



Adult Family Home Certification Application Owner Occupied

Please print neatly and fill out each section using N/A if not applicable.

Identifying Information

Applicant 1

Last Name		First name		MI	Maiden Name or AKA
Date of Birth	SS#		Cell		Fax
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Home Phone		Email Address
Highest level of Education <input type="checkbox"/> High School <input type="checkbox"/> Technical School <input type="checkbox"/> College Degree			Name of College/Area of Study		
Employer Name			Your Job Title		
Work Phone	May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		What hours do you work?		Best time to call?

Applicant 2

Last Name		First name		MI	Maiden Name or AKA
Date of Birth	SS#		Cell		Email Address
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Home Phone		
Highest level of Education <input type="checkbox"/> High School <input type="checkbox"/> Technical School <input type="checkbox"/> College Degree			Name of College/Area of Study		
Employer Name			Your Job Title		
Work Phone	May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		What hours do you work?		Best time to call?

Name of Adult Family Home	Street Address	City State Zip	County
Mailing Address (if different)			
Does GPS find your home? <input type="checkbox"/> Yes <input type="checkbox"/> No Directions to Home:			

Do you live in the home you are seeking to have certified? Yes No

Information about other household members

(If more space is needed, use additional paper)

Children

Name (oldest first)	Date of Birth	Sex		Living in Home	
		Male	Female	Yes	No
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Persons Living in or are Frequent Visitors of the Home

Name	Date of Birth	Sex		Relationship
		Male	Female	
1.		<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	

Does anyone in your home speak any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No American Sign Language? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what other language(s)?
Do you allow smoking in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No Do household members smoke in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, is there a designated area for smoking? <input type="checkbox"/> No <input type="checkbox"/> Yes, Where?

Information about your home

Location Description <input type="checkbox"/> City <input type="checkbox"/> Rural <input type="checkbox"/> Farm		Nearest Town:		How many years have you lived at this address?	
Do you own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent		Previous Address:			
Type of Home <input type="checkbox"/> House: <input type="checkbox"/> 1 story <input type="checkbox"/> 2 stories <input type="checkbox"/> Other Apartment: <input type="checkbox"/> first floor <input type="checkbox"/> second floor <input type="checkbox"/> Mobile Home					
How is water supplied to your home? <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Private Well (testing required)			How many rooms in the home? (include bed, bath and laundry rooms)		
Number of Bedrooms		Number of Bathrooms			
First Floor	Second Floor	Other	First Floor	Second Floor	Other
Is your home wheelchair accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe any other special adaptations in your home (ramps, etc):			
Are there pets in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you allow members to have pets in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Pet		Expiration Date of Vaccination	
		1.			
		2.			
3.					

Information about available transportation

Do you have reliable transportation available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your Vehicle Handicap Accessible?
List other persons in the household with a valid driver's license who are willing to provide transportation	
1.	2.

Experience/Training

Are you applying to provide care for a specific person? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, relationship to person?	
Have you provided care for adults in your home previously?	
Applicant 1: <input type="checkbox"/> Yes <input type="checkbox"/> No	When?
Applicant 2: <input type="checkbox"/> Yes <input type="checkbox"/> No	When?
If no, how did you learn about our program?	
If you are currently licensed or certified by another entity other than Inclusa please list the entity and effective date:	
You will need to submit a copy of your current license or certificate with your application.	
Have you ever been denied licensure or certification of any kind to provide care and services, or has such licensure or certification been revoked or suspended?	
Applicant 1: <input type="checkbox"/> Yes <input type="checkbox"/> No	When?
If yes, please identify the licensing or certifying agency and type of license or certificate:	
Applicant 2: <input type="checkbox"/> Yes <input type="checkbox"/> No	When?
If yes, please identify the licensing or certifying agency and type of license or certificate:	

Preferences

Do you want to be certified for one or two adults ? <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Shared Room?	Would you prefer to work with a specific Gender ? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference
What age group would you prefer to work with? <input type="checkbox"/> 18-25 <input type="checkbox"/> 25-65 <input type="checkbox"/> 65 & older <input type="checkbox"/> No preference	What populations would you prefer to provide care for? <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Mental Health Other:
Are you interested in providing short-term (respite) care to an adult in your home? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> In an Open bed <input type="checkbox"/> In an Additional Bed	

References

Name:		Relationship:	
Address:	City:	State:	Zip Code:
Phone:	Email:		
Name:		Relationship:	
Address:	City:	State:	Zip Code:
Phone:	Email:		
Name:		Relationship:	
Address:	City:	State:	Zip Code:

Phone:	Email:
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Other Business/Services

Do you use your home for business purposes or provide other services within your home?
Yes No If yes, describe:

Financial Information

Medical Assistance – Per Wisconsin State standards, Adult Family Home Providers may be requested to present evidence of having or having access to sufficient financial reserves to meet the needs of all residents and of all members of the household for whom the provider is financially responsible and to ensure the adequate functioning of the home for a period of at least 30 days without receiving pay for the care of any residents.

Net monthly family income
Sources of Income (wages, Social Security, interest, child support etc.) Do not list individual dollar amounts.
1.
2.
3.

The Applicant is responsible for notifying Inclusa, in writing, of any changes in the information provided in the application.

I understand there is no guarantee by the certifying agency that a member will be placed in my home.

I give permission to contact the references provided and in addition, obtain any medical, psychiatric, financial, criminal, and employment information needed to process this application. The certifying agency is free to verify any information on the application form and to contact other agencies such as the Department of Health and Family Services, Human Services Departments and 51.42 Agencies.

I understand that the information disclosed will be used for the sole purpose of investigating my application for my Adult Family Home certification.

The statements in my application are, to the best of my knowledge, true, correct and complete.

Applicant or Designee: _____
Signature Date

Applicant 2 or Designee: _____
Signature Date

Further, I attest that I have read and will comply with all applicable requirements as stated in the Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family homes. <http://www.dhs.wisconsin.gov/publications/P0/P00638.pdf>

Applicant 1 Signature Date

Applicant 2 Signature Date

Send your completed Adult Family Home Certification Application to:

Submission Options:	
Mail: Provider Relations-AFH Inclusa 3349 Church St Suite 1 Stevens Point WI 54481	Email: CRPRMobility@inclusa.org Fax: 877-622-6700