

Nebraska Health and Human Services
Foster Home Licensure/Approval Checklist

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| Name of Agency: |
| Name of Applicant(s): |
| Number of children applicant to be licensed for: |

| Type of Packet | <input type="checkbox"/> New | <input type="checkbox"/> Renewal / Amendment | <input type="checkbox"/> Transfer | <input type="checkbox"/> Approval |
|--|------------------------------|--|-----------------------------------|--|
| License Application (PS-091 Rev. 12-98) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Home Study | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compliance Review | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Floor Plan (with room dimensions) & Fire Escape Plan | <input type="checkbox"/> | <input type="checkbox"/> if applicable | <input type="checkbox"/> | N/A |
| Fire Safety Inspection (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> if applicable | <input type="checkbox"/> | N/A |
| Sanitation Inspection Report (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> if applicable | <input type="checkbox"/> | N/A |
| Water Sample (annually if from a private well) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| References (3) | <input type="checkbox"/> | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| Placement Characteristics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| W-9 | <input type="checkbox"/> | <input type="checkbox"/> if applicable | <input type="checkbox"/> | <input type="checkbox"/> |
| Discipline Policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health Information Report (PS-0915) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Approval Form | N/A | N/A | N/A | <input type="checkbox"/> |
| Training Waiver (if, applicable) | <input type="checkbox"/> | N/A | <input type="checkbox"/> | <input type="checkbox"/> if applicable |

| Background Checks | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |
|--|------------------------------|-------------------------------|---------------------------------|---------------------------------|---------------------------------|
| APS (18+) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CPS (13+) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sex Offender Registry (18+) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DMV (14+) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Local Law Enforcement (18+) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| National/State Patrol Fingerprints (18+) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Criminal History Explanation (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training hours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A minimum of 21 hours pre-service and 12 hours of in-service training per year are required per policy.
Attach verification of completed training hours.

Has applicant lived outside of the state of Nebraska within the last 5 years? Yes No
If yes APS, CPS, SOR and Law Enforcement checks in those states are required to be attached.

Comments: _____
