**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_