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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**Resource Provider Case File Transfer Checklist** |
| Resource Name(s) DVN: |
| Refer to policy [**Section 5 Chapter 4 Subsection 4**](https://dssmanuals.mo.gov/child-welfare-manual/section-5-chapter-4-case-record-transfer-procedures-subsection-6-resource-home-licensure-supervision-transfer-between-agencies/) for process to transfer a resource provider case file |

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| Section | In file 117px-Bueno-verde[1] | 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 (if applicable) |  |  |
| Placement Exception Form,CD-201, (if applicable) |  |  |
| Non-Safety Licensing Standard Waiver for Licensing of Relative Resource Provider Homes, CD-152 (if applicable) |  |  |
| Traditional Resource Home Capacity Exception Approval CD-157 (if applicable) |  |  |
| Acknowledgement & Assurances, CD-108 |  |  |
| **HIPAA** |
| 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 & older |  |  |
| Case.Net for each household member age 17 & 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 |  |  |
| Resource Provider HIPAA Information,CD-194 |  |  |
| **Contracts** |
| Current contract for each program area approved to provide services |  |  |
| **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 including 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 |  |  |
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Reviewer affirmation of all case content:

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| Print Name | Signature | Date reviewed |

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit [https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DSS](https://urldefense.com/v3/__https%3A/links-1.govdelivery.com/CL0/https%3A%2A2F%2A2Fmvc.dps.mo.gov%2A2FMoVeteransInformation%2A2FSurvey%2A2FDSS/1/01000193218a84d0-8f198a3b-c422-4f00-8742-000348342f9e-000000/fec4DKiy5orO1fZfF_kT5FUoneXJe0utfDBEVH0TDeU%3D379__;JSUlJSU!!EErPFA7f--AJOw!CWnF7jPI_CIrBk9YG0heJ87akjNcW2Ie1zvraoFh8tnzaGcGLAbvBbhVQO6210Frx99RsLGhw_3RyAph9WRtC5juzBRpNwWTdl5viy_Khiky$).