

### Back-up Operator/Resident Manager Agreement

All Adult Care Home Operators in Multnomah County are required to provide the name of another currently licensed Operator or approved Resident Manager who has agreed to oversee and monitor the adult care home in the event of an emergency. *MCAR 023-040-320(m) and MCAR 023-090-405(k)*

<b>Adult Care Home Information:</b>	
Applicant/Operator:	Resident Manager:
Home Phone:	Cell Phone:
Facility Address:	
License Number:	Classification & Population:
<b>Back-up Operator:</b>	
The designated Back-up Operator must:	
<ol style="list-style-type: none"> <li>1) Be an approved licensed Operator or Resident Manager in Multnomah County.</li> <li>2) Be a licensed Operator or Resident Manager serving the same population and classification (i.e. APD Operator cannot back-up DD operator)</li> <li>3) Not act as the Resident Manager and Back-up Operator for the same home.</li> </ol>	
Back-up Operator or Resident Manager:	
Home Phone:	Cell Phone:
Address:	
License Number:	Classification & Population:
<b>Orientation to the Adult Care Home:</b>	
The individual named below has agreed to respond in person in the event of an emergency where the licensed Operator is incapacitated or absent from the home. We the undersigned attest that the individual named below has the ability to temporarily oversee and monitor this home and has been:	
<input type="checkbox"/> Introduced to all residents and staff <input type="checkbox"/> Oriented to resident care plans and location of resident records <input type="checkbox"/> Delegated for all currently-required nursing tasks <input type="checkbox"/> Oriented to resident medications and means to access the locked medication storage <input type="checkbox"/> Oriented to Emergency Preparedness Plan for the home <input type="checkbox"/> Has a current role approval from the Adult Care Home Program, including background check	
<b><i>This agreement shall remain in effect through the current expiration date of the adult care home license unless revoked in writing by either party or the ACHP.</i></b>	
Applicant/Operator Signature:	Date:
Back-up Operator Signature:	Date:

For Adult Care Home Program Use Only.	
Licenser Signature:	Date: