

AFC/CRS Census and Home Information Sheet

Current Resident Census

Provider: _____

Resident Name	Case Manager Name	Case Manager Email

Residents in Placement for the Previous 5 Years (Attach Documentation if Desired)

Resident Name	Admission and Discharge Dates

Home Information

This information is used to help determine potential placements.

Is smoking allowed?	Inside <input type="checkbox"/>	Outside <input type="checkbox"/>	Not at all <input type="checkbox"/>	Comment:
Do you have steps?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment:	
Is your home handicap accessible?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment:	

Do you have pets?	Cats <input type="checkbox"/>	Dogs <input type="checkbox"/>	No <input type="checkbox"/>	Comment:
Do you provide heavy cares?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Possibly <input type="checkbox"/>	Comment:
Are there children in the home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment:	
Preferred Individuals	Male <input type="checkbox"/> Female <input type="checkbox"/> All <input type="checkbox"/>	DD Waiver <input type="checkbox"/> CADI Waiver <input type="checkbox"/> Elderly Waiver <input type="checkbox"/> Private Pay <input type="checkbox"/> Other <input type="checkbox"/> (Explain below)	Physical Disability <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Mental Illness <input type="checkbox"/> Chemical Dependency <input type="checkbox"/> Deaf/Blind <input type="checkbox"/> Brain Injury <input type="checkbox"/> Other <input type="checkbox"/> (explain below)	
Additional comments:				

Notification to Regional Licensing Specialist

Any time there is a change to your census or home information, please contact your RLS.

Provider Signature

Date