



Family: _____

Foster Care Certification Checklist

<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> N/A	Complete & submit Financial Statement
<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> N/A	Complete & submit Family Health History form - each adult in the home
<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> N/A	Complete & submit Medical Examination form all persons living in the home.
<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> N/A	Complete & submit JOLTS form for all kids in the home 13-17 years of age.
<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> N/A	Complete & submit Childs Needs Information List
<input type="checkbox"/> Sent	<input type="checkbox"/> Need to Send	<input type="checkbox"/> N/A	Provide Mental Health Professionals contact information for any family member who has received mental health services in the last 10 years.
<input type="checkbox"/> Sent	<input type="checkbox"/> Need to Send	<input type="checkbox"/> N/A	Copy of Social Security Cards for all persons living in the home.
<input type="checkbox"/> Sent	<input type="checkbox"/> Need to Send	<input type="checkbox"/> N/A	Copy of Oklahoma Drivers License for each person 18+ living in the home.
<input type="checkbox"/> Sent	<input type="checkbox"/> Need to Send	<input type="checkbox"/> N/A	Copy of Current Marriage License
<input type="checkbox"/> Sent	<input type="checkbox"/> Need to Send	<input type="checkbox"/> N/A	Copy of Decrees of Divorce of all marriages for all persons living in the home.
<input type="checkbox"/> Sent	<input type="checkbox"/> Need to Send	<input type="checkbox"/> N/A	Copy of Immunization Record for all children living in the home, including non-custodial children who visit on a regular basis.
<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> N/A	Copy of a Communicable Disease & Medical statement for any child living in the home
<input type="checkbox"/> Sent	<input type="checkbox"/> Need to Send	<input type="checkbox"/> N/A	Copy of Pet Vaccination record for each house pet for rabies. Record must indicate the date of vaccination. Must be administered by a veterinary clinic.
<input type="checkbox"/> Sent	<input type="checkbox"/> Need to Send	<input type="checkbox"/> N/A	Copy of current Home or Renters Insurance verification page. Must show dates of coverage.
<input type="checkbox"/> Sent	<input type="checkbox"/> Need to Send	<input type="checkbox"/> N/A	Copy of current Auto Insurance verification page. Must show dates of coverage.
<input type="checkbox"/> Sent	<input type="checkbox"/> Need to Send	<input type="checkbox"/> N/A	Picture of all car tags used to transport children, must show entire tag with valid dates.
<input type="checkbox"/> Sent	<input type="checkbox"/> Need to Send	<input type="checkbox"/> N/A	Copy of Release from Active Military Duty (DD-2-24). If active duty, a copy of military identification card if required.
<input type="checkbox"/> Sent	<input type="checkbox"/> Need to Send	<input type="checkbox"/> N/A	Copy of Certificate of Degree of Indian Blood (CDIB), tribal member card or letter from the tribe.
<input type="checkbox"/> Sent	<input type="checkbox"/> Need to Send	<input type="checkbox"/> N/A	Submit Proof of Income for each working adult in the home. Proof may be shown via <u>2 months pay stubs or W-2 form for the year</u> . If self-employed, can provide a copy of last year's tax return.
<input type="checkbox"/> Sent	<input type="checkbox"/> Need to Send	<input type="checkbox"/> N/A	Submit to fingerprints for all household members 18 +
<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> N/A	Submit proof of CPR/First Aid certification
<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> N/A	Complete Guiding Principles training sessions 1-9 online (self-paced), Engage in 3 review calls with Certification Specialist, and Submit completion certificate.
<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> N/A	Complete Reasonable and Prudent Parenting Standards training online, and Submit completion certificate.
<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> N/A	Attend Sunbeam Orientation (TBD)