

## Suggested Person Provider File Cabinet Naming Convention

Record the date the document was signed or date when event/training occurred in the Date Document Scanned Box. This will ensure the accurate date of the document is recorded.

### Certificates and Training

Type of Certificate or Document	Recommended Title
Children's Medical Services (CMS) Training	Name of Training
In-Service Training Certification	Name of In-Service
Other Certifications	Specify Certification Subject
Other Trainings	Specify Training Subject
Pre-Service Training Certification	Entity name or acronym followed by the course title
Psychotropic Medication Training	Entity name or acronym followed by the course title
Specialized Therapeutic Foster Care (STFC) Training	Entity name or acronym followed by the course title
Water Safety Certification	Entity name or acronym followed by the course title

### Provider Household Documents

Type of Document	Recommended Title
Adoption Application Review Committee (AARC) Recommendations	AARC Recommendations
Assessment of Licensed Foster Home	Title of Assessment
Caregiver Legal Documentation	Title of Document
Current Auto Documentation	Title of Auto Document
Death Certificates	Name on Certificate
Driver's License	Name on Driver's License
Evacuation and Disaster Prep Plans	Title of Disaster Plan
Exit Interviews	Interviewee's name
Floor Plans	Floor number or Room identifier as applicable
Other Provider Household Documents	Title of Document
Parent Preparation Pre-Service Profiles/Homework	Title of Profile/Homework
Pet Vaccinations	Name and type of pet
Provider Improvement Plans/Documents	Title of Document
Waivers	Title of Waiver

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### Required Signed Documents

Type of Document	Recommended Title
Affidavit of Good Moral Character	Name of Moral Person
Affidavits and Attestations	Title of Affidavits and Attestations
Application for Adoption	Caregiver(s) and child if applicable
Application for Licensure	Person or Business name as applicable
Authorization for Release of Health and Medical Information	Name of Person authorizing release
Confidentiality Agreement	Name Person(s) signing agreement
Discipline Policy	Name Person(s) signing policy
Other Signed Documents	Document Title, Person signing
Partnership Plan	Person(s) signing Plan
Release of Information	Name Person(s) signing Release

### Unified Home Study Documents

Type of Document	Recommended Title
Acknowledgement of Firearms Safety Requirements	Name Person(s) signing Acknowledgement
Consent to Release	Name Person(s) signing Release
Employment Verification Documents	Name of Employer
Family Expenses	Family Expenses
Financial/Tax Documents	Title of Document
Fire Inspection	Result of Inspection
Health Inspection	Result of Inspection
Housing Documents	Title of Document
Income Verification Documents	Title of Document
Other Unified Home Study Documents	Title of Document
Photos of Home	Room identifier as applicable
Radon Inspection	Result of Inspection
References	Person(s) Providing reference
Unified Home Study – Signature Page	UHS – Signature Page
Water Sample	Result of Sample