

AFH-DD Plan of Operating More Than One Home

Provider: _____

Please complete the information for each AFH-DD you operate. Include schedule information for yourself as the provider and your resident manager(s) and caregivers.

| | AFH 1 | AFH 2 | AFH 3 |
|--------------------------|-------|-------|-------|
| AFH Name: | | | |
| Address: | | | |
| Resident Manager: | | | |
| County: | | | |
| Schedules: | | | |
| Provider: | | | |
| Caregivers: | | | |
| | | | |
| | | | |

AFH-DD Provider: _____
Signature
Date