

Rev. July 14, 2025, **Resource Family - Case File Compliance Checklist EXPIRES:** _____
RENEWAL 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: _____

Temporary 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
		DPHHS-CFS-021 Resource Family Renewal Application (Rev 4.18.24)
		<i>Safe Update Questionnaire (YFH/TFF only)</i>
		Satisfactory Name-Based Checks for all adults in the home over the last year
		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
		Safe Sleep Checklist Reviewed and Signed
		Youth Bill of Rights Posted
		<i>Updated Compatibility Inventory – (YFH ONLY)</i>
		<i>Satisfactory Juvenile Record Check for children ages 13 & older if family is adopting</i>
		Vehicle Insurance
		Pet Immunization
		Immunization Records (children under age 12)
		<u>OR</u> <input type="checkbox"/> Affidavit of Exemption on Religious Grounds(CFS 113A)
		CFS-068 Financial/Asset Statement
		Water Test (if applicable)
		<input type="checkbox"/> 30 hours <input type="checkbox"/> CORE KCS <input type="checkbox"/> <i>Exception for training hours - documentation attached</i>
		<input type="checkbox"/> <i>Creating a Lifelong Family</i> <input type="checkbox"/> <i>CLF waived (documentation attached)</i>
		<input type="checkbox"/> SAFE Update <input type="checkbox"/> Kinship Ongoing Assessment
		<input type="checkbox"/> Placing Worker(s) Evaluation of Home (if received) Date Sent: _____
		<input type="checkbox"/> <i>DOCGEN:</i> <input type="checkbox"/> <i>License</i> <input type="checkbox"/> <i>B/G checks</i> <input type="checkbox"/> <i>MVD results</i> <input type="checkbox"/> <i>Home Study</i>
		<input type="checkbox"/> <i>CAPS Screens:</i> <input type="checkbox"/> <i>FALL</i> <input type="checkbox"/> <i>PRPL</i> <input type="checkbox"/> <i>PRTL</i> <input type="checkbox"/> <i>PRCL</i>
Worker Date & Initial	Supervisor Check ✓	NOTICE: The section below must be done for ALL new adults in the home
		DPHHS-CFS-018 Release of Information for adults new to the home or for youth 13 to 18 (new to the home) for adoptive approvals
		Completed Fingerprint Cards for all adults new to the home
		MT CPS check for all adults new to the home
		APR & CF 20170213 Applicant Rights & Consent to Fingerprint for adults new to the home
		Letters sent to other states new adults to the home have lived in within last 5 years
		Tribal Check (if living on or have lived on a reservation) for all adults new to the home <input type="checkbox"/> Criminal <input type="checkbox"/> CPS (<input type="checkbox"/> not applicable)
		CFSD-060 Federal Criminal Check Determination for all adults new to the home
		CPS ✓'s for adults new to the home for all states lived in during last 5 years <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

RFS Supervisor Signature

DATE