# Rev. June 1, 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 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** |
|  |  | 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) |
|  |  | Affidavit of Exemption on Religious Grounds(CFS 113A), if needed |
|  |  | 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:LicenseCFS-060CPS results(all States)MVD results Home Study*** |

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**RFS Supervisor Signature DATE**