

## Isaiah's Place - Initial License Checklist

Foster Parent(s): \_\_\_\_\_ Received App Date: \_\_\_\_\_ Expired App Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Inquiry #: \_\_\_\_\_

Foster Parents Complete - Goal Date: _____	Gather from Foster Parents - Goal Date: _____	Licensing Specialist Completes - Goal Date: _____			
<ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Application</li> <li>2. <input type="checkbox"/> BCI &amp; FBI Fingerprints for all adult household members</li> <li>3. <input type="checkbox"/> 36 Hours of Pre-Service Training                             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> CPR/FA</li> <li>b. <input type="checkbox"/> Isaiah's Place Rules &amp; Policies (3 hrs)</li> </ol> </li> <li>4. <input type="checkbox"/> Fire Inspection (Good for 6 months)</li> <li>5. <input type="checkbox"/> Child Characteristics Checklist</li> <li>6. <input type="checkbox"/> Evacuation Plan</li> <li>7. <input type="checkbox"/> Conviction Statement (all adults)</li> <li>8. <input type="checkbox"/> Financial Statement (1681)</li> <li>9. <input type="checkbox"/> Medicals (Good for 6 months)</li> <li>10. <input type="checkbox"/> Well Water Check/Alternative water plan (if applicable)</li> </ol>	<ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Driver's License</li> <li>2. <input type="checkbox"/> SS Card or Birth Certificate (all adults)</li> <li>3. <input type="checkbox"/> Proof of Car Insurance</li> <li>4. <input type="checkbox"/> Most Recent Tax Return</li> <li>5. <input type="checkbox"/> Most Recent Utility Bills (1 mo) - must be for services paid for after application is dated</li> <li>6. <input type="checkbox"/> Proof of income for 2 months must represent income after application is dated                             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> Applicant 1 Provided: _____</li> <li>b. <input type="checkbox"/> Applicant 2 Provided: _____</li> </ol> </li> <li>7. <input type="checkbox"/> Marriage License (if applicable)</li> <li>8. <input type="checkbox"/> Divorce Decree (if applicable)</li> <li>9. <input type="checkbox"/> Pet Shot Records (if applicable)</li> </ol> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <p><b>New foster homes cannot be licensed for the placement of more than three children in the first two years.</b></p> </div>	<ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Central Registry Checks (all adults)</li> <li>2. <input type="checkbox"/> National Sex Offender Search &amp; Form</li> <li>3. <input type="checkbox"/> 3 References</li> <li>4. <input type="checkbox"/> SACWIS Home Study</li> <li>5. <input type="checkbox"/> Safety Audit (1348)</li> <li>6. <input type="checkbox"/> Pre-service Training Log</li> <li>7. <input type="checkbox"/> ITNA received and reviewed</li> <li>8. <input type="checkbox"/> Child Characteristics Checklist reviewed</li> <li>9. <input type="checkbox"/> Medicals dates verified</li> <li>10. <input type="checkbox"/> BCI - 2151.86 &amp; address <input type="checkbox"/> If applicable, email Virginia Potts for verification of reason code</li> <li>11. <input type="checkbox"/> FBI - 2151.86 &amp; address - If Applicable:                             <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> a RAPSHEET was requested &amp; received</td> <td style="padding: 2px;"><input type="checkbox"/> Rehabilitation Documentation Received</td> <td style="padding: 2px;"><input type="checkbox"/> Determination of Rehabilitation Form completed</td> </tr> </table> </li> <li>12. <input type="checkbox"/> Child (Adult) References (if applicable)</li> <li>13. <input type="checkbox"/> Previous Agency Reference (if applicable)</li> </ol>	<input type="checkbox"/> a RAPSHEET was requested & received	<input type="checkbox"/> Rehabilitation Documentation Received	<input type="checkbox"/> Determination of Rehabilitation Form completed
<input type="checkbox"/> a RAPSHEET was requested & received	<input type="checkbox"/> Rehabilitation Documentation Received	<input type="checkbox"/> Determination of Rehabilitation Form completed			

\_\_\_\_\_  
Primary Licensing Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Licensing Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Manager

\_\_\_\_\_  
Date