IOWA | Health and Human Services

Checklist For Renewal Foster Licensing/Adoption Home Approvals

Family name: _____

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

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. Must be date stamped "received" by RRTS contractor 30 to 90 days prior to expiration to be timely.]
			Voluntary Withdrawal Letter written 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]
			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]
			Record check documents on any new household members who move in during the licensing year according to protocol.

Adoption Only	Foster Only	Dual	III. Renewal Licensing Material
			Resource Parent Home Study – Form 470-5776 (7/26)
			Health Report for Foster and Adoptive Parents **[when applicable]** – Form 470-0720 [If requested by HHS or RRTS contractor] (7/26)
			Mental Health Questionnaire **[when applicable]** – Form 470-5773 [If requested by HHS or RRTS contractor] (7/26)
N/A			Assurance Agreement Form – 470-5610 (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]**
N/A			License Capacity Variance Request – Form 470-3342 [**when applicable**] (7/26)

Adoption Only	Foster Only	Dual	III. Renewal Licensing Material
N/A			Floor Plan – Form 470-5097 [If changed from most recent floor plan] (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)

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

Program director or designee signature: