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 ✓	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**