

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 _____ LBC or designee 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 <i>and children ages 13 & older if the family is adopting</i>
		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"/> KCS Training <input type="checkbox"/> KCS Training Waived (documentation attached)
		<input type="checkbox"/> CAPS Screens: □ FALL □ PRPL □ PRTL □ FACD □ PADL
Worker Date & Initial	Supervisor Check ✓	Form
		Compatibility Inventory (CFSD 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 <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)
		OR <input type="checkbox"/> 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 (YFH/TFF Homes only)
		<input type="checkbox"/> CPA Training
		<input type="checkbox"/> Creating a Lifelong Family <input type="checkbox"/> CLF waived (documentation attached)
		<input type="checkbox"/> SAFE Assessment <input type="checkbox"/> Kinship Assessment <input type="checkbox"/> SAFE Update
		<input type="checkbox"/> DOCGEN: □ License □ CFS-060 □ CPS results(all States) □ MVD results □ Home Study