DHS | Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

Adult Foster Home (AFH) Classification Variance Request
OAR 411-049-0160

Name or address of AFH: ____________________
Name or address of licensee: ____________________
Email address: ____________________
AFH phone: ____________________ Fax: ____________________
Case manager name *(if applicable)*: ____________________

Name of resident or potential resident: ____________________
Current resident? ☐ Yes ☐ No If yes, how long? ____________________
If no, current living situation: ____________________
Describe how the resident's needs exceed the home's license classification:

____

Evidence must be provided to show all of this resident's care needs can be met by staff at all times in the AFH and all occupants can be evacuated to the initial point of safety within three (3) minutes and the final point of safety within an additional two (2) minutes: In the space provided below or on an attached page, include additional information as applicable, such as who will provide nursing consultation, teach staff procedures and delegate nursing tasks, if needed; identify extra staff on duty; and identify family or community resources helping with care.
Attach copies of:
A recent evacuation drill that reflects each resident's current conditions; and
For a potential new resident, a copy of your complete screening document; or
For a current resident, attach a copy of the current care plan.
How the evacuation will be accomplished according to OAR 411-050-0725(1).

____

Names and contact numbers for the resources and trainers listed above:

____

Home health or hospice: ____________________ Contact person: ____________________
Service(s) provided: ____________________ Phone: ____________________
Family or legal representative: ____________________ Relationship: ____________________
Address: ____________________ Phone: ____________________
Other important resource(s): ____________________ Phone: ____________________
Licensee signature: ____________________ Date: ____________________