

Family Care Home Initial Certification Checklist

Family Care Provider Applicant:	Date of Birth:
Co-Applicant, if applicable:	Date of Birth:
Physical Address:	City/Zip:
Mailing Address (if different):	City/Zip:
Phone #: ()	Email:

Proposed Capacity:	Proposed Respite Beds:
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LIST POTENTIAL SERVICE RECIPIENTS THAT WILL MOVE INTO THE HOME, IF KNOWN:	LIST ALL HOUSEHOLD MEMBERS CURRENTLY LIVING IN THE HOME:
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Name	TABS ID	Name	Date of Birth

Initial Certification Requirements

Verified By:	
	Home visit completed to review the program expectations and interview members of the household.
	Fire and safety inspection completed by an OPWDD Safety & Security Officer and the property was found safe.
	Notarized <i>Application for Family Care Home Certification</i> along with a physician's statement, proof of tuberculosis testing, and any other medical information as required by the Sponsoring Agency was completed.
	Applicant(s) read, reviewed, and signed the Justice Center's Code of Conduct form.
	Applicant(s), as well as any other household member age 18 or older, residing in the home, were cleared through the Justice Center Staff Exclusion List.

	Applicant(s), as well as any other household members age 18 or older, residing in the home, completed the Justice Center Criminal Background Check form and were finger printed.
	Applicant(s), as well as any other household members age 18 or older, residing in the home, were cleared through the State Central Register of Child Abuse and Maltreatment.
	Three (3) reference checks completed on the applicant(s).
	Applicant has been run through checks on the Medicaid Exclusion List.
	Applicant(s) has adequate financial resources available to meet the needs of their household.
	Applicant(s) is willing to make arrangements to meet the needs of the individuals supported, including but not limited to health, habilitation, transportation, or other services important to the individual.
	Applicant(s) successfully completed all trainings required for initial certification.
	Proof of licensure and vaccinations for any pet living in the home, if applicable.
	Furnace and well-water testing was completed.
	If renting, a letter from the landlord acknowledging they are aware of the application to operate a Family Care Home.
	Applicant is at least 21 years of age, lives in the home being certified, and does not operate any other Family Care Homes.
	Applicant provided a certificate of occupancy or equivalent indicating the home meets applicable building code requirements.
	Applicant has disclosed and provided evidence of any existing certification or licensure granted by another government agency or other authority to provide services in the home, including but not limited to day care or foster care services.
	Applicant has been enrolled in the NYS Department of Motor Vehicles License Event Notification Service.
	Applicant has not been convicted of a class A, B, or C Felony.

Signature

Date