# Rev. June 1, 2024 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**☐ *Provisional*** License is Effective**: to**

**☐ Regular** License is Effective**: to**

Any Item ***BOLD and ITALIC*** does not apply to CPA agency

|  |  |  |
| --- | --- | --- |
| **Worker**  **Date & Initial** | **Supervisor**  **Check ü** | **Form** |
|  |  | DPHHS-CFS-021 Resource Family Renewal Application (Rev 095/18) |
|  |  | Safe Questionnaire Update |
|  |  | Satisfactory Name-Based Checks for all adults in the home 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 ( not applicable) |
|  |  | DPHHS-CFS-LIC-020 Foster Home Licensing/Relicensing Agreement |
|  |  | **Safe Sleep Checklist Reviewed and Signed** |
|  |  | **Youth Bill of Rights Posted** |
|  |  | ***CAPS Screens:  FALL  PRPL  PRTL  PRCL*** |
| **Worker**  **Date & Initial** | **Supervisor**  **Check ü** | **Form** |
|  |  | ***Satisfactory Juvenile Record Check for children ages 13 & older if family is adopting*** |
|  |  | 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) (at renewal) |
|  |  | 30 hours  CORE KCS  Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | ***Creating a Lifelong Family***  ***CLF waived (documentation attached)*** |
|  |  | SAFE Update |
|  |  | Placing Worker(s) Evaluation of Home |
|  |  | ***DOCGEN:  License  B/G checks  CPS results  MVD results  Home Study*** |
| **Worker**  **Date & Initial** | **Supervisor**  **Check ü** | **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 and older 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  Criminal  CPS ( 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 |

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**RFS Supervisor Signature DATE**