

INSTRUCTIONS:

Name of agency

- 1. Complete a separate form for each Group Home (GH) License:
 - a. Do not combine licenses on a single form.
 - b. If staff work across multiple licenses, indicate the number of hours each staff works under the specific license number listed on this form.
- 2. All fields must be completed indicating staff designated for each position as required by 465 IAC 2-12-48 through 50 and IAC 2-13-48 through 50:
 - a. Refer to the IAC to determine the specific qualifications for each position.
 - Note: A waiver or variance must be requested for any position that varies from the requirements of the IAC.
 - b. Direct care staff do not need to be listed by name. However, the number of full time direct care staff, part time direct care staff, and any Pro Re Nata (PRN) staff is required.
- 3. Upload the completed form to KidTraks.

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TITLE	NAME OF EMPLOYEE		ST DEGREE dy and any licenses held.)	AGENCY ASSIGN (May vary from titl		HOURS WORKED PER WEEK IN THIS LICENSE	
Administrator							
Person providing supervision of GH if operating under a parent company (Must be full time at the home.)							
Caseworker(s)							
		•	RECT CARE STAFF				
Full time Part		Part time	le		PRN		
		DIRECT CARE STAFF TO	O CHILD RATIO PER SHIFT				
First shift Second shift			Third shift		Caseworker to child ratio		

License number