

Adult Foster Home Provider Alert

Policy updates, rule clarifications and announcements

Date: January 11th, 2021
To: APD Adult Foster Home Providers
From: Safety, Oversight and Quality Unit
Topic: **COVID-19 Vaccination Plan Follow-up**

To All Adult Foster Home Providers:

Please see the attachment below for further assistance in providing the information to join the COVID-19 Vaccination Pharmacy Partnership Program. This is intended to help you navigate the information in our previous Provider Alert sent on 1/08/2021. If you have not read the COVID-19 Vaccination Plan Update Provider Alert sent on 1/08/2021, please click [here](#) before continuing.

The **previous** Provider Alert will help you:

- Clarify that facilities are encouraged to promote COVID-19 vaccinations for both staff and associated staff at on-site vaccination clinics coordinated by the facility's or adult foster home's designated vaccine clinic pharmacy partner.
- Recap and provide updated information about the vaccination roll out and related resources.
- [Provide instructions for long-term care facilities and adult foster homes that **DID NOT** register with the Pharmacy Partnership for Long-Term Care Program so that they know what to do to be included in the vaccination roll out.](#)

If you have any further questions, please email APD.AFHTeam@dhsosha.state.or.us



Long Term, Residential, Congregate Care Facility Interest Form

Thank you for reaching out to share information about your facility. We are working on opportunities and options to assure your facility has access to COVID-19 vaccine for your healthcare workers and residents. Please provide the requested information and we will get back to you as soon as we have options to share.

Please indicate Licensee's Name, not AFH business name

For AFH select "single facility"

This menu will populate for AFH

Indicate the number of occupied beds

How many staff do you have?

First & last name of the contact person for this AFH

Licensee, RM, Administrator

This is a mandatory field – must have email access for contact

Indicate need for vaccine clinic information

Select this if you want a copy of your answers sent to you

Name of Facility *

Type of Facility *
Please indicate if your facility is a campus with more than one type of licensure or a single facility.
 Single facility
 Campus with more than one type of licensure

License type
Choose one
AFH /ACH- Adult Foster Home / Adult Care Home *

Number of beds - AFH *

Number of healthcare workers - AFH *

Facility Address *

Facility City ST Zip *

Contact First Name *

Contact Last Name *

Contact Title

Contact Email *

Contact Phone

Briefly state your issue: *

Send me a copy of my responses

Submit