

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 <i>and children ages 13 & older if the family is adopting</i>
		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 (<input type="checkbox"/> not applicable)
		Safe Sleep Checklist Reviewed/Signed
		CFSD-060 Federal Criminal Check Determination for all adults
		<i>Satisfactory Juvenile Record Check for children ages 13 & older if family is adopting</i>
		CPS √'s results for all states lived in during last 5 years <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		CFS-068 Financial/Asset Statement
		<input type="checkbox"/> <i>Creating a Lifelong Family</i> <input type="checkbox"/> <i>CLF waived (documentation attached)</i>
		<input type="checkbox"/> Tribal Assessment for Adoption and Guardianship
		<input type="checkbox"/> CAPS Screens: <input type="checkbox"/> FALL <input type="checkbox"/> PRTL <input type="checkbox"/> PRCL
		<input type="checkbox"/> DOGEN: <input type="checkbox"/> License <input type="checkbox"/> CFS-060 <input type="checkbox"/> CPS results (all States) <input type="checkbox"/> MVD results <input type="checkbox"/> Home Study

RFS Supervisor Signature

DATE