



DEVELOPMENTAL DISABILITIES ADMINISTRATION
Children's Residential Services
Contractor File Checklist

CONTRACTOR NAME	DATE
CONTRACTOR TYPE (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"><input type="checkbox"/> DSHS 27-043, Contractor Intake (Initial Contract only)<input type="checkbox"/> DSHS 27-044A, Contractor Information Update (Contract renewals)<input type="checkbox"/> Background check (Documentation of cleared background check through Licensing Division)<input type="checkbox"/> Copy of valid license (Staffed Residential, Child Foster Home, or Group Care License)<input type="checkbox"/> DSHS 10-326, Staffed Residential Rate Proposal (Staffed Residential only)<input type="checkbox"/> Signed Exhibit B (Staffed Residential only)<input type="checkbox"/> Program Risk Assessment<input type="checkbox"/> Contractor Risk Assessment at time of contract renewal or when risk changes<input type="checkbox"/> 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)<input type="checkbox"/> Proof of Valid Insurance (Custom per contract type)<input type="checkbox"/> Valid Driver's license (Child Foster Home only)<input type="checkbox"/> Proof of Auto Insurance (Child Foster Home only)<input type="checkbox"/> DSHS 27-094, Medicaid Provider Disclosure Statement (At time of contract renewal)<input type="checkbox"/> Any additional relevant contract communications	