

Adult Foster Care
Placement Packet Checklist

The following forms can be found in the Adult Foster Care Placement Packet. The provider needs to have copies of all these forms on site. For placements in other counties, contact that county for their forms.

THE FOLLOWING FORMS SHOULD BE COMPLETED AND GIVEN TO THE ADULT FOSTER CARE PROVIDER BY THE DAY OF PLACEMENT:

1. _____ Adult Foster Care History and Physical Examination Form
Clients need to have a physical exam no more than 30 days before or three days after placement. Make sure that the medical provider completes question 6 on the form. If this form will not be completed by the third day of placement, the case manager or provider need to contact the licensor.
2. _____ Physician's Statement for Medication Administration Assistance
Please have physician complete this prior to placement. If this form will not be completed by the third day of placement, the case manager or provider need to contact the licensor.
3. _____ Adult Foster Care Resident Information
Completed by or on day of placement and maintained in provider's client file.
4. _____ Vulnerable Adults Act Summary
Must be given to the client before or on the day of placement.
5. _____ Resident Rights
Must be given to the client before or on the day of placement.
6. _____ Adult Foster Care Resident Rights Receipt
The client should be given a copy of the VAA Summary (#4) and the Resident Rights (#5). The client and/or the legal representative need to **check off the boxes** and sign the bottom of this form. This is given to the provider for the client's file.
7. _____ Adult Foster Care Individual Abuse Prevention Plan (IAPP)
Case manager, client, client's legal representative, and adult foster care provider need to complete this form. This can be done before placement or at the intake meeting but must be done by the time of placement. It is typically done at the intake meeting. It goes into the provider's client file. **There should be discussion regarding the client's need for supervision in the home and the community.** It should be reviewed at the 30 day meeting.
8. _____ Mobility Access Assessment
Case manager, client, client's legal representative, and adult foster care provider need to complete this form. This can be done before placement or at the intake meeting but must be done by day of placement.
9. _____ Permission for Adult Foster Care Provider to Administer Medication
Complete this form if resident is **not** able to take medications independently. Discuss need for medication assistance before placement. Fill in date physical completed. Client or legal representative signs front. **This form must be signed for crisis placements.**
10. _____ Acknowledgement of Receipt
Give to provider to sign off orientation to the Grievance Policy, Program Abuse Prevention Plan (PAPP), and the internal and external Vulnerable Adult Reporting Procedure.

PAYMENT:

If this is a non-waiver placement and the resident is eligible for Housing Support (formerly GRH), they may also be eligible for difficulty of care (DOC) points. If they are, please do the following:

- *For mental health clients, contact Crystal Klarich or consult with supervisor to complete the Difficulty of Care (DOC) rating form. There is a copy of this form in the packet for your reference.*
- For DD clients, workers should consult with their supervisor to complete the DOC form.

Once the DOC is signed by your supervisor, send it to the financial worker. A copy of the completed form should be given to the provider.