

**Georgia Department of Human Resources
Resource Parent Document Checklist**

| Requirement | Progress | Completed? | | |
|---|----------|------------|----|-----|
| | | Yes | No | N/A |
| 2-Hour IMPACT Orientation | | | | |
| 20 Hour IMPACT Pre-Service Training | | | | |
| Home Consultations | | | | |
| Form 35, Resource Parent Application | | | | |
| Sensitive Issues Inventory | | | | |
| Stress Index | | | | |
| Mental Health Questionnaire | | | | |
| Personal Network Matrix | | | | |
| Form 44, Financial Statement | | | | |
| Form 404, Consent for Criminal Records Check | | | | |
| Fingerprint Cards Submitted for all adults over 18 years | | | | |
| Form 36, Medical Examination | | | | |
| Drug Screen | | | | |
| Health Statements on all youth and other adults in the home; 16 years and older must have a TB test | | | | |
| Form 29, Safety Agreement | | | | |
| Copy of Auto Insurance | | | | |
| Copy of Drivers License | | | | |
| Copy of Citizenship Papers, if applicable | | | | |
| Copy of Birth Certificates | | | | |
| Copy of Marriage License | | | | |
| Copy of Divorce Decree | | | | |
| Copy of Any Death Certificates | | | | |
| Pet Vaccination Record | | | | |
| Environmental Statement re: water/sewage | | | | |
| Smoke Detector Statement | | | | |
| 3 References: Personal, Relative and Employer, if applicable | | | | |
| Pictures of Family / Simple Layout Drawing of Residence | | | | |
| HIPAA Statement | | | | |
| Other | | | | |