



INITIAL LICENSURE CHECKLIST FOR FOSTER FAMILY HOMES

State Form 53153 (R4 / 9-19) / CW 2310
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: *This form is for use by the licensing worker or by the foster home applicant to track document submission. Place the completed form in the file*

Name of applicant A	Name of applicant B
Licensing agency (DCS local office or Licensed Child Placing Agency [LCPA])	Resource (Foster Family Home [FFH]) number

SUPERVISOR INITIALS	INITIAL LICENSURE CHECKLIST	APPLICANT A Enter Date Completed (month, day, year)	APPLICANT B Enter Date Completed (month, day, year)	HOUSEHOLD (HH) MEMBERS Date Completed (month, day, year)
SECTION A. Applicant complete and return immediately				
	1. Application for Foster Family Home License (SF 10100)			
	2. Copy of Birth Certificate (or other identification documents) for applicant and all household members			
	3. Copy of Drivers License for applicant and all household members who drive			
	4. Indiana Request for a Child Protective Services (CPS) History Check (SF 52802); one (1) signed form for each household member, six (6) years of age and older			
	5. Application for Criminal History Background Check (SF 53259); one (1) signed form for each household member 18+ years old.			
SECTION B. Applicant complete prior to initial home visit.				
	1. Child Behavioral / Health Challenges (SF 53199)			
	2. Water Agreement (SF 54612)			
	3. Resource Parent Role Acknowledgment (SF 54642)			
	4. Financial Verification for Foster Family Homes (SF 55734)			
SECTION C. Licensing worker to complete during or after first home visit.				
	1. On-site Home Visit			
	2. Resource Family Home Physical Environment Checklist (SF 53186)			
	3. Family Network Diagram			
	4. Pre-service training completion			
	5. CPR course certification			
	6. First Aid course certification			
	7. Universal Precautions course certification			
	8. Results of Fingerprint Based Check for those 18+ years of age			
	9. Results of local criminal court records check for those 18+ years of age			
	10. Results of National Sex Offender Registry check for those 14+ years of age			
	11. Results of CPS History Check for all household members, six (6) years of age and older			
	12. Medical Report for Caregivers (SF 45145)			
	13. Medical Report for Household Members (SF 45144)			
	14. Reference Letters (4)			
	15. Child Care Plan (SF 54608)			
	16. Completed Vendor Information (DCS only)			
	17. Foster Family Home Study (State approved)			

Effective date of license (month, day, year)		
Comments:		
Signature of licensing staff	Printed or typed name of licensing staff	Date (month, day, year)
Signature of director or designee	Printed or typed name of director or designee	Date (month, day, year)