

## AFC/CRS Resident Tracker 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"/><br>Female <input type="checkbox"/><br>All <input type="checkbox"/> | DD Waiver <input type="checkbox"/><br>CADI Waiver <input type="checkbox"/><br>Elderly Waiver <input type="checkbox"/><br>Private Pay <input type="checkbox"/><br>Other <input type="checkbox"/><br>(Explain below) | Physical Disability <input type="checkbox"/><br>Developmental Disability <input type="checkbox"/><br>Mental Illness <input type="checkbox"/><br>Chemical Dependency <input type="checkbox"/><br>Deaf/Blind <input type="checkbox"/><br>Brain Injury <input type="checkbox"/><br>Other <input type="checkbox"/><br>(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.

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**Provider Signature**

**Date**