# 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:**[ ] **License**[ ] **CFS-060**[ ] **CPS results (all States)**[ ] **MVD results** [ ] **Home Study** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RFS Supervisor Signature DATE**