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

CHECKLIST FOR FAMILIES

Resource Family

	List of references (4) List names below
For Each You	uth 18 and over in home at least 30 days/year: PA State Police Clearance
	PA Child Abuse Clearance
	Act 160 questionnaire
	FBI fingerprint record
Dates of Coo	ordinator 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 car inspection
	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
	Proof of completion of Mandated Reporter training
	Proof of Reasonable and Prudent Parenting training

Disaster Plan