

Individual Resident Placement Agreement

Pursuant to MN Rules, part 9555.5105, Subp. 19, MN Rules, part 9555.5705, Subp. 2, and/or MN Rules 9555.6167

Name of Person (legal name):	
Name of resident's legal rep (if applicable):	
Name(s) of AFC License Holder(s):	
Date plan was developed:	
Part One:	
Describe the reason for the individual's placement in an adult foster care home:	
Date of placement in this AFC home:	
Anticipated length of placement:	
Part Two:	
TYPE OF SERVICE	WHAT IS REQUIRED
1. Lodging	<ul style="list-style-type: none"> • Residents must mutually consent, in writing, to share a bedroom with another resident. No more than two residents may share one bedroom. Resident bedrooms must have at least 80 feet of floor space for single occupancy and 120 feet of floor space for double occupancy. All bedroom ceilings must be a minimum of 7 ½ feet from the floor. • Each resident must be provided with a separate, adult-sized single bed (or larger) with a clean mattress in good repair; clean bedding that is seasonally appropriate; a dresser and closet to store clothing and personal possessions; a mirror. • Each resident must have use of and free access to the living room. • Each residence must have a furnished dining area for group eating that is simultaneously accessible to residents and household members.
Describe how the AFC home will provide lodging services:	
List any private areas person will not have access to (ex. office, others' bedrooms, workshop) Person must have access to all common areas of the home.	
List furniture which belongs to the individual. <input type="checkbox"/> None	

<p>Persons are responsible for moving all their personal items and furniture when they move from the home. If they leave any items then landlord/tenant laws will apply. Plans for moving these items should be part of any My Move Plan development.</p>	
2. Food	<ul style="list-style-type: none"> • Food served must meet any special dietary needs of a resident as prescribed by the resident’s physician or dietician and written in the resident’s individual placement agreement and/or individual service plan. • Three nutritionally balanced meals a day must be served or made available to residents. • Nutritious snacks must be available between meals. • Food must be obtained, handled, and properly stored to prevent contamination, spoilage, or a threat to the health of a resident.
<p>Describe how the AFC home will provide food:</p> <p><i>To consider when completing this section: Special dietary needs (i.e. diabetic, calorie limited, allergies, etc.) or special preparation (i.e. chopped, thickened, etc.).</i></p>	
3. Protection	<ul style="list-style-type: none"> • All caregivers have received training in the Vulnerable Adults Act and reporting requirement within 72 hours of first providing direct contact services and annually thereafter. • Caregivers have reviewed both the PAPP and each resident’s IAPP. • The PAPP is posted in a prominent location and available to mandated reporters, residents, and their guardians upon request. • Each resident has received orientation to maltreatment reporting procedures, including the telephone number for the common entry point. This orientation was provided within 24 hours of admission or within 72 hours for those residents who benefit from a later orientation.
<p>Describe how the AFC home will provide protection services:</p> <p><i>To consider when completing this section: Does the person need assistance or relies on others to make maltreatment reports. Is there a history of maltreatment? Does the person engage in activities which make them vulnerable to maltreatment?</i></p>	
4. Household Services	<p>The license holder (LH) will provide activities for a resident, and/or teach the resident activities such as cooking, cleaning, budgeting, and other household care/maintenance tasks. Each resident’s role and responsibility in assisting with household care or maintenance tasks is documented in the resident’s placement agreement or individual service plan.</p>

Describe how the AFC home will provide household services:

To consider when completing this section: How will the person be engaged in keeping their room clean, will they engage in any other household chores such as taking out garbage, sweeping vacuuming, etc. What assistance does the person need with budgeting and making purchases?

5. Personal Care	Residents will each receive assistance with or be taught how to complete daily living skills such as eating, grooming, bathing, and laundering clothes.
-------------------------	---

Describe how the AFC home will provide personal care services:

To consider when completing this section: Does the person need physical assistance with bathing, how often will they be bathed, assistance with nail care, dressing, period care, incontinence care, shaving, hair care, skin care, etc.

6. Assistance Safeguarding Case Resources	<p>The LH will provide each resident with assistance safeguarding case resources as specified in the resident’s individual service plan and/or placement agreement. If a resident entrusts cash resources to the LH, the following procedures must be followed:</p> <ul style="list-style-type: none"> • The resident and his/her legal rep. must be given a receipt by the LH. Receipts must be signed by the resident or the resident’s legal rep. • The LH must not be entrusted with cash resources in excess of \$300 plus resources sufficient to meet one month’s cost of care. • The resident or resident’s legal rep. must have access to the written records involving the resident’s funds. • The LH must provide the resident or resident’s legal rep. with a written quarterly accounting of financial transactions made on behalf of the resident. • Upon the death or transfer of any resident, any cash resources of the resident must be surrendered to the resident or the resident’s legal rep., or given to the executor or administrator of the estate in exchange for an itemized receipt. <p>Assistance safeguarding cash resources includes: banking, reporting the resident’s earnings to appropriate agencies, keeping records of financial information including checks issued and received.</p>
--	--

Describe how the AFC home will provide assistance safeguarding cash resources:

To consider when completing this section:

- Petty cash or personal needs funds
- Debit or ATM card
- Checking or savings accounts
- Financial paperwork such as MA renewal or SSI documentation

The Representative Payee is:

7. Transportation	The LH will provide transportation as agreed upon by the resident, provider, and agency representative in the resident's individual service plan and/or placement agreement.
<p>Describe how/when the AFC home will provide transportation services:</p> <p><i>To consider when completing this section: When the AFC provider will provide transportation, how much notice should be given when a ride is needed, distance or time limitations, assistance scheduling rides</i></p>	
8. Accessibility Modifications	The home meets the physical needs of the resident. A resident confined to a wheelchair must be housed on a level with an exit directly to grade. If the agency has reasonable cause to believe that a mobility access, seizure, or disability problem develops, a mobility access assessment may be required.
<p>Describe what accessibility modifications to the home will be provided by the LH:</p> <p>Can refer to the Mobility Access Assessment</p>	
9. Medication Assistance	The LH will provide each resident with medication assistance as specified in the individual service plan or placement agreement. The LH will adhere to the requirements in MN rules, part 9555.6225, subp. 8 (Rule 203) or 245B.05, subd. 5 (Consolidated Standards).
<p>Describe how the AFC home will provide medication assistance services:</p> <p><i>To consider when completing this section: Assistance must not be less than that identified by the medical provider. Describe level of assistance needed for ordering, storing, and administering including self-medication.</i></p>	
10. Supervision	The LH will provide oversight to each resident as specified in the resident's individual service plan and/or placement agreement. Supervision means oversight by a caregiver as specified in the resident's plans and includes daily awareness of the resident's needs and activities. Supervision also means presence of a caregiver during normal sleeping hours.
<p>Describe how the AFC home will provide supervision in the home:</p> <p><i>Please address whether a caregiver can be outside the house when the person is inside the home, under what circumstances and how long. (Example: the person can be in the home while the caregiver is outside getting the mail or mowing the lawn/shoveling snow with 30 minute checks.)</i></p>	
<p><i>Discuss need/use of monitoring technology: Any monitoring device requires consent. Use of cameras in bedrooms requires DHS consent.</i></p>	

If the resident may be left unsupervised (no caregiver on site), please indicate for how long and under what conditions?

Describe how the AFC home will provide supervision in the community:
To consider when completing this section: If person is missing or does not return when expected how long before a search is started or 911 is called. Can the person be supervised by family or friends in the community instead of AFC provider?

11. Community and Social Services	If identified, the LH will provide assistance with the provision of other community and/or services as identified in the resident's individual service plan.
--	--

Describe how the AFC home will provide additional community and/or services:
Day program, recreational activities, religious etc.

12. Health Services	The LH is responsible for meeting health service needs as assigned in the resident's individual services plan (assessment plan, coordinated service and support plan (CSP), support plan, or coordinated service and support plan (CSSP) The LH will assist with or coordinate medical, dental, and other health service appointments.
----------------------------	---

Describe how the AFC home will provide assistance with meeting health care including mental health needs:
To be considered when completing this section: Who is responsible for scheduling and escorting to appointments (address transportation)? Does family take to certain appointments? Expectations regarding communication between provider, guardian, family, case manager regarding any changes in health.

Regular medical visits will occur every:
Regular dental visits will occur every:

Part Three:

Describe who is financially responsible for the payment of the foster care provided by the LH and how payments will be made:

Please note:

- The individual resident placement agreement must coordinate with the contents of the individual program plan for persons with developmental disabilities or a related condition and must coordinate with the individual service plan.
- If the AFC program has been approved for Adult Foster Care Mental Health Certification, an individual crisis prevention and management plan developed with the individual must be completed. The plan must identify the provider of clinical services for the individual along with their contact information.

_____ Print Name of Person Served	_____ Signature of Person	_____ Date
_____ Print Name of Resident's Legal Rep. (if applicable)	_____ Signature of Resident's Legal Rep.	_____ Date
_____ Print Name of License Holder	_____ Signature of License Holder	_____ Date
_____ Print Name of License Holder	_____ Signature of License Holder	_____ Date
_____ Print Name of Case Manager/ Care Coordinator	_____ Signature of Case Manager/ Care Coordinator	_____ Date