

Placement and Demographic Information Record

Resident Information

Resident Demographic Information	
Name (first, middle, last):	
Prefers to be called:	
Date of birth:	Social Security Number:
	Cell #:
Legal Representative	
Name:	Phone #:
Email:	
Rep Payee (or POA) Name:	Phone #:
Email:	
Emergency Contact Name:	Phone #:
Email:	
Medical Contacts	
Primary Health Care Facility:	
Address:	
Primary Medical Provider Name:	
Phone #:	
Dental Facility:	
Address:	
Dentist Name:	Phone #:
Other Provider Facility:	
Address:	
Provider Name/Title:	
Phone #:	
Placement Contacts	
Placing Worker:	Phone #:
Placing Worker Email:	
Secondary Placing Worker:	Phone #:
Secondary PW Email:	
County of Financial Responsibility:	Waiver/Funding Type:
Insurance Plan:	Policy #:
Other Contacts	
Day Services or Employer:	
Contact Person:	
Email:	Phone #:

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	
Notice of Residential Placement – completed by case manager	Form DHS 7418	
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	

Admission/Discharge Information

Placement Information – maintain records for 5 years after discharge	
Date of Admission:	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	

Signature of Receipt

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

License Holder Signature

Date

Resident Signature

Date

Legal Rep Signature

Date

Ongoing Resident Information and Documentation

Contact Information Updates – Review Emergency and Non-Emergency Contacts
Updates needed:

Medical Status
Last physical exam:
Last dental exam:
Last vision exam:
Other appointments:
Changes in mobility:
Notes:

Documentation
Annually: Review, sign, and provide a copy of the following to the resident and legal rep. Date provided: <input type="checkbox"/> Individual Abuse Prevention Plan (IAPP) <input type="checkbox"/> Program Abuse Prevention Plan (PAPP) <input type="checkbox"/> Individual Resident Placement Agreement (IRPA) – complete with resident/team
Annually: review and provide a copy of the following to the resident and legal rep. Date provided: <input type="checkbox"/> Elderly Waiver Service Termination Policy
The following are not required by law to be reviewed with resident and legal rep annually. It is best practice to provide current copies: Date provided: <input type="checkbox"/> Complaint and Grievance Procedures <input type="checkbox"/> Drug and Alcohol Policy <input type="checkbox"/> Vulnerable Adults Act Summary

License Holder Signature

Date

Resident Signature

Date

Legal Rep Signature

Date