

# License/Relicensing checklist

or: Starnell, Andrew      Provider ID: 900003163      Checklist Type: **Initial License**      Create Date:

Checklist Complete?      Completed Date:

**Checklist Items**

Item	Due Date	Date Completed	Comment	Waiver Requested	Waiver Status	Action
<input type="checkbox"/> Affidavit Of Good Moral Character w/ Addendum	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> Application For Licensure	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> Child Abuse/Neglect Registry Check All HH Members	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> Civil Record Check	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> Completed Home Study	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> Confidentiality Statement	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> Documentation Of Req Training	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> Employment History Check	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> Environmental Health Inspection	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> Evacuation Plan Posted	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> Family Profile w/ Photos	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> Fire Arms Safety Compliance	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> FBI Clearance All Adult HH Members	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> FDLE On All HH Members 12 And Over	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> Income Verification	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> Licensing Standards Checklist	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> Local Law Enforcement Clearance On All Adults	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> Medical Release (if applicable)	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	
<input type="checkbox"/> Other Agency Licensing Information (including out of county, region, or state)	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied	

<input type="checkbox"/> Out of State Abuse Registry clearance if less than 5 year resident of FL.	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied
<input type="checkbox"/> Over 5 Assessments (if applicable)	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied
<input type="checkbox"/> Partnership Plan	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied
<input type="checkbox"/> Pet Vaccinations	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied
<input type="checkbox"/> Placement History (I.E. Information From Exit Interviews)	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied
<input type="checkbox"/> Radon Testing (if applicable)	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied

<input type="checkbox"/> Re-Licensing Foster Care Counselor	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied
<input type="checkbox"/> Re-Licensing Summary (A) Licensing Counselor	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied
<input type="checkbox"/> Re-Licensing Summary (B) Foster Parent	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied
<input type="checkbox"/> Release of Information Form	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied
<input type="checkbox"/> Re-licensing Standards Checklist	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied
<input type="checkbox"/> School References	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied

<input type="checkbox"/> Vehical Insurance Verification All HH Vehicles	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied
<input type="checkbox"/> Verification of legal docs: Marriage, Divorce, Death, Drv. Lcns	00/00/0000	00/00/0000		<input type="checkbox"/>	<input type="radio"/> Approved <input type="radio"/> Denied

Insert

**Waiver Status Comments**

Save Close