

The Individual Resident Record and attachments fulfill the requirements of MN Rules 9555.5050-9555.6245, MN Statute 245A, and MN Statute 626.557. This record must be completed at initial placement and reviewed annually for all residents not receiving services through the DD Waiver.

ADULT FOSTER CARE ~ INDIVIDUAL RESIDENT RECORD

Resident	Sex	DOB
Address		
SSN	MA #	Marital Status
AFC Assessment Date	Admitted From	Admission Date
AFC Provider		

CONTACTS	NAME	ADDRESS	PHONE #
Social Worker/ Case Manager			
Public Health Nurse			
Financial Worker			
Legal Representative			
Social Security Office			
Psychologist			
Physician/Clinic			
Dentist			
Eye Doctor			
Other			
Religion/Church(opt)			
Health Care Directive			
Next of Kin			
Emergency Contact			

Emergency Social Service (Evenings/Weekends): 1-800-362-3667 or 763-477-8333

Health History	
Allergies	Date of Last Physical
Current Medication(s)	
Provider Authorized to Assist w/ Med. Administration	YES <input type="checkbox"/> NO <input type="checkbox"/>
Need for Injectable Meds	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date of Pre-Placement Visit	Reason for Placement

I. PROVISION OF SERVICES

A. Bedroom: Describe resident's use of own furniture & arrangements for cleaning. Resident shall have own bedroom unless specified. Written consent shall be obtained for residents sharing a bedroom. Each resident's bedroom measures at least 80 sq ft for single occupancy rooms & 120 sq ft for double occupancy rooms. No more than two residents per room. Residents have free access to, & use of the living & dining rooms. Resident shall have access to the entire home unless specified otherwise.

B. Meals/Snacks: Describe arrangements for special dietary foods & what snacks may be consumed. Three nutritionally balanced meals shall be provided & made available daily. Nutritious snacks shall be available between meals. Special dietary needs shall be provided for as specified.

C. Household/Living Skills Training or Assistance: Describe resident's participation in household chores. License holder may provide activities for the resident &/or teach the resident activities such as cooking, cleaning, budgeting & other household care/maintenance tasks. Each resident's role & responsibility w/ household care/maintenance tasks should be documented.

D. Supervision: License holder shall provide oversight/daily awareness of resident's needs/activities. There must be regular, on-going supervision daily, on-site, during normal sleeping hrs. Any amount of time the resident may be left unsupervised in the home shall be specified.

E. Personal Care Assistance: License holder shall provide assistance and/or teach the resident activities of daily living (ADL) such as eating, grooming, bathing, & laundering clothing as specified.

F. Cash Resource Assistance: License holder shall provide the resident w/ assistance safeguarding cash resources as specified.

G. Medication Assistance: License holder shall provide the resident with medication assistance as specified.

H. Transportation: License holder shall provide transportation as specified.

I. Protection: All care givers shall receive training on the Vulnerable Adults Act & reporting requirements within 72 hrs of first providing direct contact services & annually thereafter. Care givers shall review both the program abuse prevention plan & each resident's individual abuse prevention plan. The program's abuse prevention plan is posted in a prominent place. Resident shall receive orientation to maltreatment reporting procedures including the telephone number for the license holder's common entry point. This orientation is provided within 24 hrs of admission or within 72 hrs for those residents for which a later orientation would be beneficial. See Individual Abuse Prevention Plan for special provisions for resident's protection.

J. Mobility: The home must meet the physical needs of the resident. A client confined to a wheelchair shall be housed on a level with an exit directly to grade. If the agency has reasonable cause to believe that a mobility access, seizure or disability problem develops, the resident must be re-assessed. License holder will provide accessibility modifications as specified.

K. Smoking/Tobacco Use: License holder may choose to have the resident smoke/use tobacco outside of the home or in a designated area. If the license holder is not able to accommodate the resident's habits, the placement may not be possible.

L. Personal Hygiene: License holder may specify a routine for personal hygiene such as daily bathing, shaving etc.

M. Use of Alcohol/Drugs: License holder may have a "no tolerance" policy for their home. If the license holder is not able to accommodate the resident's habits, the placement may not be possible.

N. Visitors: Opportunities shall be made available for each resident to participate in activities & have contact w/ family & friends of the resident's choosing as available, needed/desired. License holder must ensure the resident's right to associate is respected. Residents have the right to meet w/ or refuse to meet w/ visitors w/o interference if the activities do not infringe on the rights of other residents or household members.

O. Leisure Activities: Opportunities shall be made available for each resident to participate in community, recreational & other activities of the residents choosing.

P. Sexual Activities: License holder may indicate that sexual activities b/n non-married persons will not be tolerated in the home. If license holder is not able to accommodate the resident's habits, the placement may not be possible. Married residents have the right to privacy for visits by their spouses, & if both spouses are residents of this adult foster home, they have the right to share a bedroom & a bed.

Q. Religious Activities: Opportunities shall be made available for each resident to participate in religious activities of the resident's choosing.

R. Curfew: License holder may indicate a household curfew. If license holder is not able to accommodate the resident's habits, the placement may not be possible.

S. Other:

Describe other community, health & social services which the resident will receive. The license holder shall provide assistance w/ the provision of other community, social or health services as available, needed & desired.

1. Service: _____ Service Provider: _____
AFC Provider's Role: _____

2. Service: _____ Service Provider: _____
AFC Provider's Role: _____

3. Service: _____ Service Provider: _____

Describe other community, health & social services which the resident will receive. The license holder shall provide assistance w/ the provision of other community, social or health services as available, needed & desired.

AFC Provider's Role:

4. Service:

Service Provider:

AFC Provider's Role:

5. Service: **Case Management**

Service Provider:

AFC Provider's Role: **Assist to coordinate case manager visits to see client at home. Drop in visits by social worker may occasionally occur. Provider shall ensure privacy for client to meet with case manager in the home, and cooperate with case manager in the provision of services to client. Provider shall notify case manager of significant health issues, emergency room visits, behavioral concerns, reportable incidents, and any changes in client vulnerabilities. Provider shall annually provide a list of current medications/reason for administration and dates of significant doctor appointments (physical, dental, vision, and medical specialists), ER visits and/or hospitalizations that have occurred during each reporting period.**

II. MOBILITY ACCESS ASSESSMENT & ABUSE PREVENTION PLAN

CAN THE PERSON SAFELY & INDEPENDENTLY	YES/NO
Get up to the front or back door?	<input type="checkbox"/> <input type="checkbox"/>
Comfortably pause, open the door and enter?	<input type="checkbox"/> <input type="checkbox"/>
Move from the entry to the main floor?	<input type="checkbox"/> <input type="checkbox"/>
Approach, open any door & move around in the living room?	<input type="checkbox"/> <input type="checkbox"/>
Approach, open any door & move around in the area where meals are served?	<input type="checkbox"/> <input type="checkbox"/>
Approach, open the door & move around in their bedroom?	<input type="checkbox"/> <input type="checkbox"/>
Open any door & use the closet(s) in their bedroom?	<input type="checkbox"/> <input type="checkbox"/>
Approach, open the door & enter the bathroom?	<input type="checkbox"/> <input type="checkbox"/>
If kitchen access is required other than for meals can the person safely/independently use the appliances/sink/storage?	<input type="checkbox"/> <input type="checkbox"/>
Does the person have a special sensitivity that requires temperature/ humidity/air quality controls? If so, Please explain:	<input type="checkbox"/> <input type="checkbox"/>

CAN THE PERSON SAFELY & INDEPENDENTLY	YES/NO
Approach or transfer to and/or use:	<input type="checkbox"/> <input type="checkbox"/>
the tub/shower?	<input type="checkbox"/> <input type="checkbox"/>
the sink?	<input type="checkbox"/> <input type="checkbox"/>
the toilet?	<input type="checkbox"/> <input type="checkbox"/>
the medicine cabinet?	<input type="checkbox"/> <input type="checkbox"/>
Does the person need special signaling (e.g. visual smoke detector)? If so, Please Specify:	<input type="checkbox"/> <input type="checkbox"/>
Is access to any other area not previously identified required? If so, identify area:	<input type="checkbox"/> <input type="checkbox"/>
Are there problems with access to or within this area? If so, Please explain:	<input type="checkbox"/> <input type="checkbox"/>

MOBILITY	
No known concerns	<input type="checkbox"/>
Ambulates w/ difficulty (<i>specify difficulty</i>)	<input type="checkbox"/>
Negotiates stairs w/ difficulty (<i>specify difficulty</i>)	<input type="checkbox"/>
Ambulatory, but falls easily	<input type="checkbox"/>
Ambulates w/ a supportive device (<i>specify type & when used</i>)	<input type="checkbox"/>

TOILETING	
No known concerns	<input type="checkbox"/>
Requires some assistance (<i>specify type</i>)	<input type="checkbox"/>
Requires total assistance	<input type="checkbox"/>
Follows a toileting schedule (<i>specify schedule</i>)	<input type="checkbox"/>
Incontinent (<i>specify bowel/bladder</i>)	<input type="checkbox"/>

Uses wheelchair independently

Uses wheelchair w/ some assistance (*specify type of assistance needed*)

Other – specify:

Plan of action to reduce the potential of abuse to the resident related to each area identified above:

Uses adaptive equipment (*specify type*)

Other – specify:

Plan of action to reduce the potential of abuse to the resident related to each area identified above:

DRESSING

No known concerns

Requires some assistance &/or supervision (*specify type of assistance/supervision*)

Requires total assistance

Uses adaptive devices to dress (*specify type & when used*)

Uses adaptive clothing (*specify type*)

Other – specify:

Plan of action to reduce the potential of abuse to the resident related to each area identified above:

SPEECH/COMMUNICATION

No known concerns

Limited verbal capabilities

Non-verbal

Uses alternative communication mode (*specify type*)

Makes inappropriate verbalizations (*specify type*)

Other – specify:

Plan of action to reduce the potential of abuse to the resident related to each area identified above:

PERSONAL HYGIENE/GROOMING

No known concerns

Requires some assistance &/or supervision (*specify type*)

Requires total assistance

Other – specify:

Plan of action to reduce the potential of abuse to the resident related to each area identified above:

FINANCIAL

No known concerns

Requires some assistance &/or supervision (*specify type*)

Requires total assistance

Other – specify:

Plan of action to reduce the potential of abuse to the resident related to each area identified above:

EATING/DRINKING

No known concerns

Difficulty chewing. (*specify what types of food are difficult to chew*)

Difficulty swallowing (*specify what types of food/drink is difficult to swallow*)

History of choking (*specify when and what occurred*)

Consumes improperly prepared, spoiled/contaminated food/beverages

Modified diet (*specify type*)

Eats/drinks with some assistance (*specify type*)

Eats/drinks with total assistance

SELF PRESERVATION

No known concerns

Does not withdraw from painful stimuli (hot water, flames etc) (*specify*)

Does not demonstrate awareness of inclement weather hazards/conditions

Does not recognize/protect self against potential health &/or safety risks (*specify*)

Does not request not seek assistance when ill, injured, lost, etc

Does not recognize/protect self against potentially abusive &/or harmful situations

Does not report incidents of abuse &/or neglect

Does not respond to emergency situations &/or warning devices

Eats/drinks with adaptive equipment (*specify type*)

Requires assistance w/ proper positioning during meal times (*specify type*)

Other – specify:

Plan of action to reduce the potential of abuse to the resident related to each area identified above:

Does not use hazardous/toxic materials/substances or perform work/other tasks in a safe manner (*specify*)

Other – specify:

Plan of action to reduce the potential of abuse to the resident related to each area identified above:

HEALTH CARE

No known concerns

Vision, hearing, and/or sensory impairment (*specify type*)

Seizure disorder (*specify type, length etc.*)

Tardive dyskinesia

Allergies

Health concerns (*specify type*)

Excessive weight gain/loss

Takes medication

Experiences side effects from medication(s) (*specify type*)

Administers medication independently (*specify circumstances*)

Requires some assistance &/or supervision setting up and taking medications (*specify*)

Requires some assistance &/or supervision making and or keeping medical appointments

Refuses to take medications as prescribed &/or receive medical treatments as needed

Does not communicate/express when ill and/or injured

Other – specify:

Plan of action to reduce the potential of abuse to the resident related to each area identified above:

COMMUNITY ORIENTATION

No known concerns

Leaves the home without supervision

Becomes disoriented and/or lost in familiar settings

Becomes disoriented and/or lost in unfamiliar settings

Does not seek assistance when lost, injured, etc

Does not identify self, residence, &/or telephone number

Does not take reasonable precautions with strangers

Does not demonstrate safe pedestrian skills

Does not demonstrate recognition of traffic hazards

Does not demonstrate recognition of hazards in the environment

Does not travel safely in vehicles/does not use a seat belt, etc (*specify*)

Does not demonstrate the ability to use public transportation

Other – specify:

Plan of action to reduce the potential of abuse to the resident related to each area identified above:

Additional areas of concern:

Plan of action to reduce the potential of abuse to the resident related to each area identified above:

HUMAN SEXUALITY

No known concerns

Not aware of expectations regarding privacy for toileting, bathing, dressing, etc

Inappropriate displays of affection (*specify type*)

Unaware of/does not demonstrate appropriate social relationships

Sexually aggressive with others

Unaware of/does not demonstrate the ability to exercise judgment regarding sexual activity

Other – specify:

Plan of action to reduce the potential of abuse to the resident related to each area identified above:

BEHAVIORAL

No known concerns

Intentionally leaves home without supervision

Consumes inedible objects (*specify type*)

Exhibits self-injurious behaviors (*specify type*)

Exhibits verbal aggression towards others (*specify type*)

Exhibits physical aggression toward others (*specify type*)

Destroys property of self/others (*specify type*)

Steals and/or takes property of others

Bites objects and/or others (*specify type*)

HUMAN SEXUALITY

BEHAVIORAL

- Provokes others (*specify how/when*)
- Uses/abuses substances (*specify type/how*)
- Demonstrates suicidal talk/gestures/behaviors (*specify type*)
- Demonstrates impaired judgment/actions when agitated, anxious/upset (*specify*)
- Utilizes an approved Rule 40 program
- Other – specify:
- Plan of action to reduce the potential of abuse to the resident related to each area identified above:

III. RESIDENT'S RIGHTS (please initial)

Right to use telephone. Resident has the right to daily, private access to and use of a non-coin operated phone for local/long distance calls made collect/paid for by the resident.

Right to receive and send mail. Resident has the right to receive and send uncensored, unopened mail.

Right to privacy. Resident has the right to personal privacy/privacy for visits from others, and the respect of individuality/cultural identity. Privacy must be respected by operators, caregivers, household members, and volunteers by knocking on the door of a resident's bedroom and seeking consent before entering, except in an emergency, during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety and assistance as noted in the resident's individual record.

Right to use personal property. Resident has the right to keep & use personal clothing and possessions as space permits, unless to do so would infringe on the health/safety, or rights of other residents/household members.

Right to associate. Resident has the right to meet with or refuse to meet with visitors & participate in activities of commercial, religious, political, & community groups without interference if the activities do not infringe on the rights of other residents or household members.

Married residents. Married residents have the right to privacy for visits by their spouses, and, if both spouses are residents of the adult foster home, they have the right to share a bedroom/bed.

IV. SIGNATURES

I agree to provide the above Adult Foster Care services as written, protect the resident from maltreatment, and maintain the resident's rights.

Adult Foster Care Provider:

Date:

I have received the Vulnerable Adult Act Summary & agree with the above plan for the provision of Adult Foster Care services for the resident.

Resident/ Legal Representative:

Date:

I agree with the above plan for the provision of Adult Foster Care services for the resident.

Case Manager:

Date:

Copy of Individual Resident Record Provided to Team Date:

Required Attachments: Vulnerable Adult Act Summary, Physician Statements Form, Annual Review of Resident Record, Cash Resource Record (if applicable)

Date Left Residence:		Forwarding Address:	
Reason for Leaving:			

Adult Foster Care Vulnerable Adult Act Summary

In our community, there are adults experiencing abuse or neglect who need our help. To help them find safety and security, the community needs to know about this problem and what to do about it. This handout is designed to help you learn more about abuse and neglect of vulnerable adults and what you can do to help. If you are a mandated reporter, it will help you learn more about your duty to report suspected abuse or neglect. If you are a relative, friend, neighbor, or other interested person, this handout will help you understand the adult protection system and assist you in finding protective services for someone in need. Any one of us may need protective services at some point in life. As you help your vulnerable clients, relatives, friends and neighbors, remember that you are strengthening a system that you too may need. If you have questions after reading this handout, you can get more information from your county social services agency.

Who is a Vulnerable Adult?

A “vulnerable adult” is any person, eighteen (18) years of age or older, who is a resident or patient of a facility such as a hospital, group home, nursing home, day service facility, day activity center, adult foster care home, or home care agency; or a person who receives services during the day from an agency that is licensed/certified by the Minnesota Department of Human Services to provide services. It also includes people who, regardless of where they live or what type of services they receive, are unable or unlikely to report abuse or neglect themselves because of limitations which are caused by mental, physical or emotional impairment.

Who is a care giver/caretaker?

A “care giver/caretaker” is a person whose support enables another individual to live independently or semi-independently in the community; OR a facility or service provider who has assumed responsibility for all or part of the care of a vulnerable adult voluntarily, by contract, or by agreement. The term “care giver/caretaker” may or may not mean legal or financial responsibility for the person.

Neglect

- Self Neglect: The absence of necessary food, clothing, shelter, health care or supervision.
- Passive Neglect: Unintentional failure to fulfill a care giving/care taking obligation; infliction of distress without conscious or willful intent, etc
- Active Neglect: Intentional failure to fulfill care giving/care taking obligations; abandonment; denial of food, medications, personal hygiene, etc
- Financial Neglect: The absence of necessary financial management that might lead to exploitation, if you are legally responsible for fiscal material management.

Abuse

- Psychological Abuse: Infliction of mental anguish by demeaning, name-calling, insulting, ignoring, humiliating, frightening, threatening, isolating, etc
- Material/Financial Abuse: Illegally or unethically exploiting by using funds, property, or other assets of a vulnerable adult for personal gain, etc
- Physical Abuse: Infliction of physical pain/injury; physical coercion; confinement; slapping, bruising, cutting, lacerating, burning, restraining, pushing, shoving, etc
- Sexual Abuse: Any sexual contact between a care giver/caretaker and a vulnerable adult (rape, inappropriate sexual touching, etc).

Who is required to report adult abuse?

- *Any person concerned about the well-being of a vulnerable adult may report known or suspected abuse or neglect.
- *Anyone involved in providing care for vulnerable adults (doctors, law enforcement, homemakers, nurses, home health aides, nursing assistants, foster care providers, adult day care center workers, volunteers, social workers, etc.) are required by law to report any incident of abuse or neglect. They are required to report any physical injury which cannot be reasonably explained or appears to be part of a pattern that suggests abuse or neglect.
- *Any employee or volunteer of a public or private facility or agency caring for vulnerable adults, including employees not generally involved with patient care (maintenance people, food service workers, etc.) must comply with this law.

Where do I report abuse?

Report any incident of known or suspected abuse or neglect to your county social services agency, your local police department, your county's Sheriff's Department, the Licensing Division of the Minnesota Department of Human Services, or the Office of Health Facilities Complaints of the Minnesota Department of Health.

How do I report suspected abuse or neglect and is my report confidential?

If you call to report suspected abuse or neglect of a vulnerable adult or make a written statement reporting suspected abuse or neglect of a vulnerable adult, the person being reported cannot be told your name. If you are engaged in the care of a vulnerable adult, you will be asked to file a written report identifying the vulnerable adult, the abusing or neglecting care giver/caretaker, and the extent and nature of the suspected abuse or neglect. The written report helps social services, law enforcement, or licensing agencies in their investigation. If you need help in filing a written report, the social services agency, law enforcement agency, or licensing agency will help you.

What happens when a report is filed?

When a report is received, the local social services agency, law enforcement agency, or licensing agency will conduct an investigation. During the investigation process, all information is confidential.

Can I be fired for reporting abuse?

The Minnesota Vulnerable Adults Act provides for protection for employees to report abuse or neglect, including protection against discharge, demotion, or a reduction in salary. The Minnesota Vulnerable Adults Act specifically states that anyone reporting abuse or neglect in good faith is immune from civil and criminal liability. This means that if you report suspected abuse or neglect of a vulnerable adult, you cannot be held liable in any court for damages to the abuser which occur because of your report (unless the court later determines that the report was false, and the person reporting knew that the report was false at the time the report was made).

What is the penalty for failing to report suspected abuse or neglect?

If you are required by law to report suspected abuse or neglect and deliberately fail or refuse to do so, you can be found guilty of a misdemeanor. Additionally, you can be held liable for any damages or harm caused by your failure or refusal to report the abuse or neglect.

What is the penalty for adult abuse?

It is a gross misdemeanor for a care giver/caretaker to abuse or intentionally neglect a vulnerable adult in the state of Minnesota. Additionally, persons found guilty of abuse or neglect can be charged with crimes against the person that are included in statutes under Minnesota Law.

Adult Protections Workers cannot solve every problem.

All adults are at liberty to make decisions, even bad ones.

Adult Protection Workers may follow an individual case for months before they are able to establish a pattern and intervene in that person's best interests.

Adult Foster Care
Physician Statements

Client:

Date of Birth:

PMI #:

Statement of Physician	Yes	No
The Resident has been examined and is free from reportable communicable diseases. Comments:	<input type="checkbox"/>	<input type="checkbox"/>
The Resident is able to self-medicate. Comments:	<input type="checkbox"/>	<input type="checkbox"/>
The Resident is in need of injectable medication. Comments:	<input type="checkbox"/>	<input type="checkbox"/>
A Minnesota-licensed RN or LPN is authorized to give injectable medication to the resident. Comments:	<input type="checkbox"/>	<input type="checkbox"/>
The physician, care giver, resident, & resident's legal representative agree that the care giver may give injectable medications; the care giver has been trained on when & how the injections may be given; and the physician retains responsibility for the caregiver's giving the injections. Comments:	<input type="checkbox"/>	<input type="checkbox"/>

Physician's Signature

Date

**Adult Foster Care
Annual Review of Resident Record**

<input type="checkbox"/> No Changes		<input type="checkbox"/> Changes Identified and Attached	
Date	Team Signatures		

<input type="checkbox"/> No Changes		<input type="checkbox"/> Changes Identified and Attached	
Date	Team Signatures		

<input type="checkbox"/> No Changes		<input type="checkbox"/> Changes Identified and Attached	
Date	Team Signatures		

<input type="checkbox"/> No Changes		<input type="checkbox"/> Changes Identified and Attached	
Date	Team Signatures		

<input type="checkbox"/> No Changes		<input type="checkbox"/> Changes Identified and Attached	
Date	Team Signatures		

