

AFH-DD Application Instruction Sheet

Please submit application, fee, and signed Provider Enrollment Agreement **prior to license expiration to avoid any interruption in payment**. Resident Manager needs to complete the new Resident Manager Application if applicable. Please return the following items listed below to the Community DD Program Office (CDDP) **unless instructed** to mail to Department of Human Services (DHS). Renewals will include a self-addressed envelope for your convenience. **Please read carefully, there are changes. The fee has increased to \$50.00 per licensed bed. This is a change made by the Oregon State Legislature in the 2017 legislative session with HB 2684.**

License Renewals

- AFH-DD Application (*Complete separate Resident Manager App. If applicable*)
- Non-refundable fee of \$50 per bed, make checks payable to Department of Human Services.
- Signed Provider Enrollment Agreement (*applicant signatures required*)
- Consent for Release of Information Form (*Completed and signed by applicants and Res. Manager*)
- Well Water test (*required yearly, if applicable, only needs to be checked by Licensor*)

Plans of Operation

- Daily Plan of Operation (*describe daily operation of the AFH-DD*)
- Plan of Operation for Resident Manager Absences (*if applicable*)
- Plan of Operation for Providers who have more than one AFH-DD (*if applicable*)
- Copy of current First Aid/CPR Card for Provider, and Resident Manager is required but only needs to be checked by the Licensor.
- Detailed Floor Plan with primary and secondary exits indicated, placement of smoke detectors, fire extinguisher, carbon monoxide detectors, identify individual's rooms, include dimensions of bedroom(s), window height/width. (*Required but only needs to be checked by Licensor. If there are changes to the floor plan it must be sent in with the renewal*).
- Chimney cleaning and/or Inspection (*required yearly, if applicable*). If not in use, include a written statement indicating non-use of fireplace/wood stove.
- Pet Vaccination records (*required yearly, if applicable, only needs to be checked by the Licensor*).
- Criminal History approvals and Foster Care test certificates are required for any caregiver, Resident Manager or anyone who will be left alone with the individuals.
- House Rules

Change of Address: Items listed above under "License Renewal" also apply here. Items must be received, and approved by the DD Licensing Unit and a signed Provider Enrollment Agreement completed **prior** to the provider and individuals moving.

Change or Add a Resident Manager: Resident Manager application and **fee of \$10.00 is required if not done at license renewal time.** If the change is made during the license renewal there is no additional fee. Consent for Release of Information form, PEA, and physician statement, copy of First Aid/CPR Card and Plan of Operation for Resident Manager absence is required. Any change/addition in Resident Manager must be reported to the Department and the above process completed.

New applications are valid for 60 days, if application process not completed within 60 days, application and fee must be re-submitted.

NEW Providers *(Not currently licensed as an AFH-DD)*

- AFH-DD Application
- Non-refundable fee of \$50 per individual to be served. *(Count private pay individuals as well)*
- Physician Statement *(Required for Applicant, Co-Applicant, & Resident Manager).*
- Provider Enrollment Agreement (PEA).
- Financial Statement Form *(Include expenses and income for Applicant/Co-Applicant).*
- Consent for Release of Information Form *(Completed and signed by Applicants/Resident Manager).*
- Detailed Floor Plan *(see previous instructions for completion, under renewals).*
- Well Water test *(required yearly, if applicable).*

Plans of Operation

- Daily Plan of Operation *(describe daily operation of the AFH-DD)*
- Plan of Operation for Resident Manager absences *(if applicable)*
- Plan of Operation for Providers who have more than one AFH-DD home. *(if applicable)*
- Copy of current First Aid/CPR Card for Provider, and Resident Manager
- Pet Vaccination *(required yearly, if applicable).*
- Reference Check forms *(submitted to and verified by the CDDP)*
- Chimney Inspection *(required yearly, if applicable)* If not in use, a statement of non-use is required.
- Copies of current CHC Approval letters *(for anyone 16 Years and older)*, this does not apply to residents. A new CHC is required annually for applicants working for different providers, or when changing position titles. *(Such as becoming a provider after being a caregiver)* CHC's are **not** transferable between different providers.
- Foster Care test certificates for anyone who may provide care to the residents.
- Copy of House Rules

Items may be faxed to DHS DD-Licensing at (503) 373-2228. If instructed to mail to the CDDP office, please contact their office for the fax number. Application, fee and Provider Enrollment Agreement must be received prior to license expiration date.

Refer to the OAR 411-360-0010 through 411-360-0310 for DD Adult Foster Homes for the rule requirements.