



Anoka County Family Adult Foster Care Referral Form

Field Name	Response
Date:	
Referring Case Manager:	
Referring County:	
Phone:	
Email:	
Individual Referred:	
Diagnosis:	
Age:	
DOB:	
Current Residential Service:	
Funding Source:	

Service Needs: Check specific needs and add comments for clarification

Field Name	Response	Comments
Accessible home needed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Assistance with bathing/grooming	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Assistance with medication	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Assistance with overnight hours – describe in comments	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Special medical equipment – describe in comments	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Behavioral management plan needed – describe in comments	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Smokes or uses chewing tobacco	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Willing to share a bedroom	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Safe around young children	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Support animal or pet (vaccines must be up to date)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other limitations/ restrictions	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional Service Needs:

Field Name	Response	Comments
Day program or work – include schedule in comments	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medical appointments – include transportation details in comments	Yes <input type="checkbox"/> No <input type="checkbox"/>	



ILS, SLS, or SILS services – include provider in comments	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact/support from family	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Support Needs	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Why is this individual looking for a residential placement and why is Family AFC a good fit?

Requests for Out of (Anoka) County individuals: How does moving to Anoka County fit into the individual’s person-centered support plan? Please explain the person-centered reason for exploring placement in Anoka County.

When is a Family Foster Care placement needed?

Please provide any additional information that can assist with identifying the best AFC option(s) for this referral:

Please return the completed referral form and any supporting documentation to:
Rs-adultfostercare@anokacountymn.gov. Questions can be directed to 763-324-1231

Next Steps:

- Anoka County AFC Licensing Staff will review the referral documentation and reach out by phone or email if additional and/or clarifying information is needed.
- You will receive an emailed list containing information for any Family Foster Care Providers who were identified as a potential good fit based on the referral information.
- When contacting Family Foster Care Providers, please inform them that you received their contact information through Anoka County’s referral process.
- If a Family AFC Provider is contacted but you will not be moving forward with them, please notify the AFC provider of this.
- Intake meetings must be coordinated prior to placement and Case Managers should complete all tasks on the Placement Checklist.