

HOUSEHOLD MEMBER RECORD CHECKLIST

HOUSEHOLD MEMBER NAME:	
ADDRESS:	
TELEPHONE NUMBER:	
AGE VERIFICATION:	<input type="checkbox"/> Verification Attached
RECORD REQUIREMENTS:	
<input type="checkbox"/> ORIGINAL BACKGROUND CHECKS: <i>(Renewed every five years)</i>	
<input type="checkbox"/> SWORN DISCLOSURE STATEMENT <i>(Completed prior to licensure)</i>	
<input type="checkbox"/> NATIONAL CRIMINAL BACKGROUND CHECK <i>(Completed prior to licensure)</i>	
<input type="checkbox"/> CHILD PROTECTIVE SERVICE REGISTRY <i>(Completed prior to licensure)</i>	
<input type="checkbox"/> OUT OF STATE CHILD ABUSE AND NEGLECT RESULTS <i>(If person has lived out of state in the past five years, completed prior to licensure)</i>	
<input type="checkbox"/> REPORT OF TUBERCULOSIS SCREENING <i>(Completed prior to licensure)</i>	
<input type="checkbox"/> MEDICAL CERTIFICATION <i>(Completed prior to licensure)</i>	