Foundations for Home and Community

Checklist

Date: _____

Name: _____ SSN: _____
Address: _____
_____

Phone: (Home) _____ (Work) _____ (Cell) _____

Change in Residency:

Date change occurred: _____

New address: _____
_____

Phone: (Home) _____ (Work) _____ (Cell) _____

Forms and Compliance Submissions			D.C.	MD.
1. Application				
2. Clearances: (for all household members 18 years of age and older)	Charges Yes	No		
a. DC – Child Protection	___	___		
MPD Clearance	___	___	___	
FBI	___	___	___	
			___	
b. MD - Child Protection	___	___		___
State	___	___		___
FBI	___	___		___
Child Support Search	___	___		___
3. Sworn Disclosure Statement				
4. Corporal Punishment Statement				
5. Confidentiality Statement				
6. Foster Parent Questionnaire				
7. a. Financial Statement/Work History			___	___
b. 2 Recent Pay Stubs (for applicant and spouse if applicable)			___	___
8. Reference Checks (3) 1.___ 2.___ 3.___			___	___
Educational Reference			___	___
9. CPR Certification				

	D.C	MD
10. First Aid Certification		
11. Fire Inspection (one time requirement) a. P.G. Cty: (cost $25.00) b. Charles/St. Mary's/Calvert: (FHC will send information) c. DC: SE/NE – Valerie Evans 202-727-1871 (cost $150.00) DC: NW/SW- Gloria Townsend 202-727-1917 (cost $150.00)	____ ____	____ ____
12. Fire Escape Plan a. # of extinguishers ____ b. # of smoke detectors ____	____	____
13. Health Certification (for all members of the household) a. TB Test and results (yearly) b. physical exam (every 2 years)	____ ____	____ ____
14.Insurance a. auto b. homeowners or apartment	____ ____	____ ____
15. Health Inspection (Md. Only)	n/a	
16. Licensing Regulation Administration (D.C. only) a. Foster Home Evaluation Report b. Application to Operate/Maintain Foster Home c. 'Clean Hands' form	____ ____ ____	n/a
17. Pet Vaccinations		
18. Copy of Driver's License or government issued ID		
19. Marriage License/Divorce decree		
20. Consent for Authorization Form (Driving Record)		
21. Release Form		
22. Role/Responsibility Form		
23. Do's & Dont's Form		
24. Dually Licensed Form		
25. Guidelines for Maintenance		
26. Insurance Coverage Form		
26. Certificate (Pre-Service Training – 30 hours)		
27. Home Study Assigned a. Name of Home Assessor: _____ b. Date assigned: _____ Date due: _____ b. Home Study Report written		

Notes/Reminders: