

Resident Manager Application Adult Foster Home (AFH-DD)

Instructions: A resident manager is required if the provider does **not live in the home**. If you do not have (*or require*) a resident manager, do **not** complete this application.

Application type: **New** (*Resident manager*) **Renewal** (*of current resident manager*)
 Change in resident manager (*\$10 fee required if not done at license renewal time*)

Section 1 — Resident manager information

Name of applicant: _____ Phone: _____
Adult Foster Home Provider: _____
Site address: _____ Cell: _____
City, State, ZIP: _____ County: _____
Mailing address (*if different*): _____
Email address: _____
Date of birth: ____/____/____ SSN: ____ - ____ - ____ Driver license: _____
mm/dd/yyyy *Please list state issued (example: OR)*
Vehicle insurance company: _____ Insurance policy: _____

Section 2 — Resident manager license information

Are you currently licensed or certified by any **other** agency in Oregon to provide services to children or adults? Yes No

If yes, please identify all that apply:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Multnomah County Adult Care | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Proctor Care |
| <input type="checkbox"/> Self-Sufficiency Programs | <input type="checkbox"/> Addiction & Mental Health Services | |
| <input type="checkbox"/> APD (Aging & People with Disabilities) | <input type="checkbox"/> Veterans' Administration Services | |
| <input type="checkbox"/> Other agency: _____ | | |

Capacity of home? _____

Have you ever been licensed and/or certified in any **other** state? Identify state: _____

Please enclose a copy of the other agency license or certificate with this application.

Have you **ever** had a license or certificate for a Foster Home denied, suspended, revoked, or conditions on your license? Yes No

If yes, please explain:

List any other homes you have operated:

Address	County	Phone number

Section 3 — Education

Please list school name, location, last grade completed and the year completed.

School name	City/State	Last grade completed	Year

Section 4 — Experience

Describe previous paid, volunteer or family experience or training in working with individuals with developmental disabilities. *(Use additional sheet, if necessary.)*

Employer	Location	Date(s) employed

Section 5 — Employment present and past

Are you currently employed outside the home? Yes No

If yes, please list where, duties, days and hours worked per week:

Name and address of employer	Position	Days	Hours

List employment history:

Name and address of employer	Position	Days	Hours

Section 6 — References

List three, non-relative references:

Name	Address	Phone

Have you ever been involved in a Protective Services Investigation (PSI) that resulted in a substantiated allegation of abuse of a child or an adult against yourself?

Yes No

If yes, when? _____ / _____ / _____ Where? _____ *(Attach additional sheet if needed.)*
mm/dd/yyyy *County*

Complete and return the Resident Manager Application with the non-refundable fee of \$10.00 *(if not done at renewal time)* to **County CDDP** Office *(unless instructed to mail directly to DHS)*. ***(Make all checks or money orders payable to DHS)***.

Submit to:

DD Licensing Unit
500 Summer Street NE, E-05
Salem, OR 97301

I declare, under penalty of perjury, this application, to the best of my knowledge and belief, is true, correct and complete. If changes occur in this information, I will notify my State Licensing Specialist and CDDP.

Signature of applicant (resident manager)

Date