Adult Family Home (AFH) Program Statement

Before an applicant may be certified and/or at the time of certification renewal, the applicant must submit a program statement in accordance with Medicaid Waiver Standards for Adult Family Homes. Prior to any changes, the home shall revise its program statement and submit it to the AFH Program Manager for approval. The AFH Program Manager will either approve or deny this change within 30 days of receiving the notice. Completion of this form meets the requirements for Medicaid Waiver Standards.

Name of Adult Family Home:	
Address/City/State/Zip:	County:

Target Groups(s) Served (check all that apply)
☐Developmental Disability ☐Physical Disability ☐Elderly ☐Mental Health
Other:

Number of Individuals	**Gender of Individuals**
☐ One Person ☐ Two Persons Is it a shared room? ☐ Yes ☐ No	☐ Male ☐ Female ☐ No Preference

Respite Services (Requires an exception request and approval of the certifying agency)

Is it your intent to provide **temporary respite** care in the home?

☐No ☐Yes ☐In an Open Bed ☐In an Additional Bed

If yes, describe the maximum number of temporary adults that may be in the home at any one time, a description of the bedroom space to be used for respite, frequency that the home may be used for respite care, if additional staff will be present and if this staff would be awake at night.

Accessibility of the Home

☐ Ambulatory ☐ Semi-ambulatory ☐ Wheelchair accessible

Description of the Home

Type of Home: ☐ Two Story ☐ One Story ☐ Mobile Home ☐ Other: ______________________________

Location: ☐ Town/City ☐ Rural Area ☐ Farm

Is smoking allowed in or outside the home? ☐No ☐Yes If Yes, Explain:__________________________________

Are there pets in the home? If yes, Type: ____

Resources Near the Home

☐ Church	☐ Grocery Store	☐ Convenience Store	☐ Library
☐ Restaurant	☐ Laundromat	☐ Park	☐ Movie Theater
☐ City Bus Line			

How would you describe your Adult Family Home to a prospective resident? (1-2 sentences)

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What Activities will you use to incorporate the individual into community life? (include social, religious, cultural, political and intellectual) ____

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Do you have a Wheelchair Accessible vehicle? ☐ Yes ☐ No

Describe the services and skills your home offers:

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Provide any additional information that may help prospective residents make decisions related to the use of your home:

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List other household members and their relationship with the sponsor:

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____ ________________________________

Applicant's Signature(s) *Date*

Complete and Return This Form To:

Email: **shelli.rogge@inclusa.org**

Fax: **(715) 514-3147**

Mail: **CR/PR Program Assistant**
Inclusa
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Stevens Point, WI 54481