

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION - ADULT FOSTER CARE

# Supplement to Family (Individual) Application

This supplement must be completed for Adult Foster Care applications

APPLICANT/LICENSE HOLDER FIRST NAME	MI	APPLICANT/LICENSE HOLDER LAST NAME		DATE COMPLETED
STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY

☐ I have a second applicant

SECOND APPLICANT/LICENSE HOLDER FIRST NAME	MI	SECOND APPLICANT/LICENSE HOLDER LAST NAME		DATE COMPLETED
STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY

Family adult foster care (AFC) services are required to be provided in the license holder's primary residence, and the license holder is required to be the primary caregiver in the home. In addition, AFC residents must have free access to all common areas in the family home. In order to determine if you meet the requirements for a family adult foster care license, respond to the following questions.

1. Do all applicants/license holders currently live in the home where AFC services will be provided?

☐ Yes ☐ No

If you selected **no** explain:

2. Do all applicants/license holders plan to live in the AFC home during the entire period the home is licensed?

☐ Yes ☐ No

If you selected **no** explain:

3. Does any applicant/license holders own, rent, or maintain any other residences/residential properties in Minnesota?

☐ Yes ☐ No

If you selected **yes** explain:



4. Does the applicants'/license holders' immediate family (spouse, significant others, minor children, other dependents, etc.) live in the home where AFC services will be provided?

☐ Yes ☐ No

If you selected **no** explain:

5. Will/do all residents in the AFC home have full and free access to all common areas used by the family (e.g. all living rooms, family rooms, dining rooms, kitchens in the home)?

☐ Yes ☐ No

If you selected **no** explain:

6. Are there any doors separating areas of the home that would limit the access of residents to common areas used by the family?

☐ Yes ☐ No

If you selected **yes** explain:

7. Are there different levels of the home?

☐ Yes ☐ No

If you selected yes, explain what the plan would be to allow full and free access to all common areas if residents with mobility limitations were in the home :

8. Will the applicant(s)/license holders be the primary caregiver and provide the majority of the care in the AFC home?

☐ Yes ☐ No

If you selected **no** explain:



9. Will/do household members and/or outside caregivers, provide care in the AFC home?

☐ Yes ☐ No

If you selected **yes**, describe your plan for the use of other caregivers:

**NOTE: If yes, you must also provide a staffing plan that includes the number of hours each caregiver works per day. Attach the staffing plan to this supplement of your application.**

10. Are/will additional services be provided in the AFC home?

☐ Yes ☐ No

If you selected **yes**, explain what services will be provided and who will provide the service (e.g. 245D services, CDCS services, PCA services, provided by you, you plan on getting a 245D license, or name the organization that will provide the services, etc.

By signing below, I acknowledge that the information I have provided on this supplement to the family adult foster care license application is complete and true. I agree that:

- I will comply with the requirements in Minnesota Statutes, chapter 245A and all applicable laws and rules, at all times during the terms of the license.
- The commissioner's representative has the right to request any documentation required by Minnesota Rules or Laws and to inspect my home and its grounds at any time. The documentation and inspection required by the rules are necessary for the commissioner to determine whether I am complying with Minnesota Rules and Laws.
- Any documentation that I provide or representations that I make to the commissioner's representative during the license application process, during the time that I am licensed, or during an investigation, will be complete and true. I understand that any misrepresentations or other violations of Minnesota rules and laws may result in suspension, revocation or denial of an adult foster care license.

SIGNATURE	DATE
SIGNATURE	DATE



For accessible formats of this information or assistance with additional equal access to human services, email us at [dhs.equalopportunity@state.mn.us](mailto:dhs.equalopportunity@state.mn.us), call 651-431-3040, or use your preferred relay service.

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