

## 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 ✓	Form
		CFS-090P1 Resource Family Application and Profile
		DPHHS-CFS-018 Release of Information for all adults in the home <b><i>and children ages 13 &amp; older if family is adopting</i></b>
		<b><i>PCX Completed by placing worker</i></b> <input type="checkbox"/> Yes    Date _____ <input type="checkbox"/> 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) <input type="checkbox"/> Criminal <input type="checkbox"/> CPS ( <input type="checkbox"/> 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 ( <input type="checkbox"/> not applicable)
		DPHHS-CFS-LIC-020 Foster Home Licensing/Relicensing Agreement
		W-9
		Safe Sleep Checklist Reviewed/Signed
		Youth Bill of Rights Posted
		<input type="checkbox"/> <b><i>KCS Training</i></b> <input type="checkbox"/> <b><i>KCS Training Waived (documentation attached)</i></b>
		<input type="checkbox"/> <b><i>CAPS Screens: <input type="checkbox"/> FALL <input type="checkbox"/> PRPL <input type="checkbox"/> PRTL <input type="checkbox"/> FACD <input type="checkbox"/> PADL</i></b>
Worker Date & Initial	Supervisor Check ✓	Form
		<b><i>Compatibility Inventory (YFH ONLY)</i></b>
		CFSD-060 Federal Criminal Check Determination for all adults
		<b><i>Satisfactory Juvenile Record Check for children ages 13 &amp; older if family is adopting</i></b>
		CPS ✓'s results for all states lived in during last 5 years <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Satisfactory Reference Letters (3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Vehicle Insurance
		Pet Immunization
		Immunization Records (children under age 12) <b><u>OR</u></b> Affidavit of Exemption on Religious Grounds(CFS 113A)
		CFS-068 Financial/Asset Statement
		Water Test (if applicable)
		<input type="checkbox"/> Safe Questionnaire I <input type="checkbox"/> Safe Questionnaire II <input type="checkbox"/> <b><i>CFSD 601 Kinship Questionnaire</i></b>
		<input type="checkbox"/> CPA Training
		<input type="checkbox"/> <b><i>Creating a Lifelong Family</i></b> <input type="checkbox"/> <b><i>CLF waived (documentation attached)</i></b>
		<input type="checkbox"/> SAFE Assessment <input type="checkbox"/> <b><i>Kinship Assessment</i></b> <input type="checkbox"/> SAFE Update
		<input type="checkbox"/> <b><i>DOCGEN: <input type="checkbox"/> License <input type="checkbox"/> CFS-060 <input type="checkbox"/> CPS results(all States) <input type="checkbox"/> MVD results <input type="checkbox"/> Home Study</i></b>

RFS Supervisor Signature \_\_\_\_\_

DATE \_\_\_\_\_