

**ADULT FOSTER CARE LICENSING GROUP HOME LICENSEE/ LICENSEE DESIGNEE/ ADMINISTRATOR
& MEMBERS OF HOUSEHOLD WORKSHEET**

FACILITY: _____ LIC # _____ DATE OF REVIEW _____

RULE	GENERAL REQUIREMENT	COMPLIANCE		LICENSEE/ APPLICANT/DESIGNEE NAME	ADMINISTRATOR NAME
		Yes	No		
201(2)	Administrative & Financially capable				NA
Sec. 313(3) 201(10)	Licensing Record Clearance, good moral character & suitable				
205 (2)	Physician's Health Statement				
205(4)	TB Test Results				
	COMPETENCY REQUIREMENT				
201(6)	1 years experience with population				
201 3)	Temp. License competency				
a)	Nutrition				
b)	First Aid				
c)	CPR				
d)	Adult Foster Care				
e)	Safety and Fire Prevention				
f)	Financial & Administrative Management.				
g)	Knowledge of population.				
h)	Resident Rights				
i)	Prevention & containment of Communicable Disease				
307(1)	Behavior Intervention, if applicable				
201(4)	Deemed competent if one or more of following:				
(a)	Training approved by department				
(b)	Competency Review (not avail.)				
(c)	Program of relevant study –(college)				
(d)	Experience w/ population				
203(1)	Annual training: 16 hrs. or 6 credit hrs. (RENEWAL ONLY)				
	MEMBERS OF HOUSEHOLD			NAME OF HOUSEHOLD MEMBER:	NAME OF HOUSEHOLD MEMBER:
201 (10)	Licensing Record Clearance done by department (entered on BITS)				
205(1)	Physician's statement on file in home				
205(5)	TB test results on file				