



**RELOCATION CHECKLIST**

**FOSTER PARENTS** \_\_\_\_\_

**NEW ADDRESS** \_\_\_\_\_

**NEW TELEPHONE NUMBERS** \_\_\_\_\_

**LICENSE #:** \_\_\_\_\_ **NUMBER OF MINOR CHILDREN IN HOME**

(BIO/ADOPT/ECT) \_\_\_\_\_

**LICENSE TYPE:** SPECIALIZED / THERAPEUTIC / RESPITE / FOSTER-ADOPT / FLEXIBLE / MEDICAL

/ EMERGENCY SHELTER / SPECIFIC AGE, SEX, ECT LIMITATION / CHILD SPECIFIC

**RECOMMENDED CAPACITY:** \_\_\_\_ **PREFERENCES: AGES:** \_\_\_\_ - \_\_\_\_ **GENDER: M / F / EITHER**

**RESTRICTIONS:** (NOTE ANY LIMITATIONS) \_\_\_\_\_

**ATTACH THE FOLLOWING DOCUMENTS FOR RELOCATION:**

\_\_\_\_\_ FOSTER PARENT - SUPPLEMENTAL APPLICATION

\_\_\_\_\_ RELOCATION NARRATIVE

\_\_\_\_\_ INSPECTION BY LICENSING COUNSELOR

\_\_\_\_\_ ENVIRONMENTAL HEALTH INSPECTION

\_\_\_\_\_ FINANCIAL CAPABILITY AND BUDGET

\_\_\_\_\_ DISASTER PREPAREDNESS PLAN (IF APPLICABLE)

\_\_\_\_\_ FLOOR PLAN

\_\_\_\_\_ WATER SAFETY AGREEMENT AND COURSE VERIFICATION

(IF APPLICABLE)

**LICENSING COUNSELOR/SUPERVISOR'S LICENSING RECOMMENDATIONS:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Licensing Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date