



Metro Support Services, Inc.  
Phone: 720-872-2730

## Qualified Adult Foster Care Professional REQUIREMENTS & CONTRACT CHECKLIST

**Instructions:** Please complete the application packet and send it with copies of items listed below to MSS. If more than one person in the household plans to provide unsupervised care to the Client, each person must complete an application packet and provide the information listed below. Please complete one checklist for each applicant.

The following training certifications are required but additional / others are encouraged.  
All contractual items must be completed prior to the move-in date of the Individual.

**Name:** \_\_\_\_\_

**Submission Date:** \_\_\_\_\_

### PLEASE FILL OUT THE FORM

✓	Contractual Requirements	Location	Frequency	Expires
	MSS Application	Form available on MSS website	One time only	N/A
	(2) Release forms for Professional References	Form available on MSS website	One time only	N/A
	MSS Agency Orientation	Schedule with MSS staff	One time only	N/A
	Social Security Card		One time only	N/A
	Driver's License		At each expiration	
	Auto Insurance		At each expiration	
	Home Owner's / Renter's Insurance		Annually	
	Release for Background Check	Form available on MSS website	Every 18 Months	
	DBA (Trade Name)	Link for Trade Name on MSS website	At each expiration/ Annually	
	Professional Liability Insurance	Link for Insurance App on MSS website	Annually	
	Vehicle Safety Inspection	Form available on MSS website	Annually	
	HUD Inspection	Schedule with MSS staff	Every 18 Months	

**(See page 2 for required trainings)**

## Qualified Adult Foster Care Professional REQUIREMENTS & CONTRACT CHECKLIST

Name: \_\_\_\_\_

Submission Date: \_\_\_\_\_

✓	Training	Location	Frequency	Expires
	<b>Medication Administration (Full Med)</b>	(3-part training): -Relias: "Medication Management for IDD- part 1" -Relias: "Medication Management for IDD- part 2" -Face-to-face Clinical session with agency nurse	One time only	
	<b>Medication Admin Refresher</b>	(2-part training): -Relias: "Medication Management for IDD- part 1" -Relias: "Medication Management for IDD- part 2"	Annually	
	<b>Safety Care-Behavior Intervention (TCI/CAIT, CPI or MANDT also accepted)</b>	<b>Class</b> (2-day class for initial training. 1-day class for ongoing training)	Annually	
	<b>Mistreatment</b>	(2-part training): -Relias: "Abuse & Neglect of Individuals with IDD" -Relias: "Client/Patient Rights"	Every 2 years	
	<b>CPR &amp; First Aid</b>	Online from American Heart Association OR National CPR Foundation	Every 2 years	
	<b>Incident Reporting</b>	(2-part training): -Relias: "Incident Reporting" -Relias: "Writing Effective Incident Reports"	Every 2 years	
	<b>GER Practicum</b>	<b>Therap</b> - Contact MSS staff for instruction  <i>*Note: Must take Incident Reporting prior to completing GER Practicum training.</i>	Every 2 years	
	<b>OSHA/ Bloodborne Pathogens</b>	<b>Relias: "Infection Control"</b>	Every 2 years	
	<b>Personal Needs</b>	<b>1-day Class</b>	Every 2 years	
	<b>Effective Documentation</b>	<b>Relias: "Guidelines for Effective &amp; Focused Docemntation"</b>	Every 2 years	
	<b>Epilepsy</b>	<b>Relias: "Healthcare Needs for People with IDD: Seizures"</b>	One time only	
	<b>Fire Safety</b>	<b>Relias: "Fire Safety; The Basics"</b>	Every 2 years	
	<b>Person Centered Thinking</b>	<b>Relias: "Person Centered Planning for Individuals with Developmental Disabilities"</b>	One time only	
	<b>Nutrition</b>	<b>Relias: "Nutrition and Exercise Focused Learning"</b>	One time only	