



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 CHILDREN'S DIVISION
Resource Provider Case File Transfer Checklist

Refer to policy **Section 5 Chapter 4 Subsection 10** for process to transfer a resource provider case file

Section	In file	Comments
Forms		
Initial Application, CS-42		
Application, CS-42 for each renewal		
Resource Home Safety Checklist, CS-45 initial		
Resource Home Safety Checklist, each Quarter		
Well-water check(if applicable)		
Discipline Agreement, CD-119, initial		
Discipline Agreement, CD-119, each renewal		
Safe Sleep Practices, CD-117, initial		
Safe Sleep Practices, CD-117 each renewal		
Notification of Hazards, CD-101, initial		
Notification of Hazards, CD-101, each renewal		
Current Authorization for Release of Information, SS-6		
Sanitation Inspection CS-101J (if applicable)		
Fire & Safety Inspection, (if applicable)		
Resource Family Exit Interview, CD-112		
Placement Exception Form, CD-201, (if applicable)		
Required LFRH forms, CD-28, CD-30		
Required LFRH transportation plan		
Required LFRH one-on-one plan		
Required LFRH back-up supervision plan		
HIPAA		
Resource Provider HIPAA Information, CD-194		
Current licensure period Foster/Adoptive Medical Report, CS-215 for each family member		
Psychological Evaluations/Therapists' Reports (if applicable)		
TB Test (if applicable)		
Background Checks		
All household members age 17 and older		
Current Licensure Period Criminal Background Check results if within same agency, or letter regarding results for contractors for each household member age 17 and older		
Case.Net for each household member age 17 and older		
Family Care Safety Registry Result Letter for each household member age 17 and older		
Sex Offender List by address,		
Correspondence		
Letters to the Foster Family		
Any written correspondence including email		
Training		
All training certificates to support FACES data entry		

All training sign-in sheets to support FACES data entry		
Resource Family In-service Training Request, CD-114 (if applicable)		
All flyers and notifications of in-service training opportunities		
Contracts		
Current contract for each program area approved to provide		
Resource Home Assessment		
Initial Home Assessment		
Each Addendum for changes in the household		
Each License Re- Assessment for renewal		
School Reference, CS-101e (if applicable)		
Employer Reference Questionnaire, CS-101C		
Personal Reference Questionnaire, CS-101f		
Professional Family Development Plan, CD-100		
Outdated CD-56		
Quarterly Summaries, CD-118		
OHI Reports (if applicable)		
Each report has a cover sheet including Name, Date of Report, Incident Number and Expungement Date		
Administrative		
Resource Home Adverse Action Report, CS-20		
Notification of Resource Home Adverse Action, CS-20a		
Application for Fair Hearing, CD-53		
Withdrawal of Request for Hearing, CD-54		
CA/N prior history check FACES print out		
Alternative Care Grievance Form, CS-131		
Service Delivery Grievance Form, CS-131		
Notification Letter for Adoption and Guardianship Subsidy Denial, CD-87		
Narrative		
Monthly progress notes		
Quarterly Summaries if not using CD-118		
Transfer Case summary		
Emergency Evacuation and Disaster Plan		
Copy of Evacuation plan posted in the home		
Copy of the disaster plan per policy Section 6 Chapter 4		

Reviewer affirmation of all case content:

Print Name	Signature	Date reviewed
------------	-----------	---------------