



OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION - ADULT FOSTER CARE

## **Supplement to New Family (Individual) Application**

This supplement must be completed for **new** Adult Foster Care applications only

				•	
APPLICANT FIRST NAME	MI	APPLICANT LAST NAME			DATE COMPLETED
STREET ADDRESS OF PROPOSED SITE	CITY		STATE	ZIP CODE	COUNTY
☐ I have a second applicant					
SECOND APPLICANT FIRST NAME	MI	SECOND APPLICANT LAST	NAME		DATE COMPLETED
STREET ADDRESS	CITY		STATE	ZIP CODE	COUNTY
Family adult foster care (AFC) services license holder is required to be the pri all common areas in the family home. care license, respond to the following  1. Do all applicants currently live in the Yes No	mary car In order question	regiver in the home. I to determine if you r ns.	n additic neet the	on, AFC reside requirements	nts must have free access to
If you selected <b>no</b> explain:					
2. Do all applicants plan to live in the A	AFC hom	e during the entire p	eriod the	home is licen	nsed?
○ Yes ○ No					
If you selected <b>no</b> explain:					
3. Does any applicant own, rent, or ma	intain ar	ny other residences ir	Minnes	ota?	
Yes No					
If you selected <b>yes</b> explain:					

4. Does the applicants' immediate family (spouse, significant others, minor children, other dependents, etc.) live in the home where AFC services will be provided?
○Yes ○No
If you selected <b>no</b> explain:
5. Will all residents in the AFC home have full and free access to all common areas used by the family (e.g. living rooms, family rooms, dining rooms, kitchens)?
○ Yes ○ No
If you selected <b>no</b> explain:
6. Are there any doors separating areas of the home that would limit the access of residents to common areas used by the family?
○ Yes ○ No
If you selected <b>yes</b> explain:
7. Are there different levels of the home that may prevent residents with mobility limitations to have full and free access to all common areas?
○ Yes ○ No
If you selected yes, explain what the plan would be to allow full and free access to all common areas:
8. Will the applicant(s) be the primary caregiver and provide the majority of the care in the AFC home?
○ Yes ○ No
If you selected <b>no</b> explain:

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9. Will household members and/or outside caregivers, provide care in the AFC home?	
○ Yes ○ No	
If you selected <b>yes</b> , describe your plan for the use of other caregivers:	
NOTE: If yes, you must also provide a staffing plan that includes the number of hours each day. Attach the staffing plan to this supplement of your application.	caregiver works per
10. Will additional waiver services be provided in the AFC home?	
○ Yes ○ No	
If you selected yes, explain how the services will be provided (e.g. you will obtain a 245D license, organization will provide the services, etc.)	a different
By signing below, I acknowledge that the information I have provided on this supplement to the care license application is complete and true. I agree that:	family adult foster
<ul> <li>I will comply with the requirements in Minnesota Statutes, chapter 245A and all applicable la times during the terms of the license.</li> </ul>	
<ul> <li>The commissioner's representative has the right to request any documentation required by Make and to inspect my home and its grounds at any time. The documentation and inspection rules are necessary for the commissioner to determine whether I am complying with Minnesot.</li> <li>Any documentation that I provide or representations that I make to the commissioner's representations application process, during the time that I am licensed, or during an investigation, will true. I understand that any misrepresentations or other violations of Minnesota rules and law suspension, revocation or denial of an adult foster care license.</li> </ul>	n required by the ota Rules and Laws. esentative during the I be complete and
SIGNATURE	DATE
SIGNATURE	DATE

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