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|  |  DEVELOPMENTAL DISABILITIES ADMINISTRATION **Children’s Residential Services** **Contractor File Checklist** |
| CONTRACTOR NAME | DATE |
| CONTRACTOR TYPE (CHECK ONE)**[ ]**  Child Foster Home **[ ]**  Staffed Residential Facility **[ ]**  Group Care Facility for Medically Intensive Children |
| **[ ]**  DSHS 27-043, Contractor Intake (Initial Contract only)[ ]  DSHS 27-044A, Contractor Information Update (Contract renewals)**[ ]**  Background check (Documentation of cleared background check through Licensing Division)**[ ]**  Copy of valid license (Staffed Residential, Child Foster Home, or Group Care License)**[ ]**  DSHS 10-326, Staffed Residential Rate Proposal (Staffed Residential only)**[ ]**  Signed Exhibit B (Staffed Residential only)**[ ]**  Program Risk Assessment**[ ]**  Contractor Risk Assessment at time of contract renewal or when risk changes**[ ]**  DSHS 10-403, Residential Services Providers: Mandatory Reporting of Abuse, Neglect, Personal and Financial Exploitation, or Abandonment of a Child or Vulnerable Adult, (At time of contract renewal)**[ ]**  Proof of Valid Insurance (Custom per contract type)**[ ]**  Valid Driver’s license (Child Foster Home only)**[ ]**  Proof of Auto Insurance (Child Foster Home only)**[ ]**  DSHS 27-094, Medicaid Provider Disclosure Statement (At time of contract renewal)**[ ]**  Any additional relevant contract communications |