Department of County Human Services

Name of Operator:



Date:

Aging, Disability and Veterans Services Division, Adult Care Home Program

Operator Request for Exception For Shift Managers

To Multnomah County Administrative Rules

License:

MCAR 023-050-105: Adult care home license applicants or Operators must apply in writing to the ACHP for an exception to a specific requirement of the ACHP rules. The Operator must prove to the ACHP by clear and convincing evidence that such an exception does not jeopardize the care, health, welfare or safety of the residents. Evidence must indicate that all residents' needs can be met and that all occupants can be evacuated within three minutes.

Adult Care Home Address:		City:	State	e: Zip:
1.	Exception requested: to the rule requiring Operate lives in the home or ACHP grants a written exception			
2.	Explain the reason why operator needs shift manaresidents in the home. Please indicate which special needs (i.e., head injuires, sexual offenders, Alzhe	cialized populations	s you serve v	
3.	How many shift managers does the Operator inte	nd to employ in the	home?	
4.	Where does the Operator intend to live?			
5.	Describe how the Operator intends to monitor the	home and remain	in compliand	ce.
	Attach a current staffing plan and a proposed stat	.	ception is app	proved.

☐ FOR OFFICE USE ONLY ☐					
Exception Request is Approved	☐ Denied				
Reason for granting / not granting exception request:					
Licenser:	Date:				

If an exception to any provision of these rules is denied, the applicant or licensed Operator may request an administrative conference with the ACHP (MCAR 023-050-125). To request an administrative conference, please call 503-988-3000 or email: advsd.adult.carehomeprogram@multco.us