



**Arkansas Department of Human Services
Division of Children & Family Services
Initial Checklist for Resource Home Assessment**

Applicants' Names: _____ County: _____

Provider Number: _____

Resource Specialist: _____

Review Date: _____

Have you completed the following steps and filed appropriate documentation in the resource home record?	Yes	No	N/A
1. 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?	☐	☐	☐
2. CFS-341: Certification of Absence of Criminal Record for each child ages 10-17?	☐	☐	☐
3. Results of the CFS-342: State Police Criminal Record Check for each household member age 18.5 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?	☐	☐	☐
4. Results of the ASVSP check for each applicant and each applicable teenage driver?	☐	☐	☐
5. Results of the FBI Criminal Background Check for each household member age 18.5 years and older?	☐	☐	☐
6. If there are any offenses listed on an applicant's criminal background check results, CFS-508-A sent to the applicant via certified, restricted mail and documented as a Provider Contact in division information management system?	☐	☐	☐
7. CFS-401: Current Household Information Sheet (provided by Centralized Inquiry Unit (CIU) for traditional applicants)	☐	☐	☐
8. CFS-405: Worksheet for Social Security Benefits (provided by CIU, as applicable)	☐	☐	☐
9. CFS-406: Family Financial Worksheet (provided by CIU, as applicable)	☐	☐	☐
10. CFS-407: Employment Information Sheet (provided by CIU, as applicable)	☐	☐	☐
11. CFS-415: Reference for Resource Family (provided by CIU, as applicable)	☐	☐	☐
12. CFS-484: Tenant Notification to Landlord of Potential Foster Care Services	☐	☐	☐
13. CFS-419: Resource Family Support System Information and submitted the appropriate background checks for each RFSS member?	☐	☐	☐
14. CFS-446: In-Home Consultation Visit Report?	☐	☐	☐
15. CFS-363: Resource Applicant Smoking Certification?	☐	☐	☐
16. CFS-404: General Medical Report for each permanent household member?	☐	☐	☐

17. CFS-409: Resource Family Preference Checklist?	☐	☐	☐
18. CFS-455: Request/Consent for Health Department Services, if applicable?	☐	☐	☐
19. CFS-480: Alternate Compliance of Water Supply Agreement, if applicable?	☐	☐	☐
20. For traditional applicants, has the family completed the SAFE Questionnaire I?	☐	☐	☐
21. "In-Home Consultation/Approved for Training" purpose selected?	☐	☐	☐
22. Have applicants completed Pre-Service Training?	☐	☐	☐
23. Have applicants become certified in CPR and Standard First Aid?	☐	☐	☐
24. 3 positive reference letters (at least 1 from relative and 1 from non-relative?	☐	☐	☐
25. Assessment included at least two separate visits, one of which was a home visit?			
a. Separate interview conducted with each age-appropriate household member?	☐	☐	☐
b. An interview was conducted with all household members present?	☐	☐	☐
26. Home Study, and supporting documents?	☐	☐	☐
27. CFS-462: Initial Resource Home Agreement?	☐	☐	☐
28. Approval/Denial Letter?			
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?	☐	☐	☐
b. In the case of denial, does the letter indicate the reasons for denial?	☐	☐	☐
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?	☐	☐	☐
29. All standards of approval met as outlined in PUB-30 (and documented on CFS-450/CFS-446, as applicable)?	☐	☐	☐
30. Alternative compliance or policy waiver approval, if applicable?	☐	☐	☐
31. Reviewed CFS-465: Resource Parent Orientation Checklist and packet w/ family?	☐	☐	☐
32. Provided a copy of the final Home Study Report to the family, regardless of approval or denial?	☐	☐	☐
33. Processed all paperwork for Resource Family Support System?	☐	☐	☐
For Provisional Resource Homes only:			
34. CFS-452: Provisional Resource Home Verification?	☐	☐	☐
35. Provided PUB-15: A Relative's Guide to the Arkansas Child Welfare System?	☐	☐	☐
36. CFS-450: Prospective Provisional Resource Parent Information Questionnaire?	☐	☐	☐
37. Provided PUB-23: Foster Care Court Process?	☐	☐	☐

Comments:

Resource Specialist Signature: _____

Date: _____

Supervisor/Designee Signature: _____

Date: _____