**Initial Licensing Guide**

Resource Name: Click or tap here to enter name. Date Assigned: Enter a Date Due Date: Enter a Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Within 3 Business Days** | **Home Visit 1**  **Date**: Click or tap to enter a date. | **Virtual Check-in Date:** Click or tap to enter a date. | **Home Visit 2**  **Date**: Click or tap to enter a date. | **Licensure and Approval**  **Date**: Click or tap to enter a date. |
| **Make contact and discuss**:  Introduction  Home Assessment Process  Training Schedule  Schedule Home Visit 1   * Discuss Respite/Begin Respite Process   **Discuss documentation to be sent and completed prior to Home Visit 1:**  Introduction Letter  Documentation Checklist (below)  Application [CS-42](http://dss.mo.gov/cd/info/forms/word/cs42.dotx)  Fingerprint Letter and Instructions  Family Care Safety Registry  Medical Reports, [CW-215](https://dss.mo.gov/cd/info/forms/word/cw215.docx)  3 Personal References, [CS-101f](http://dss.mo.gov/cd/info/forms/word/cs101f.dotx)  Employment References [CS-101c](http://dss.mo.gov/cd/info/forms/word/cs101c.dotx), if applicable.  School References, [CS-101e](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fdss.mo.gov%2Fcd%2Finfo%2Fforms%2Fword%2Fcs101e.dotx&wdOrigin=BROWSELINK) if applicable | **Safety Assessment and Interviews**  **Review and discuss:**  Screenings Completed  Any References Received  **Collect Initial Paperwork:**  Application, [CS-42](http://dss.mo.gov/cd/info/forms/word/cs42.dotx)  Family Care Safety Registry  Medicals, [CW-215](https://dss.mo.gov/cd/info/forms/word/cw215.docx)  References  **Complete Safety Forms**  Home and Safety Checklist, [CD-335](http://dss.mo.gov/cd/info/forms/word/cs45.dotx)  Discipline Form [CD- 119](https://dss.mo.gov/cd/info/forms/word/cd119.docx)  Firearm Safety  Evacuation Plan   * Complete Family Interviews   **HV 1 Guide/ Questions for HV 1**  Ecomap, [CD-14H (optional)](https://dss.mo.gov/cd/info/forms/pdf/cd14h.pdf)  Genogram, [CD-14G (optional](https://dss.mo.gov/cd/info/forms/pdf/cd14g.pdf))  Confirm training attendance  Schedule Virtual Check in | **Mapping Conversation**  Training Completed  Any need for additional training  Future Training (Session 6-10)  Review any missing documentation  **Discuss forms to be sent:**  Foster Family Profile, [CD-56](https://dss.mo.gov/cd/info/forms/word/cd56.dotx)  Family Picture  Picture of Home  Preferences Worksheet  Schedule Home Visit 2 | **Final Walkthrough and Interviews**  **Review and Discuss Training**  **HV 2 Guide/ Questions for HV 2**  **Collect Paperwork**  Foster Family Profile, [CD-56](https://dss.mo.gov/cd/info/forms/word/cd56.dotx)  Family Picture  Picture of Home  Preferences Worksheet  **Complete Assurances Forms**  Resource Provider HIPAA [CD-194](http://dss.mo.gov/cd/info/forms/pdf/cd194.pdf)  Safe Sleep Practices [CD-117](https://dss.mo.gov/cd/info/forms/pdf/cd117.pdf)  Complete Final Walkthrough of Home  Discuss Future Needs  Discuss Licensure and Approval | **Approval of Home Assessment:**  Have the family sign Home Study  Sign Appropriate contracts  **Worker will complete the following:**  Enter license into FACES  Submit contract to DFAS  Provide a copy of the contract and home assessment to the foster parents  **Within 30 days of licensure:**  Complete Professional Family Development Plan [CD-100](https://dss.mo.gov/cd/info/forms/word/cd100.docx)  Send Survey |
| **Ask to have the following documents ready for viewing at Home Visit 1:**  Birth Certificate  Driver’s License  Car Insurance  Homeowner’s Insurance  Marriage Certificate  Divorce Decree  Pet Vaccinations  Click or tap here to enter text. | **Prior to Virtual check-in:**  MACHS Received  FCSR Received  Adam Walsh Received  Personal References Received  Adult Children Questionnaires, if applicable  Employment References Received, if applicable  [CW-215](https://dss.mo.gov/cd/info/forms/word/cw215.docx) Received  Send Reminder Letter, [CD-102](https://dss.mo.gov/cd/info/forms/word/cd102.docx)  Staff with supervisor if concerns are present | **Prior to Home Visit 2:**  Ensure all screenings complete  Ensure all references received  Ensure Training is Complete  Consult with Trainer  Certificate of Completion  Enter Training Hours  Send Reminder Letter, [CD-102](https://dss.mo.gov/cd/info/forms/word/cd102.docx)  Staff with supervisor if concerns are present | **Prior to Licensure and Approval:**  Ensure all screenings complete  Ensure all references Received  Ensure Training is Complete  Ensure all Forms Complete  Complete Home Assessment  Consult with supervisor  Supervisor approval | **IF license is not approved, worker will: (at any time during the assessment):**  Discuss competencies and or policies not met.  Submit Resource Home Adverse Action Report, [CS-20](https://dss.mo.gov/cd/info/forms/word/cs20.dotx) through supervisory chains to regional designee.  If approved, send applicant Notification of Resource Home Adverse Action, [CS-20A,](https://dss.mo.gov/cd/info/forms/word/cs-20a.docx) Application for Fair Hearing, [CD-53](https://dss.mo.gov/cd/info/forms/word/cd53.docx), and Withdrawal for Fair Hearing, [CD-54](https://dssintranet.mo.gov/dss-childrens-division/wp-content/uploads/sites/4/2021/12/cd54.pdf). |
| **Prior to Home Visit 1:**  **Complete background checks:**  CA/N  Case.net  Sex Offender  MACHS (If available)  FCSR (If available)  Adam Walsh (if applicable)    **References:**  Complete/Mail Reference Letters  Complete/Mail Adult Children Questionnaires, if applicable |

Foster Care Specialist: Supervisor: