

**INITIAL FOSTER CARE LICENSING CHECKLIST**

FOSTER APPLICANTS \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 LICENSE TYPE: \_\_\_\_\_ RECOMMENDED CAPACITY: \_\_\_\_\_ RECOMMENDED AGE RANGE: \_\_\_\_\_  
 SEX: M/F/EITHER RESTRICTIONS: \_\_\_\_\_

**FORMS**

- TRANSMITTAL SHEET
- LETTER OF RECOMMENDATION
- INITIAL APPLICATION (one page)
- Demographics/financial capability
- RELEASE OF INFORMATION (all adults)
- HOMESTUDY (signed/dated by licensing counselor and supervisor)
- MAPP PROFILE & MATERIALS
- LICENSING. INSPECTION
- DOG SAFETY ASSESSMENT
- DOG SAFETY PLAN (score of 29+)
- E.H. INSPECTION
- DISASTER PLAN
- FLOOR PLAN
- INTERIOR/EXTERIOR PHOTOS OF HOME
- BI-LATERAL AGREEMENT
- CONFIDENTIALITY./GUN SAFETY
- WATER SAFETY POLICY
- EPSDT
- HIPPA
- MEDICAL RELEASE (if applicable)
- MEDICAL INFO IF NECESSARY

**COPIES**

- MAPP CERTIFICATES
- MARRIAGE LICENSE
- DIVORCE DECREE (most current needed)
- CUSTODY ORDERS
- DD214 (military discharge)
- PET VACCINATIONS
- WATER SAFETY COURSE
- DRIVER'S LICENSE AP 1
- DRIVER'S LICENSE AP 2
- SS CARD AP 1
- SS CARD AP 2
- CAR INSURANCE CARDS
- RADON TEST (Charlotte only)

**FAMILY DEVELOPMENT SPECIALIST:**

\_\_\_\_\_  
 Signature Date

**AGENCY SUPERVISOR REVIEW:**

\_\_\_\_\_  
 Signature Date

**REFERENCES**

- 1. NEIGHBOR
- 2. NEIGHBOR
  
- 1.PERSONAL (known for 2 years or more)
- 2.PERSONAL (known for 2 years or more)
- 3.PERSONAL (known for 2 years or more)
  
- EMPLOYER AP 1 (must include last 2 years)
- EMPLOYER AP 2 (must include last 2 years)
- ADULT CHILDREN (all)
- SCHOOL (all children)
- DAYCARE (all children)
- PROFESSIONAL REFERENCE FROM PREVIOUS LICENSING AGENCY

**SCREENING**

- FINGER PRINT AP 1
- FINGER PRINT AP 2
- AFFIDAVIT GMC AP 1
- AFFIDAVIT GMC AP 2
- DJJ CARETAKER (AGES 12-17)
- LOCAL LAW AP 1
- LOCAL LAW AP 2
- ABUSE REGISTRY
- ADAM WALSH ACT ABUSE REGISTRY
- CLERK OF COURTS (office check)
- COURT DISPOSITION (if necessary)
- DRIVING RECORD AP 1
- DRIVING RECORD AP 2
- OTHER ADULT IN THE HOME SCREENING

NAME OF BACK-UP PROVIDER FOR SINGLE PARENT \_\_\_\_\_  
 FBI  FDLE  LOCAL LAW  
 ABUSE REGISTRY  AGMC

**PLEASE NOTE: Two home visits must be completed and all family members must be interviewed.**

**If the applicant is self employed a reference from an associate or customer must be obtained. If the applicant is unemployed then a reference from a previous employer or an additional personal reference must be obtained.**