

NOTIFICATION OF INCOMPLETE FOSTER FAMILY HOME APPLICATION

DATE:
FOSTER FAMILY HOME NAME:
FOSTER FAMILY HOME FILE NUMBER

- This incomplete application package is being returned to you. Items in Section A must be completed and submitted as a total package.
- Your application for a license remains incomplete as we have not received the items checked below. Please forward the requested information within 30 days. If this information is not received by _____, your application will be considered withdrawn.

SECTION A - LICENSING APPLICATION DOCUMENTS

SECTION B - PLACEMENT MATCHING DOCUMENTS

- A1. Foster Family Home Application (LIC 283)
- A2. Applicant Information (LIC 215)
For: _____
NAME OF PERSON(S)
- A3. Out-Of-State Disclosure & Criminal Record Statement (LIC 508D)
For: _____
NAME OF PERSON(S)
- A4. Child Abuse Central Index (CACI) Check (LIC 198 or LIC 198A)
For: _____
NAME OF PERSON(S)
- A5. Out-Of-State Child Abuse/Neglect Report Request (LIC 198B)
For: _____
NAME OF PERSON(S)
- A6. Fingerprint Submission
For: _____
NAME OF PERSON(S)
- A7. Control of Property
- A8. Verification of Completed Orientation
- A9. Emergency Plan for Foster Family Homes (LIC 610B)
- Other _____

- B1. Health Screening Report (LIC 503)
- B2. Verification of completed first aid and age appropriate CPR training.
- B3. Verification of completion or enrollment in 12 hours of required foster parent training
- B4. Bacteriological Analysis of Private Water Supply (When Water for Human consumption is from a Private Source)
- B5. Local Fire Inspection Authority Information (LIC 9054)
To be completed by the applicant(s) who intends to serve children that are non-ambulatory, disabled or require special health care needs.
- Other _____

LICENSING EVALUATOR'S SIGNATURE	PHONE NUMBER
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