



DEVELOPMENTAL DISABILITIES ADMINISTRATION  
**Children's Residential Services**  
**Contractor File Checklist**

CONTRACTOR NAME	DATE
CONTRACTOR TYPE (PLEASE CHECK ONE) <input type="checkbox"/> Child Foster Home <input type="checkbox"/> Staffed Residential Facility <input type="checkbox"/> Group Care Facility for Medically Intensive Children	
<ul style="list-style-type: none"><li><input type="checkbox"/> Contractor intake face sheet</li><li><input type="checkbox"/> Background check (Documentation of cleared background check through Division of Licensed Resources)</li><li><input type="checkbox"/> Copy of valid license (Staffed Residential, Child Foster Home, or Group Care License)</li><li><input type="checkbox"/> Signed Rate Sheet (Staffed Residential only)</li><li><input type="checkbox"/> Signed Exhibit B (Staffed Residential only)</li><li><input type="checkbox"/> Program and Contractor Risk Assessments</li><li><input type="checkbox"/> Monitoring Plan Document</li><li><input type="checkbox"/> Signed and Dated form DSHS 10-403 (Staffed Residential and Group Care only)</li><li><input type="checkbox"/> Proof of Insurance (custom per contract type)</li><li><input type="checkbox"/> Driver's license (Child Foster Home only)</li><li><input type="checkbox"/> Proof of Auto Insurance (Child Foster Home only)</li><li><input type="checkbox"/> Copy of business license (If applicable)</li><li><input type="checkbox"/> Copy of current corporate status (If applicable)</li><li><input type="checkbox"/> Copy of 501 tax status (If Non-profit)</li><li><input type="checkbox"/> Medicaid Disclosure Form</li><li><input type="checkbox"/> Ethics Questionnaire form DSHS 27-045</li><li><input type="checkbox"/> Form W-9 (Staffed Residential only)</li><li><input type="checkbox"/> Other contract relevant communications</li></ul>	