

RESIDENT MANAGER EXCEPTION REQUEST
(MCAR 023-070-520)

Operator Name:	Proposed Resident Manager Name:
Care Home Address:	
Care Home Phone Number:	License #

A. Why is the current Resident Manager leaving? _____

B. Explain what you have done to find a qualified Resident Manager _____

C. Explain why the operator cannot move into the home and provide the care _____

D. Attach copy of current government-issued identification or driver's license (must be at least 21 years old), CPR/First Aid certificates, Caregiver Certificate (showing completion of Basic Training Course or Caregiver Workbook), Fire Safety Online Course Certificate, Mandatory Abuse Reporting Course Certificate for population to be served, Food Handler Card, Background Check Request or Approval.

E. Evidence that the person meets the experience requirements of a Resident Manager for the classification level of the license in the adult foster home. Please list the person's verifiable experience below: (attach additional sheets if necessary)

<u>Employer</u>	<u>Address</u>	<u>Telephone</u>	<u>Dates Employed</u>

F. Please **add the dates** the applicant plans to take or has taken the below trainings:

(Attach certificate copies for trainings or testing already completed)

- | | |
|---------------------------------------|--|
| 1) Orientation date: _____ | 6) Pre-Service Dementia Training date: _____ |
| 2) English Test date: _____ | 7) Record Keeping B date: _____ |
| 3) Basic Training date: _____ | 8) Food Handlers Training date: _____ |
| 4) Qualifying Test date: _____ | 9) Mandatory Abuse date: _____ |
| 5) Fire & Safety Training date: _____ | 10) Other: _____ |

Operator Agreement: I understand that I will not be granted more than two Resident Manager exceptions in a twelve-month period. I have, or will provide, at least twenty (20) hours of documented on-the-job training specific to the home and provided by me or by a qualified Resident Manager, which includes but is not limited to, emergency procedures and evacuation, medication management and documentation, universal precautions, body mechanics, meal preparation, resident charts and care plans, and specific care needs for each resident. I agree to frequently monitor this home and document my visits in the home. I agree to contact my licenser if any of the above listed deadlines cannot be met.

Operator Signature _____ **Date:** _____

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Operator has/ has not requested a Resident Manager exception within the past twelve months. The above named Caregiver is approved with an exception or denied to work as a Resident Manager in your home.

All requirements must be met by (Date):

Licenser: _____ Date: _____

Reviewed by ACHP Manager/Supervisor: _____ Date: _____

REQUIREMENTS TO BECOME AN APPROVED RESIDENT MANAGER

1. Approved background check for this role and population (\$15 for new background check)
2. Attend Orientation within past 12 months.
3. Pass English Test within past 12 months
4. Pass Basic Training Course (for APD, EQC course completed or after June 2012)
5. Current approved First Aid and CPR certificates
6. Food handler certificate
7. Mandatory abuse reporting certificate for population to be served
8. ACHP Qualifying test taken and passed
9. Other required training (OIS for DD-2B homes, Pre-service dementia training for APD homes)
10. Completed application with \$25.00 application fee. Application includes:
IRS Wage & Income Transcripts that support verifiable experience listed above
Health History and Physician Statement and 3 Professional Character References