# 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 ü** | **Form** |
|  |  | DPHHS-CFS-021 Resource Family Renewal Application (Rev 4.18.24) |
|  |  | *Safe Update Questionnaire (YFH/TFF only)* |
|  |  | 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 ( not applicable) |
|  |  | DPHHS-CFS-LIC-020 Foster Home Licensing/Relicensing Agreement |
|  |  | Safe Sleep Checklist Reviewed and Signed |
|  |  | Youth Bill of Rights Posted |
|  |  | ***Updated Compatibility Inventory – (YFH ONLY)*** |
|  |  | ***Satisfactory Juvenile Record Check for children ages 13 & older if family is adopting*** |
|  |  | 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) |
|  |  | 30 hours  CORE KCS  ***Exception for training hours - documentation attached*** |
|  |  | ***Creating a Lifelong Family***  ***CLF waived (documentation attached)*** |
|  |  | SAFE Update  Kinship Ongoing Assessment |
|  |  | Placing Worker(s) Evaluation of Home (if received) Date Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | ***DOCGEN:*  *License*  *B/G checks*  *MVD results*  *Home Study*** |
|  |  | ☐ ***CAPS Screens:* ☐ *FALL* ☐ *PRPL* ☐ *PRTL* ☐ *PRCL*** |
| **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 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  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**