

CHECKLIST FOR FAMILIES

- Resource Family
- County Referred
- Private Home Study

Name _____

Dates received or completed:

- _____ Registration information form including 10 years of addresses for each parent
- _____ Client Grievance Policy
- _____ Family Training plan and TOLs
- _____ Family Profile Authorization Agreement
- _____ Autobiography for each partner
- _____ Birth Certificate for each partner
- _____ Medical report for each partner
- _____ Medical Self Questionnaire Form for each partner
- _____ Medical reports –Children
- _____ Marriage certificate copy (if applicable)
- _____ Financial statement for household
- _____ Copy of tax return for last year
- _____ Copy of pay stubs
- _____ Letter from employer
- _____ List of jobs for past ten (10) years or copy of resume
- _____ Copy of Social Security earnings and/or benefits letter
- _____ Divorce decree(s) or death certificate(s) on previous marriages
- _____ Custody Order for children (in cases of divorce)
- _____ PA Child Abuse clearance (Form CY-113)
- _____ Child Abuse reports for other states where you resided (last five years)
- _____ PA State Police Criminal history clearance (Form SP4-164)
- _____ Cogent FBI clearances with DPW letter
- _____ Act 160 Form for each partner
- _____ Deed to Home or proof of rental
- _____ Homeowners or Renter’s insurance
- _____ Copy of any documents related to Bankruptcy or liens
- _____ Guardianship Form

_____ List of references (4) List names below

For Each Person 18 and over in home at least 30 days/year:

- _____ PA State Police Clearance
- _____ PA Child Abuse Clearance
- _____ Act 160 questionnaire
- _____ COGENT fingerprint record

Dates of Coordinator checks:

- _____ Call to local Bankruptcy Court—Results _____
- _____ Call to local police (list): _____ Results: _____
- _____ Call regarding PFA for or against parents –Results: _____
- _____ HIPAA release form signed at time of review
- _____ PAE Registration completed
- _____ Letter notifying family of approval status mailed.

-----**For Resource Families**-----

- _____ Copy of Driver's license
- _____ Proof of Insurance and Registration of all cars
- _____ Proof of CPR/First Aid course
- _____ Signed copy of program discipline policy
- _____ Signed copy of program grievance policy
- _____ Signed copy of proof of attendance at foster care orientation
- _____ Disaster Plan
- _____ Proof of CPSL training for each parent
- _____ Proof of Reasonable and Prudent Parent training for each parent