



IDAHO DEPARTMENT OF HEALTH & WELFARE

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CFH RECERTIFICATION CHECKLIST

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This checklist will assist you in preparing for recertification. You must have all required documentation at the time of your inspection to complete certification and continue to be paid. **YOUR RESIDENT(S) MUST BE HOME AND AVAILABLE AT THE TIME OF THE APPOINTMENT.**

To schedule your survey, please contact your local CFH Specialist and keep this form for future certifications.

HOME RECORDS
<input type="checkbox"/> Home Ownership / Rental Agreement
<input type="checkbox"/> Home Owners or Renter's Insurance
<input type="checkbox"/> Medication Course Certificate
<input type="checkbox"/> Current First Aid and CPR Cards
<input type="checkbox"/> Proof of 8 Hours Annual Training Renewal of First Aid / CPR Counts as 2 hours 4 hours classroom / 4 hours individual study
<input type="checkbox"/> Criminal History Checks for Any New Persons 18 Years or Older
<input type="checkbox"/> Water Test Results for Private Wells - Annually
<input type="checkbox"/> Proof of Pumping Septic Tank; Every 5 Years
<input type="checkbox"/> Receipt for Fireplace / Woodstove Inspection – Annually, If Applicable
<input type="checkbox"/> Receipt for Fuel-fired Furnace Inspection - Annually
<input type="checkbox"/> Receipt for Servicing or Purchase of New Fire Extinguisher(s) – 5 lbs. / Mounted - Annually
<input type="checkbox"/> Electrical Inspection on File
<input type="checkbox"/> Fire District Letter on File
<input type="checkbox"/> Completed Fire Preparedness Log
<input type="checkbox"/> Smoke Detectors in All Bedrooms and Hallways
<input type="checkbox"/> All Firearms Should Be Locked
<input type="checkbox"/> Evacuation Plan
<input type="checkbox"/> Proof of Current Landline – Bill / Name / Number

RESIDENT RECORDS – Medicaid or Private Pay
<input type="checkbox"/> Current Admission Agreement
<input type="checkbox"/> Emergency Contact Numbers
<input type="checkbox"/> Current Social History
<input type="checkbox"/> Residents' Rights Policy – Updated Annually
<input type="checkbox"/> Current Belongings Inventory Resident Records, Including Contact Info for Agencies / Individuals Providing Paid Supports
<input type="checkbox"/> Resident Funds - Receipts, Bank Statements, Monthly Accounting Documents – Past 12 Months
<input type="checkbox"/> Progress Notes & Incident Reports
<input type="checkbox"/> Medication & PRN Logs
<input type="checkbox"/> Medication & OTC Authorization - Current List of Medications & Medication Info Sheets
<input type="checkbox"/> Current Medical Information
<input type="checkbox"/> Physical Exam on File
<input type="checkbox"/> Advanced Directive
A&D Waiver and Private Pay
<input type="checkbox"/> Uniform Assessment Instrument (UAI)
<input type="checkbox"/> Negotiated Service Agreement (NSA)
<input type="checkbox"/> Nursing Visit Notes
DD Waiver Residents
<input type="checkbox"/> Individual Support Plan (ISP)
<input type="checkbox"/> Implementation Plan & SIB-R