect, or financial exploitation by the program or its staff.
15. Be treated with courtesy and respect, have access to and respectful treatment of my personal possessions at any time, including financial resources.
16. Be allowed to reasonably follow my cultural and ethnic practices and religion.
17. Be free from prejudice and harassment regarding my race, gender, age, disability, spirituality, and sexual orientation.
18. Be told about and to use the program's grievance policy and procedures, including knowing how to contact people responsible for helping me to get my problems with the program fixed.
19. Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from the program.
20. Give or not give written informed consent to take part in any research or experimental treatment.