



**Arkansas Department of Human Services
Division of Children & Family Services
Initial Checklist for Foster/Adoptive Home Assessment**

Resource Worker/Adoption Specialist: _____ County: _____

Initiated Date of Review: _____

Applicants' Names: _____ Provider Number: _____

Completed Date: _____

Have you completed the following steps and/or filed appropriate documentation in the foster/adoptive home record?	Yes	No
1. Verification of marriage or divorce, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
2. Results of the CFS-316: Request for Child Maltreatment Central Registry Check for each household member age 14 years and older, all information received and, in the case of a report of violation, a summary of the face-to-face discussion, determination, and reasons for determination?	<input type="checkbox"/>	<input type="checkbox"/>
3. Results of the APS-0001: Authorization for Adult Maltreatment Central Registry for each household member age 18 and one-half years and older, all information received and, in the case of a report of violation, a summary of the face-to-face discussion, determination, and reasons for determination?	<input type="checkbox"/>	<input type="checkbox"/>
4. CFS-341: Certification of Absence of Criminal Record, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
5. Results of the CFS-342: State Police Criminal Record Check for each household member age 18 and one-half years and older, all information received and, in the case of a report of violations, a summary of the face-to-face discussion, determination, and reasons for determination?	<input type="checkbox"/>	<input type="checkbox"/>
6. Results of the ASVSP check for each applicant and each applicable teenage driver?	<input type="checkbox"/>	<input type="checkbox"/>
7. Results of the FBI Criminal Background Check for each household member age 18 and one-half years and older?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you received CFS-419: Foster Family Support System Information and submitted the appropriate background checks for each FFSS member?	<input type="checkbox"/>	<input type="checkbox"/>
9. CFS-446: In-Home Consultation Visit Report?	<input type="checkbox"/>	<input type="checkbox"/>
10. CFS-363: Foster/Adoptive Applicant Smoking Certification?	<input type="checkbox"/>	<input type="checkbox"/>
11. CFS-404: General Medical Report for each household member?	<input type="checkbox"/>	<input type="checkbox"/>
12. CFS-409: Foster/Adoptive Family Preference Checklist?	<input type="checkbox"/>	<input type="checkbox"/>
13. CFS-455: Request/Consent for Health Department Services, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
14. CFS-480: Alternate Compliance of Water Supply Agreement, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
15. CFS-484: Landlord Notification of Potential Tenant Foster Care Services, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
16. Did you provide the family with SAFE Questionnaire I?	<input type="checkbox"/>	<input type="checkbox"/>

17. Did you click on the "In-Home Consultation/Approval for Training Purpose" in CHRIS so MidSOUTH will be notified of approval status?	<input type="checkbox"/>	<input type="checkbox"/>
18. Applicants have participated in a minimum of 30 hours of pre-service training & orientation?	<input type="checkbox"/>	<input type="checkbox"/>
19. Applicants have received certification in CPR and Standard First Aid?	<input type="checkbox"/>	<input type="checkbox"/>
20. Three completed positive SAFE reference letters?	<input type="checkbox"/>	<input type="checkbox"/>
21. Assessment included at least two separate visits, one of which was a home visit?	<input type="checkbox"/>	<input type="checkbox"/>
a. A separate interview was conducted with each age-appropriate household member?	<input type="checkbox"/>	<input type="checkbox"/>
b. An interview was conducted with all household members present?	<input type="checkbox"/>	<input type="checkbox"/>
22. SAFE Home Study Final Report and supporting documents (e.g. SAFE Questionnaires I&II, Psychosocial Inventory)?	<input type="checkbox"/>	<input type="checkbox"/>
23. CFS-462: Initial Foster Home Agreement, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
24. Approval/Denial Letter?	<input type="checkbox"/>	<input type="checkbox"/>
a. Was the approval/denial letter sent within 60 days from completion of pre-service training or, where applicable, was the applicant notified in writing of the reasons for the delay?	<input type="checkbox"/>	<input type="checkbox"/>
b. In the case of denial, does the letter indicate the reasons for denial?	<input type="checkbox"/>	<input type="checkbox"/>
c. In the case of denial, does the record indicate there was a face-to-face conference with the applicants to discuss the reasons for denial?	<input type="checkbox"/>	<input type="checkbox"/>
25. Family and their physical surroundings meet all standards of approval as outlined in PUB-22 (and documented on CFS-446)?	<input type="checkbox"/>	<input type="checkbox"/>
26. Alternative compliance or policy waiver approval, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
27. Did you provide and review the approval/orientation packet with the family?	<input type="checkbox"/>	<input type="checkbox"/>
28. Did you provide a copy of the final SAFE Home Study Report to the family, regardless of approval or denial?	<input type="checkbox"/>	<input type="checkbox"/>
For Provisional Foster Homes only:		
29. CFS-474: Provisional Foster Home Orientation Checklist?	<input type="checkbox"/>	<input type="checkbox"/>
30. CFS-452: Provisional Foster Home Verification?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Resource Worker/Adoption Specialist Signature: _____

Date: _____

Name of Supervisor/Designee: _____

Date: _____

Supervisor/Designee Signature: _____