**Group Home Continuation Application Document Checklist**

**Use of form:** Use of this form is voluntary. It is a supplement to the DCF-F-5013 License Continuation Application-Group Homes, intended to help applicants ensure all required documents have been included.

**Instructions:** Submit this document and the following supporting application materials / documentation in Word document or Adobe PDF format to the [Provider Information Exchange](https://share.dcf.wisconsin.gov/pie/default.aspx) (PIE) website. Submit the fees below via [Electronic Payment Request, Child Welfare Licensing](https://dcf.wisconsin.gov/cwlicensing/licensed-provider-payment) webpage. In the Applicant Use column, check the box indicating the corresponding material has been submitted.

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| **APPLICANT USE** | | **SUPPORTING MATERIALS / DOCUMENTATION** | **Dept. Use** |
|  | Included | Completed application with signature — Form DCF-F-5013 |  |
|  | Included | DCF Background Information Disclosure (BID). See section F1 of the application — Form [DCF-F-2978](https://dcf.wisconsin.gov/files/forms/doc/2978.docx) |  |
|  | Included | Target Groups Form. Fill in the page numbers and attach corresponding policies — Form [DCF-F-5207](https://dcf.wisconsin.gov/files/forms/doc/5207.docx) |  |
|  | Included | Current Group Home policy and procedure documents |  |
|  | Included | Group Home Policy / Procedure Checklist — Form [DCF-F-CFS2378](https://dcf.wisconsin.gov/files/forms/doc/2378.docx) |  |
|  | Included  N/A (K1) | Annual inspection reports including:  heating inspection  fire safety inspection — Form [DCF-F-CFS0909](https://dcf.wisconsin.gov/files/forms/pdf/0909.pdf) (use of this form is optional, the inspection is not)  lead / bacteria water test (ONLY APPLICABLE IF YOU ANSWERED “YES” TO K1 on the application) |  |
|  | Included  N/A | Vehicle Inspection form for all vehicles older than 2 years that are used to transport children — Form [DCF-F-4148](https://dcf.wisconsin.gov/files/forms/doc/4148.docx) (ONLY APPLICABLE IF YOU ANSWERED “YES” TO K2 on the application) |  |
|  | Included  N/A | Current certificate of occupancy if issued by city / municipality in which the GH is located |  |
|  | Included  N/A | Documentation of efforts to maintain a community advisory committee — Form [DCF-F-CFS0367](https://dcf.wisconsin.gov/files/forms/doc/0367.docx) (ONLY APPLICABLE IF YOU ANSWERED “YES” IN SECTION L of the application) |  |
|  | Included | Proof of Insurance including coverage of:  the Group Home premises (address must be listed on the certificate)  the operation of the Group Home  all vehicles used to transport youth |  |
|  | Included | Verification of authorization by the Department of Financial Institutions to do business in Wisconsin |  |
|  | Included | Licensing Checklist. Fill out the applicant section throughout the document, and sign — Form [DCF-F-CFS0358](https://dcf.wisconsin.gov/files/forms/doc/0358.docx) |  |
|  | Included N/A | Any previously approved exception requests if the exception should continue — Form [DCF-F-5023](https://dcf.wisconsin.gov/files/forms/doc/5023.docx) |  |
|  | Included | “How Are We Doing?” CWLS Evaluation Survey |  |
|  | **INCLUDE THE FOLLOWING ONLY IF CHANGES HAVE BEEN MADE SINCE LAST CONTINUATION** | |  |
|  | Included  N/A | Organization chart showing chain of command and identifying all staff positions |  |
|  | Included  N/A | Disaster Plan. Indicate the date of review / revision on the document — Form [DCF-F-5129](https://dcf.wisconsin.gov/files/forms/doc/5129.docx) |  |
|  | Included  N/A | If the agency / business is **incorporated** provide a list of Board Members that includes each member’s:  telephone number  address  dates of office including position start dates |  |
|  | Included  N/A | If the agency / business is an **LLC** provide a list of owners and members of the LLC that includes each person’s:  telephone number  address  dates of office including position start dates  title |  |
|  | Included  N/A | A copy of the sponsoring agency contract (ONLY APPLICABLE IF YOU ANSWERED “YES” IN SECTION I1 on the application) |  |
|  | Included  N/A | Group Home Program Director’s resume |  |
|  | Included  N/A | Attach a diagram of the floor plan of the total interior space for each building. Clearly indicate the following:  dimensions and use of each room utilized by residents  exits  For each bathroom, indicate the number of:  toilets  sinks  tubs / showers |  |
|  | **FEES**  Submit fee payments to the [Electronic Payment Request](https://dcf.wisconsin.gov/cwlicensing/licensed-provider-payment), Child Welfare Licensing webpage.  If electronic payments are not administratively feasible, contact your licensing representative to request alternative payment arrangements. | |  |
|  | Mailed | Licensing Continuation Fee — $121.00 + $18.15 for each resident the facility is licensed to serve |  |
|  | Mailed | Caregiver background check fee — $10.00 per individual listed in Section F1 of the application |  |
| **QRTP CERTIFICATION** | | |  |
| 1. Included   N/A | | Continuation of QRTP Certification complete application with signature — Form [DCF-F-5475-E](https://dcf.wisconsin.gov/files/forms/doc/5475.docx) |  |