

ADULT FOSTER CARE PROGRAM PLAN

Pursuant to MN Rules, part 9555.6235

Name of the AFC Provider:	
Physical site address:	
Date plan was developed:	

The operator must develop and implement a Commissioner approved written plan that allows residents to share in the privileges and responsibilities of the AFC home.

Describe the type of functionally impaired adults served in the AFC home:
Lodging
Describe how the AFC will provide lodging:
Food
Describe how the AFC will provide food:
Protection
Describe how the AFC will provide protection:

Personal Care

Describe how the AFC will provide personal care:

Household and Living Skills assistance or Training

Describe how the AFC will provide household and living skills assistance or training:

Community, Recreation, and Religious Activities

Describe how the AFC will provide opportunities to participate in community, recreation and religious activities, and events of the resident's choosing:

Family and Friends

Describe how the AFC will provide opportunities for each resident to have contact with family and friends:

Safeguarding Cash Resources

Describe how the AFC will provide assistance safeguarding cash resources, such as banking, reporting the resident's earnings to appropriate agencies, keeping records of financial information (checks issued and received) and accounting for the resident's funds controlled by the license holder:

Supervision

Describe how the AFC will provide supervision:

Transportation

Describe how the AFC will provide transportation:

Community, social, or health services

Describe how the AFC will provide assistance with the provision of other community, social, or health services as named in the resident's individual service plan, if any:

Medication Assistance

Describe how the AFC will provide assistance with medication:

Program Abuse Prevention Plan

Describe where the program abuse prevention plan is posted or available in an easily seen location:

Print name of License Holder

Signature of License Holder

Date

Print name of License Holder

Signature of License Holder

Date

Print name of County Licensor
who reviewed this plan

Signature of County Licensor

Date