



APPLICATION TO PROVIDE AGENCY ADULT FOSTER CARE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADULT AND AGING SERVICES
SFN 541 (10-2024)

The application process for Adult Foster Care includes home visits and interviews designed to determine whether applicants meet minimum licensing requirements.

	NAME	SERVICE	DATE OF BIRTH
AGENCY			
INDIVIDUALS LIVING IN ADULT AGENCY FOSTER CARE			
Address		Telephone Number	
City	County	ZIP Code	

Have you previously applied for an Agency Adult Foster Care License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list the county and state where the application was made.		
Was the application approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I have read the rules and regulations governing Agency Adult Foster Care and agree to abide by them. As stated in the regulations, I understand and agree that I must be the owner or lessee and provide 24-hour care where Agency Adult Foster Care is provided.

Signature of Agency	Date
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