

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 <i>and children ages 13 & older if family is adopting</i>
		<i>PCX Completed by placing worker</i> <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 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"/> <i>KCS Training</i> <input type="checkbox"/> <i>KCS Training Waived (documentation attached)</i>
		<input type="checkbox"/> <i>CAPS Screens: <input type="checkbox"/> FALL <input type="checkbox"/> PRPL <input type="checkbox"/> PRTL <input type="checkbox"/> FACD <input type="checkbox"/> PADL</i>
Worker Date & Initial	Supervisor Check ✓	Form
		CFSD-060 Federal Criminal Check Determination for all adults
		<i>Satisfactory Juvenile Record Check for children ages 13 & older if family is adopting</i>
		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)
		Affidavit of Exemption on Religious Grounds(CFS 113A), if needed
		CFS-068 Financial/Asset Statement
		Water Test (if applicable)
		<input type="checkbox"/> Safe Questionnaire I <input type="checkbox"/> Safe Questionnaire II <input type="checkbox"/> <i>CFSD 601 Kinship Questionnaire</i>
		<input type="checkbox"/> CPA Training
		<input type="checkbox"/> <i>Creating a Lifelong Family</i> <input type="checkbox"/> <i>CLF waived (documentation attached)</i>
		<input type="checkbox"/> SAFE Assessment <input type="checkbox"/> <i>Kinship Assessment</i> <input type="checkbox"/> SAFE Update
		<input type="checkbox"/> <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>

RFS Supervisor Signature

DATE