Adult Foster Care Agreement

I understand and agree to the following forms, plans and assessments completed at admission to the Adult Foster Care home. I understand that revisions to the original plans and assessments will be made as needed and that this form will be reviewed and signed annually.

- ☐ Resident Information (mandated by Rule; review as needed, at least annually)
- ☐ Individual Resident Placement Agreement (mandated by Rule and agency; review annually and as needed)
- ☐ Individual Abuse Prevention Plan (mandated by Rule; review as needed, at least annually)
- ☐ Mobility Access Assessment (mandated by Rule and agency; review as needed, at least annually)
- ☐ Permission to Administer Medication (mandated by Rule and agency, review as needed, at least annually)
- ☐ Resident's Medication Information (mandated by Rule; review as needed, at least annually)
- ☐ Self-Medication Statement (mandated by Rule; review as needed, at least annually)
- ☐ Medication Chart (mandated by agency)
- ☐ Resident's Rights/Vulnerable Adult Act Summary (mandated by Rule; review annually)
- ☐ Cash Resource Record (mandated by Rule for all who need assistance)
- ☐ Activities of Daily Living Assessment (review as needed, at least annually)

I authorize my social worker, public health nurse and adult foster care provider to share with each other the information contained in my file as needed.

_____ _____
Resident's Signature Date

_____ _____
Legal Representative's Signature Date

The plans and assessments for the above resident are accurate and complete to the best of my knowledge.

_____ _____
Social Worker Date

_____ _____
Public Health Nurse Date

I agree to provide care for the above resident in accordance with the above plans and assessments.

_____ _____
Adult Foster Care Provider Date