# Rev. December 5, 2024 Resource Family – Case File Compliance Checklist

***INITIAL LICENSE***

**Family Name:** **Provider Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RFS Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Child Placing Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **ADP *(***[ ]  ***divorce decree attached*)** [ ]  **YFH** [ ]  **KIN** [ ]  **TFF** [ ]  **Guardianship**

[ ]  **Exception Required** [ ]  **Documentation Attached** [ ]  **Restricted to:­­­­­­­­­­­­­ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recommendation**: **License/Approved for** [ ]  **M** Children, Ages

##  [ ]  F Children, Ages

**Total Children:**

**☐ *Provisional*** License is Effective**: to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **RFSS Signature Date**

**☐ Regular** License is Effective**: to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any Item ***BOLD and ITALIC*** does not apply to CPA agency

|  |  |  |
| --- | --- | --- |
| **Worker** **Date & Initial** | **Supervisor****Check ü** | **Form** |
|  |  | CFS-090P1 Resource Family Application and Profile  |
|  |  | DPHHS-CFS-018 Release of Information for all adults in the home ***and children ages 13 & older if family is adopting***  |
|  |  | ***PCX Completed by placing worker*** [ ] Yes Date \_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  No |
|  |  | Completed Fingerprint Cards for all adults |
|  |  | APR&CF 20170213   Applicant Rights and Consent to Fingerprint  |
|  |  | Satisfactory MT CPS Check |
|  |  | Letters sent to other states household member(s) have lived in within last 5 years |
|  |  | Tribal Check (if living on or have lived on a reservation) [ ]  Criminal [ ]  CPS ([ ]  N/A) |
|  |  | Satisfactory Montana Motor Vehicle Check |
|  |  | DPHHS-CFS-033 Personal Statement of Health for all household members  |
|  |  | DPHHS-CFS-033A Licensed Care Provider Medical Report ([ ]  not applicable)  |
|  |  | DPHHS-CFS-LIC-020 Foster Home Licensing/Relicensing Agreement  |
|  |  | W-9 |
|  |  | Safe Sleep Checklist Reviewed/Signed |
|  |  | Youth Bill of Rights Posted |
|  |  | [ ]  ***KCS Training*** [ ]  ***KCS Training Waived (documentation attached)*** |
|  |  | [ ]  ***CAPS Screens:*** [ ]  ***FALL***[ ]  ***PRPL***[ ]  ***PRTL***[ ]  ***FACD*** [ ]  ***PADL***  |
| **Worker Date & Initial** | **Supervisor****Check ü** | **Form** |
|  |  | ***Compatibility Inventory (YFH ONLY)*** |
|  |  | CFSD-060 Federal Criminal Check Determination for all adults  |
|  |  | ***Satisfactory Juvenile Record Check for children ages 13 & older if family is adopting*** |
|  |  | CPS √’s results for all states lived in during last 5 years [ ]  [ ]  [ ]  [ ]  [ ]  |
|  |  | Satisfactory Reference Letters (3) [ ]  [ ]  [ ]   |
|  |  | Vehicle Insurance |
|  |  | Pet Immunization |
|  |  | Immunization Records (children under age 12) **OR** Affidavit of Exemption on Religious Grounds(CFS 113A) |
|  |  | CFS-068 Financial/Asset Statement |
|  |  | Water Test (if applicable) |
|  |  | [ ]  Safe Questionnaire I [ ]  Safe Questionnaire II [ ]  ***CFSD 601 Kinship Questionnaire*** |
|  |  | [ ]  CPA Training |
|  |  | [ ]  ***Creating a Lifelong Family*** [ ]  ***CLF waived (documentation attached)*** |
|  |  | [ ]  SAFE Assessment [ ]  ***Kinship Assessment*** [ ]  SAFE Update |
|  |  | [ ]  ***DOCGEN:***[ ] ***License***[ ] ***CFS-060***[ ] ***CPS results(all States)***[ ] ***MVD results*** [ ] ***Home Study*** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RFS Supervisor Signature DATE**