Adult Foster Home (AFH) Application Checklist

This checklist helps new applicants apply to become a licensed **adult foster home provider for older adults and people with physical disabilities**. You don't need to turn in this form with your application packet. It's just a way to make sure you have all the materials you'll need to apply. If you have questions, please email us at **apd.afhteam@odhs.oregon.gov**.

Information you'll need to provide

Applicant name:

AFH address:

AFH business name, if known:

Proposed number of AFH beds: **Total bed fee:**

Name of delegating RN:

Materials you'll need to submit

All forms are included in your packet. Use the links below if you need extra copies.

- [ ] **License Application** (form 0448 or 0448G) – this will be different depending on if you wish to license under your name or that of a business entity, such as an LLC or Limited Partnership.
- [ ] **AFH Verification of Financial Resources** (form 0448F)
  You must show you have sufficient resources for at least two months operation.
- [ ] **AFH Financial Budget Form** (form 0448A)
- [ ] **Health History and Physician/Nurse Statement** (form 0903)

- [ ] **Back-up Provider Agreement** (form 0350) **OR** succession plan
- [ ] **Weekly Plan of Operation** (form 0351)
- [ ] **Medicaid Provider Enrollment Agreement** (form 0738)
  This is **only** needed if you will be accepting Medicaid payments.

Fees, business licenses and clearances

- [ ] **Bed fee** ($20 per AFH bed, maximum $100) Provide receipt if paid online.
- [ ] **Local county business licenses**, as applicable
- [ ] **Proof of OIG clearance** (Office of Inspector General)
- [ ] **Proof of SAM clearance** (System for Award Management)
- [ ] **Secretary of State business registration** (Secretary of State)

References and background checks

- [ ] **Three personal references**
- [ ] **Approved background checks** for applicant, caregivers and all AFH occupants age 16 or older

Proof of training completion

- [ ] Proof that you attended **local orientation**
- [ ] **CPR and First Aid certificate** with in-person skills test
- [ ] Proof that you completed **Ensuring Quality Care (EQC) Essentials and Administration**
- [ ] Proof that you completed **Home and Community Based Services Training**
- [ ] Proof that you completed **Pre-service Dementia Care Training**
- [ ] Proof that you completed **Providing Inclusive Care Training**

Information about your AFH

- [ ] **Proof of home ownership**, **OR** a complete **lease or rental agreement**
- [ ] **Floor plan** created according to OAR 411-049-0135(1)(t)
- [ ] Copy of your proposed **Residency Agreement**
- [ ] Copy of your **Non-Discrimination Notice**
- [ ] **AFH Operational Policies** as described in 411-049-0135(1)(r)

Extra requirement if applying for Class 2 License

- [ ] **Proof of two years full-time experience** providing direct care to older adults or adults with physical disabilities

Extra requirements if applying for Class 3 License

- [ ] **Two medical professional references**
- [ ] **Proof of three years full-time experience** providing direct care to older adults or adults with physical disabilities **OR** a current, unencumbered **professional license**

Facility standards

This is **not** a complete list of all requirements. See OAR 411-050-0715 for the complete list.

- [ ] **Bedrooms** must measure a minimum of 70 square feet for single occupancy, 120 square feet for double occupancy.
- [ ] **Windows** must be no smaller than 24 inches in height and 20 inches in width and total not less than 821 square inches.
- [ ] **Common space** must be at least 150 square feet and have enough furniture to accommodate each occupant.
- [ ] **Bedroom doors** must have single action locks.
- [ ] **Ramps** for accessibility must be installed following ADA requirements.

Licensee qualifications and training requirements

- Be at least 21 years old
- Pass a background check
- Be proficient in the English Language
- Attend a local orientation
- Successfully complete these trainings **before** you are licensed:
    - CPR and First Aid (with an in-person skills test)
    - Ensuring Quality Care Essentials and Administration
    - Home and Community Based Services Training
    - Pre-service Dementia Training
    - Providing Inclusive Care Training
- Successfully complete these trainings **after** you are licensed within specific timeframes:
    - Fire and Life Safety
    - Six Rights of Safe Medication Administration
    - 12 hours of annual department-approved training with each renewal

Note: Completing this checklist is not a replacement for thoroughly reviewing the standards outlined in Oregon Administrative Rules (OAR) for adult foster home providers. Providers are expected to be familiar with applicable OARs and stay informed about updates as they occur.

For more information

AFH website

AFH email

Local licensing office information

You can get this document in other languages, large print, braille or a format you prefer free of charge. Email apd.afhteam@odhs.oregon.gov or call 503-373-2227 (voice). We accept all relay calls.