

## 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:

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**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



**Section 7 — To be completed by Provider**

**Plan of Coverage for Resident Manager Absences**

**OAR 411-360-0050(4)(I):** Written information describing the operational plan for the AFH-DD including **(B)** A plan of coverage for the absence of the resident manager, if applicable.

**OAR 411-360-0110(4)(h):** Be able to meet the qualifications of a resident manager described in section (4) of this rule when left in charge of an AFH-DD for 30 days or longer;

AFH-DD Classification level: \_\_\_\_\_ Capacity: \_\_\_\_\_

In the event of Resident Manager absence who will act as temporary Resident Manager?

\_\_\_\_\_  
\_\_\_\_\_

How long will Resident Manger be absent? \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Give a brief description of the coverage plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of AFH-DD Provider*

\_\_\_\_\_  
*Date*