IOWA Health and Human Services

Checklist For Initial Foster Licensing/Adoption Home Approvals

Family name: _____

Do not leave items blank: indicate X or N/A.

Adoption Only	Foster Only	Dual	0. Waivers
			Request for Waiver to waive Pre-Service Training – Form 470-0343 **[when applicable]** (7/26)
			Request for Waiver to waive Licensing Standards – Form 470-0343 **[when applicable]** (7/26)

Adoption Only	Foster Only	Dual	I. Applications
	N/A		Application for Adoption – Form 470-0743 [Signature required. Electronic signature accepted] (7/26)
N/A			Foster Family Home Licensing Application – Form 470-0689 [Signature required. Electronic signature accepted.] (7/26)
			Voluntary Withdrawal Letter and signed by applicant

Adoption Only	Foster Only	Dual	II. Background Checks Prior to Re-licensure
			State of Iowa Criminal History Record Check Request Form – Form DCI-77 (6/26/18)
			Authorization for Release of Child and Dependent Adult Abuse Information – Form 470-3301 (12/21)
			Results of Request for Child and Dependent Adult Abuse Information – Form 470-0643 (2/16)
			Results of SING check [Iowa Criminal, Child Abuse Registry, Dependent Adult Abuse Registry and Sex Offender Registry]
			Out of State Child Abuse Registry Release Forms **[when applicable]**
			Results of Out of State Child Abuse Registry Check **[when applicable]**
			Fingerprinting process completed [date results came back]
			Results of Iowa Courts Online check [Criminal Convictions Only] (date results came back)
			Record Check Evaluation – Form 470-2310 **[when applicable]** (6/22)
			Record Check Decision – Form 470-2386 **[when applicable]**

Adoption Only	Foster Only	Dual	III. Initial Licensing Material
			Resource Parent Home Study – Form 470-5436 (7/26)
N/A			Assurance Agreement Form [Relative placements exempt] – 470-5610 (7/26)
			Health Report for Foster and Adoptive Parents **[when applicable]** – Form 470-0720 [If requested by HHS or RRTS contractor] (7/26)

Adoption Only	Foster Only	Dual	III. Initial Licensing Material
			Mental Health Questionnaire **[when applicable]** – Form 470-5773 [If requested by HHS or RRTS contractor] (7/26)
			Verification or exemption of immunizations for all children in the household
			Verification of whooping cough immunizations for applicants and other caretakers **[when applicable]**
			Three (3) Solicited References
			Three (3) Unsolicited References
N/A			License Capacity Variance Request – Form 470-3342 [**when applicable**] (7/26)
N/A			Floor Plan – Form 470-5097 (7/26)
N/A			Resource Family Survey Report – Form 470-0695 (7/26)
N/A			Provision for Alternate Water Supply – Form 470-0699 [only applicable for unsafe water] (7/26)

Adoption Only	Foster Only	Dual	IV. Pre-Service Training Materials
			Foster/Adoptive Parent Preparation Training Certificate of Completion
N/A			Mandatory Reporter Training on Child Abuse Identification Certification
N/A			Reasonable and Prudent Parenting Standards Training – Verification of completion
			Provider Preference Form 470-5775 (7/26)

I verify that all items in Sections 0, I, II, III, and IV and on the checklist are included in this packet and sent to HHS on _____.

Program director or designee signature: