

Adult Foster Care New Caregiver Checklist

Caregiver Name:		Date of Birth:	
Caregiver Address:			
AFC License Holder:			
AFC Address:			
Caregiver Requirements			Date Completed
NETStudy Background Study	Initiated on _____		
Vulnerable Adult Act Training	http://registrations.dhs.state.mn.us/WebManRpt/		
External Reporting of Maltreatment Policy Training			
Internal Review Policy Training			
Program Abuse Prevention Plan Review			
Drug & Alcohol Policy Review			
Grievance Policy Review			
Resident's Rights Review			
Individual Resident Record Review for Each Resident:			
• Resident Demographic Information			
• Individual Abuse Prevention Plan			
• Individual Resident Placement Agreement			
• Mobility Access Assessment			
• Medication Information (side effects, adverse reactions, pharmacy printout, etc.)			
• Self-Medication Statement from Physician			
• Permission from Resident/Legal Representative to Administer Medication			
Hourly Training Requirements Review (12 hours/year)			
Medical Monitoring Equipment Training (if applicable)			
Disaster Plan Review			
Fire Drill Requirements Review			
Home Safety Checklist Review			

*I have completed the above requirements **prior to** providing direct contact services to the vulnerable adult(s) in this Adult Foster Care home. I have read MN Rule 9555.5050-9555.6265 and MN Statutes 245A, 626.557, & 626.5572, and I understand and agree to abide by these Rules and Statutes. The License Holder shall retain a copy of this document, all training certificates, training logs, and NETStudy documents in the caregiver's personnel file as proof of requirements met for caregivers in the AFC home. Failure to complete these requirements will subject the license holder to correction orders and/or negative action taken against the license.*

Caregiver's Signature		Date	
AFC License Holder's Signature		Date	

Date of First Unsupervised Contact with AFC Residents:	
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