

Resident Placement and Demographic Information

Resident Information

Resident Demographic Information	
Name:	Prefers to be called:
Date of birth:	Age at admission:
Social Security Number:	Cell #:
Guardian Name:	Phone #:
Guardian Email:	
Rep Payee (or POA) Name:	Phone #:
Other Rep Email:	
Emergency Contact Name:	Phone #:
Email:	
Primary Health Care Facility:	
Primary Doctor/Provider Name:	Phone #:
Dental Facility:	
Dentist Name:	Phone #:
Specialty Provider Facility:	
Provider Name/Title:	Phone #:
Placing Worker:	PW Phone #:
Placing Worker Email:	
Secondary Placing Worker:	PW Phone #:
Secondary PW Email:	
County of Financial Responsibility:	Waiver/Funding Type:
Insurance Plan:	Policy #:

Admission/Discharge Information

Placement Information – maintain records for 5 years after discharge	
Date of Placement:	Date of Discharge:
Place/address prior to admission:	
Reason for admission/primary diagnosis:	
Date RLS notified of placement:	Date RLS notified of discharge:
Service Termination Date (if applicable):	(30 days min. for EW, 60 for all other waivers)
Place/address of discharge:	
Reason for discharge:	
Note: If the discharge is due to death, include the following information in your notification to your RLS: Resident Name, DOB, date of death, cause of death, and any other pertinent information	

Individual Record

Item	Rule	Date completed/obtained
Preplacement Items		
Assessment to determine need for adult foster care	9555.5605 Subp. 1	
Preplacement visit	9555.5605 Subp. 6	
Admission Items		
Consent to Share a Bedroom	9555.6205 Subp. 4	
Demographic Information	9555.6245, Subp. 2	
Individual Abuse Prevention Plan	9555.6245, Subp. 1	
Individual Resident Placement Agreement	9555.5705 Subp. 2 and 9555.6245 Subp. 8	
Individual Service Plan	9555.6245 Subp. 7	
Medical Information and Medication Permissions	9555.6245 Subp. 3 and 9555.6225 Subp. 8	
Mobility Access Assessment	9555.5605 Subp. 2 and 9555.6245 Subp. 9	
Physical Examination of Resident with communicable disease status and plan if required (within 30 days prior or 3 days after placement)	9555.6225 Subp. 3 and 4605.7000 to 4605.7800	
Notification of home pets (if applicable)	9555.6225, Subp. 7	
Cash resource permissions (if provider will assist)	9555.6245 Subp. 4	
Admission Items within 24 hours		
Complaint and Grievance Procedures, Maltreatment reporting policy, and Vulnerable Adults Act Summary	245A.11 Subd. 10 (a) and 245A.65, Subd. 1(c)	
Drug and Alcohol Policy	245A.04, Subd. 14 (b) (3)	
Program Abuse Prevention Plan	9555.6235 C & 626.557, Subd. 14 & 245A.65, Subd. 2	
Resident Rights, HIPAA, and Data Practices (<i>including releases of information</i>)	245A.11 Subd. 7 (b) and 10 (a) and 9555.6245, Subp. 1	
Placement Review		
Placement Review (within 30 days of placement)	9555.5705 Subp. 2	

Release of Information and Signature of Receipt

I hereby authorize the release of the information contained in this form to:

Provider Name

This release shall remain in effect until I discharge or revoke my release in writing.

I acknowledge I have received orientation to, and completion of all items listed in the Individual Record section of this form.

Resident Signature

Date

Guardian Signature

Date