



RE-LICENSURE CHECKLIST FOR FOSTER FAMILY HOMES

State Form 53155 (R3 / 9-19) / CW 2312
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	RE-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. 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			
	3. 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 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 at or after home visit.				
	1. On-site Home Visit			
	2. Resource Family Home Physical Environment Checklist (SF 53186)			
	3. Licensing Staff Inquiry (SF 53214)			
	4. Foster Family Home Study Update (State approved)			
	5. In-service training completion verification			
	6. CPR course certification			
	7. First Aid course certification			
	8. Universal Precautions course certification			
	9. Results of Fingerprint Based Check for those 18+ years of age			
	10. Results of local criminal court records check for those 18+ years of age			
	11. Results of National Sex Offender Registry check for those 14+ years of age			
	12. Results of CPS History Check for all household members, six (6) years of age and older			
	13. Medical Report for Caregivers (SF 45145)			
	14. Medical Report for Household Members (SF 45144)			
	15. Child Care Plan (SF 54608)			

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)