

Individual Resident Placement Agreement

Resident Name: _____ Date: _____
AFC Provider: _____
Case Manager: _____

PART I

Reason for placement: _____

Date of resident placement: _____

Anticipated length of placement: _____

PART II If current information is available elsewhere, feel free to use the following key:

- FF ' See Functional Formula
- ISP ' See Individual Service Plan

Describe what the license holder will provide in the following areas:

1. **LODGING:** Resident will have own bedroom unless consent is signed. Resident will have access to the entire home except: _____
Refer to FF or ISP

List below what furnishings, if any, the resident will provide: None

2. **FOOD:** Three nutritionally balanced meals and snacks will be provided daily. Any special dietary needs will be provided for as specified below.
Refer to FF or ISP

3. **HOUSEHOLD SERVICES:** The provider will ensure activities for a resident and/or teach the resident activities such as cooking, cleaning, budgeting, and other household care or maintenance tasks as specified below and/or in Part IV.
Refer to FF or ISP

- 4. PERSONAL CARE: The provider will assist with and/or teach the resident activities of daily living such as eating, grooming, bathing, and laundering clothing as specified below and/or in Part IV.
Refer to FF or ISP

- 5. ASSISTANCE SAFEGUARDING CASH RESOURCES: The provider will assist the resident with safeguarding cash resources as specified below. The license holder will assure that the requirements in 9555.6265 (Rule 203) or 245B.07 (Consolidated Standards) are met.
Refer to FF or ISP

- 6. TRANSPORTATION: The provider will assist with transportation as specified below.
Refer to FF or ISP

- 7. MEDICATION ASSISTANCE: The provider will assist the resident with medications as specified below. The license holder will ensure that the requirements of 9555.6225 Subp.8 (Rule 203) or 245B.05 (Consolidated Standards) are met.
Refer to FF or ISP

- 8. SUPERVISION: The provider will ensure daily awareness of the resident's needs and activities, and the presence on site of a caregiver during normal sleeping hours. The license holder will also provide oversight to the resident as specified below.
Refer to FF or ISP

If the resident may be left unsupervised in the home, the parameters must be clearly specified:

- 9. COMMUNITY, SOCIAL, OR HEALTH SERVICES: The provider will ensure the assistance of the provision of other community, social, or health services as available, needed, and desired, and as specified below:
Refer to FF or ISP

- 10. REGULAR DOCTOR VISITS WILL OCCUR EVERY: _____

- 11. REGULAR DENTAL VISITS WILL OCCUR EVERY: _____

PART III

Describe financial arrangements, who is responsible for payment of adult foster care services, and how payments will be made:

Refer to FF or ISP

PART IV

Describe resident goals/plans in as much detail as possible:

1. GOAL/PLAN: The resident will function at optimal independence and have their needs met in a safe, least restrictive community setting

Resident's role: _____

Provider's role: _____

Other: _____

2. GOAL/PLAN: _____

Resident's role: _____

Provider's role: _____

Other: _____

3. GOAL/PLAN: _____

Resident's role: _____

Provider's role: _____

Other: _____

4. GOAL/PLAN: _____

Resident's role: _____

Provider's role: _____

Other: _____

Resident _____
Date

Resident's Legal Guardian _____
Date

Adult Foster Care Provider _____
Date

Adult Foster Care Provider _____
Date

Social Worker/PHN/Case Manager _____
Date