## **Department of County Human Services**



Aging, Disability & Veterans Services Adult Care Home Program

## RESIDENT MANAGER VACATION (OR ABSENCE FROM THE HOME) OVER 72 HOUR PLAN

MCAR 023-070-830 The Resident Manager must notify the ACHP of the name of the caregiver(s) who will be responsible for the care of the residents in the home at least 48 hours prior to leaving. In addition, at least 48 hours prior to leaving, Resident Managers shall appoint a designee, who must be approved by the ACHP, to oversee and monitor their adult care home anytime the Resident Manager will be out of the home or not present to oversee the daily operation of the home for more than 72 continuous hours.

Resident Manager's Name:	License Number:
Phone Number:	FAX Number:
Adult Care Home Address:	
Specific Dates of Absences: From:	To:
Your emergency contact information wh	nile you are gone (phone number)?
Who will live in the home and provide ca	are to the residents?
Who is/are the back-up caregiver(s)?	
Operator's Signature:	Date:
	OINTED DESIGNEE bunty licensed Operator or Resident Manager who has uring your absence?
Name:	Phone:License #:
Does this person have approval to admi	nit new residents while you are away? Yes 🗌 No 🗌

Date