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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 | | |