



IDAHO DEPARTMENT OF HEALTH & WELFARE

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CFH RECERTIFICATION CHECKLIST

WWW.CFH.DHW.IDAHO.GOV

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 (No Online Courses)
<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
<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