**Foster/Adoptive Home Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  Completed and signed **Re-evaluation Report for Foster and Adoptive Home Families**

[ ]  Copy of driver’s license (for all who will be transporting foster children)

[ ]  Copy of proof of insurance (for all who will be transporting foster children)

[ ]  AOC or KY Justice and Public Safety Cabinet criminal records check

[ ]  CA/N check

[ ]  Sex Offender Registry Address Check

[ ]  TRIS Training Records

[ ]  Pet Vaccinations

[ ]  DPP -170 Financial Statement Foster and Adoptive Home Applicant

Medical Forms:

[ ]  DPP-107 Health Information Required for Foster and Adoptive Home Applicants or Adult Household Members (as applicable)

[ ]  Proof of current vaccination certificates for dependent children

Approval Letters (check one):

[ ]  Re-approval letter with level of approval

[ ]  On Hold letter if all requirements for re-approval are not met

[ ]  Corrective Action Plan (as applicable)

[ ]  Completed Compatibility Inventory for Adoption Matching (as applicable)

[ ]  Other Attachments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_