

# CHECKLIST FOR ADULT FOSTER CARE LICENSE

1. **Single Family Residence in Washington County**
2. **Completed Adult Foster Care Basic Training Program**
  - Provider/applicant
  - substitute caregivers
3. **Complete Criminal History Record Clearances**
  - Provider/applicant
  - substitute caregivers
  - household residents ages 16 and older
4. **Complete Adult Foster Care License Application, including:**
  - Certificate of Attendance at Washington County DD adult foster care orientation meeting (within 1 year prior to application date)
  - AFH-DD License Application (Form SDS 0654)
  - Foster Home Medicaid Provider Enrollment Agreement (PEA) (Form SDS 0738)
  - Plan of Daily Operation (Form SDS 0656)
  - Consent for Release of Information (Form SDS 4533A)
  - Health History & Physician/Nurse Practitioner's Statement (Form SDS 0903)
  - AFH Financial Information (Form SDS 0448A)
  - References (reference form available on county website)
  - Detailed Floor Plan (see Floor Plan Guidelines available on county website)
  - House Rules (Sample Template available on county website)
  - Proof of First Aid and CPR training by approved trainer
  - Rental or Lease Agreement (if applicable)
  - Pet Vaccination Verification (if applicable)
  - Chimney Inspection (if applicable)
  - Well water inspection (if applicable)

**Submit all of the above application materials to the Washington County Developmental Disabilities Program at 5240 NE Elam Young Parkway Ste. 150, MS 66, Hillsboro, OR 97124 (by mail, in person, or drop box if after hours).**

**REMEMBER: THE APPLICATION IS NOT COMPLETE UNTIL THE REQUIRED INFORMATION IS SUBMITTED WITH THE REQUIRED NON-REFUNDABLE FEE (YOU WILL GET THE INFORMATION TO PAY THE FEE AFTER YOUR APPLICATION HAS BEEN REVIEWED AND A LICENSOR ASSIGNED). INCOMPLETE APPLICATIONS ARE VOID AFTER 60 DAYS OF THE DATE THE APPLICATION FORM IS RECEIVED. FAILURE TO PROVIDE ACCURATE INFORMATION MAY RESULT IN THE DENIAL OF THE APPLICATION.**