# Rev. July 14, 2025 Resource Family – Case File Compliance Checklist

***Adoption and Guardianship Approval for Tribally Licensed Families***

**Family Name:** **Provider Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RFS Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adoption( *divorce decree attached*)  Guardianship**

**Exception Required  Documentation Attached  Restricted to:­­­­­­­­­­­­­ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recommendation**: **Approved for**  **M** Children, Ages

## F Children, Ages

**Total Children:**

**☐ Approval** is Effective**: to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(*End date will match tribal license expiration date*)

|  |  |  |
| --- | --- | --- |
| **Worker**  **Date & Initial** | **Supervisor**  **Check ü** | **Form** |
|  |  | Verification of Full Tribal Foster Care License (attached) |
|  |  | 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 Adoption 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 |
|  |  | 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) |
|  |  | Safe Sleep Checklist Reviewed/Signed |
|  |  | 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 |
|  |  | CFS-068 Financial/Asset Statement |
|  |  | ***Creating a Lifelong Family***  ***CLF waived (documentation attached)*** |
|  |  | Tribal Assessment for Adoption and Guardianship |
|  |  | **CAPS Screens:  FALL  PRTL  PRCL** |
|  |  | **DOCGEN:LicenseCFS-060CPS results (all States)MVD results Home Study** |

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**RFS Supervisor Signature DATE**