

Adult Foster Home Caregiver Qualifications Quick Reference Guide

May 28, 2026

Caregiver Qualifications

[Find a copy of the Caregiver Qualifications](#)

What is the Caregiver Qualifications?

This is a required form created by the Office of Developmental Disabilities Services (ODDS). You must use this form to provide the required information. It centralizes the documentation of the requirements for providers, co-providers, resident managers, and caregivers.

How to complete the Caregiver Qualifications form?

Start by filling out the providers name and address of the foster home.

Across the top of the columns, fill out the name of each provider, co-provider, resident manager and caregiver. Everyone listed on the Caregiver Qualifications form must match the Plan of Daily Operations and Application. All qualifications need to be current at the time your license is issued and have to be completed before providing care.

For each row, apply the information to each relevant position.

- Background check: Enter the date the person's background check expires
- CPR/First Aid: Enter the date the person's certification expires. The training must be provided or endorsed by one of these approved entities:
 - American Heart Association

- The American Red Cross
 - The American Safety and Health Institute
 - MEDIC First Aid
 - The Health and Safety Institute
- Mandatory abuse: Enter the date the person completed their annual mandatory abuse training.
 - AFH Basic Test: Enter the date the person completed their adult foster home basic training and passed their test.
 - Annual Training: Enter the number of training hours the person completed within the past year. Oregon Administrative Rule requires 12 hours of annual training. Caregivers that are newly hired have one year to obtain the 12 hours of training. All department-approved trainings will be listed on the [Approved Training for Adult Foster Home Providers website](#).
 - Inclusive Care point of contact: Enter in yes or no for each person. Enter yes for the two employees who will act as the point of contact for making sure the foster home is compliant with OAR 411-360-0175 AFH-DD Bill of Rights for LGBTQIA2S+ Residents and Residents Living with the Human Immunodeficiency Virus (HIV). One employee will represent management (must be either the provider or resident manager), and one will represent substitute caregivers (must be a substitute caregiver). If your foster home does not have any substitute caregivers, the co-provider or resident manager may represent the substitute caregivers.
 - Inclusive Care training: Enter the date the person completed their inclusive care training. This is required every two years.
 - Hire date: Enter the date each employee was hired. This is not needed for the provider or co-provider.
 - Application asks about founded abuse: Enter yes or no for each substitute caregiver if their employment application asks whether they have been founded for abuse.

- Eighteen years of age or older: Enter yes or no for each person based on their age. This is not needed for the provider.
- Orientation to home/records: Enter the date each substitute caregiver completed an orientation to the foster home, including:
 - The location of the fire extinguishers
 - Demonstration of evacuation procedures
 - Instruction on the emergency preparedness plan
 - Location of the individuals' records
 - Location of the telephone numbers for the individuals' physicians, the provider, and other emergency contacts
 - Location of medication and key for medication cabinet
 - Introduction to individuals
 - Instructions for caring for each individual
 - Delegation by a registered nurse for nursing tasks, if applicable
 - Instructions related to any Advanced Directives
- RN delegation/physician training: Enter the date each person received training or delegation by a registered nurse or physician to perform nursing tasks for the individuals. If any individuals do not require nursing tasks, this may be blank.
- Emergency Plan annual training: Enter the date each person completed training and practice on the Emergency Plan.
- ODL expiration: Enter the date each person's Oregon Driver's License expires, if they will be transporting individuals. If they will not be transporting individuals, this may be blank.
- ISP's/Service Agreement Training: Enter the initials of each individual living in the home and the date of their Individual Support Plan on a separate line. Then, enter the date each person completed training for each individual's plan.

- Positive Behavior Support Plan: Enter the initials of each individual with a Positive Behavior Support Plan and the date of the plan on a separate line. Then, enter the date each person completed training for each individual's Positive Behavior Support Plan. If no individuals have a Positive Behavior Support plan, this may be blank.
- 2B two years behavioral experience: If the home is licensed as an Adult Foster Home Level 2B, enter yes or no for each person whether they have two years of full-time experience providing care and services to support individuals who exhibit behavior that poses a significant danger to the individual or others.
- 2B OIS: If the home is licensed as an Adult Foster Home Level 2B, enter the date each person completed their Oregon Intervention System training.
- 2M RN/LPN or two years' experience: If the home is licensed as an Adult Foster Home Level 2M, enter yes or no for each person whether they are a licensed health care provider such as a registered nurse or licensed practical nurse or has the equivalent of two years of full-time experience providing care and services to support individuals who have medical conditions that are serious and may be life threatening.
- 2M six of 12 training hours are medical: If the home is licensed as an Adult Foster Home Level 2M, enter yes or no for each person whether they have completed six hours of the 12 hours of annual training requirements in specific medical training.

If you know information in the caregiver qualifications is or will not be compliant with Oregon Administrative Rule, you should make a plan to come into compliance before your inspection.

You must keep records of each qualification on file at your foster home and they must be available for review upon request.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the ODDS Foster Licensing Unit at dd.licensingfoster@odhs.oregon.gov or 503-373-2052. We accept all relay calls.