

## INDIVIDUAL RESIDENT PLACEMENT AGREEMENT

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

|   |  |
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| Name of resident:   |  |
| Name of resident's legal rep (if applicable):                                     |  |
| Name (s) of AFC License Holder (s):   |  |
| Date plan was developed:  |  |
| <b>PART ONE:</b>  |  |
| Describe the reason for this individual's placement in an adult foster care home: |  |
|   |  |
| Date of placement in this AFC home:   |  |
| Anticipated length of placement:  |  |
| <b>PART TWO:</b>  |  |
| <b>TYPE OF SERVICE</b>  | <b>WHAT IS REQUIRED</b>  |
| 1. Lodging  | <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Each resident must have use of and free access to the living room.</li> <li>Each residence must have a furnished dining area for group eating that is simultaneously accessible to residents and household members.</li> </ul> |
| Describe how the AFC home will provide lodging services:                          |  |
|   |  |
| 2. Food   | <ul style="list-style-type: none"> <li>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 resident placement agreement and/or individual service plan.</li> <li>Three nutritionally balanced meals a day must be served or made available to residents.</li> <li>Nutritious snacks must be available between meals.</li> <li>Food must be obtained, handled, and properly stored to prevent contamination, spoilage, or a threat to the health of a resident.</li> </ul>  |
| Describe how the AFC home will provide food:                                      |  |
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| 3. Protection  | <ul style="list-style-type: none"> <li>• All caregivers have received training in the Vulnerable Adults Act and reporting requirements within 72 hours of first providing direct contact services and annually thereafter.</li> <li>• Caregivers have reviewed both the PAPP and each resident's IAPP.</li> <li>• The PAPP is posted in a prominent location and available to mandated reporters, residents, and their guardians upon request.</li> <li>• 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.</li> </ul>   |
| Describe how the AFC home will provide protection services:    |  |
| 4. Household Services  | 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.   |
| Describe how the AFC home will provide household services:     |  |
| 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: |  |
| 6. Assistance safeguarding cash resources                      | <p>The LH will provide each resident with assistance safeguarding cash 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"> <li>• 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.</li> <li>• The LH must not be entrusted with cash resources in excess of \$300 plus resources sufficient to meet one month's cost of care.</li> <li>• The resident or resident's legal rep. must have access to the written records involving the resident's funds.</li> <li>• 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.</li> <li>• 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.</li> </ul> <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> |

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| Describe how the AFC home will provide assistance safeguarding cash resources:           |   |
| 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.  |
| Describe how/when the AFC home will provide transportation services:                     |   |
| 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.   |
| Describe what accessibility modifications to the home will be provided by the LH:        |   |
| 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 (for AFC only LHs) or 245B.05, subd. 5. (for AFC/245B-WS LHs)  |
| Describe how the AFC home will provide medication assistance services:                   |   |
| 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 a daily awareness of the resident's needs and activities. Supervision also means the presence of a caregiver during normal sleeping hours. |
| Describe how the AFC home will provide supervision:                                      |   |
| 11. Community, social, or health services  | If identified, the LH will provide assistance with the provision of other community, social, or health services as identified in the resident's individual service plan.  |
| Describe how the AFC home will provide additional community, social, or health services: |   |

**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.

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Print name of resident

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Signature of resident

\_\_\_\_\_  
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 social worker

\_\_\_\_\_  
Signature of social worker

\_\_\_\_\_  
Date