# Rev. July 14, 2025 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 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 the family is adopting*** |
|  |  | 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 (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 |
|  |  | 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 (YFH/TFF Homes only) |
|  |  | 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**