

**ADULT FAMILY-CARE HOME
HOUSEHOLD RULES**

AFCH Provider: _____ Address: _____

The following rules apply to all residents residing in this Adult Family-Care Home. The purpose of these rules is to ensure the safety and well being of each resident and to promote resident rights and individual privacy.

- 1.
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- 15.

[Give this page to resident and resident's guardian or representative.]

ACKNOWLEDGMENT FORM

AFCH Provider: _____

Address: _____

The household rules of this adult family care home have been discussed with me and I have received of a copy of the rules.

Resident or Representative

Date

[Place this page in resident's record]