

Please print and submit all documents on single-sided pages.

DOCUMENT - submit the items marked with "x"	FAMILY FOSTER HOME	HOUSE PARENT HOME - AGENCY OWNED	HOUSE PARENTS	STAFFED HOME - AGENCY	DIRECT CARE STAFF	NON DIRECT CARE STAFF	DIRECT CARE NON PRIMARY	NON DIRECT CARE NON PRIMARY
Type of Cover Sheet	Agency Foster Home	Agency Foster Home	Agency Foster Home	Agency Foster Home	Agency Staff	Agency Staff	Non-Primary	Non-Primary
Type of Application	Family Foster Home	New House Parent Home	Direct Care Staff	New Staffed Home	Direct Care Staff	Non-Direct Care Staff	Direct Care Non-Primary	Non-Direct Care Non-Primary
CPS/Arrest History	if applicable		if applicable		if applicable	if applicable	if applicable	if applicable
Fingerprint Receipt	x		x		x	x	x	x
NV Drivers License or ID Card	x		x		x	x	x	x
TB Results	x		x		x	x	x	x
Social Security Number	x		x		x	x	x	x
CPR-Adult/Child/Infant	x		x		x		x	
Valid Auto Insurance	x		x		x		x	
Proof of Training	x		x		x		x	
5 References	x		x		x	x	x	x
Verification of Income/Savings	x							
Marriage / Domestic Partnership	if applicable		if applicable					
Divorce Decrees	if applicable		if applicable					
Bankruptcy Discharge	if applicable							
Floor Plans w/ Emerg Exits	x	x		x				
Lease if renting	if applicable	x		x				
Homeowners/Renters Insurance	x	x		x				
2 Utility Bills	x							
Family, Pets, Non-Primary Photos	x		x					
Questionnaires for SAFE OR Profiles for TIPS-MAPP	x		x					
Homestudy	x		x					
Pet Shot Records	if applicable		x					
Other				Staff Schedules; Menus; Permits	Transcripts / Work Experience if applicable			