

DOMICILIARY CARE PROGRAM
NEW PROVIDER CHECKLIST

Provider Name: _____

Date of Application: _____

- _____ Landlord Approval (If rental property) (Chapter 21.28.2.viii)
- _____ Smoke Detectors and Fire Extinguishers (Chapter 21.27.14)
- _____ Fire Extinguishers (Chapter 21.79.3)
- _____ Fire Emergency Plan (Chapter 21.79.4)
- _____ Homeowners Insurance with additional consumer rider (Chapter 21.28.2.viii)
- _____ First Aid Certification (Chapter 21.82.I)
- _____ CPR Certification (Chapter 21.82.I)
- _____ Physical Examination (Chapter 21.28.2.vi)
- _____ Received 2 Personal References (Chapter 21.28.2.iv)
- _____ Received 2 Financial References (Chapter 21.28.2.v)
- _____ Fire Safety Inspection Completed (Chapter 21.27.12)
- _____ Private Source Water Approved (Chapter 21.27.5)
- _____ Sufficient Living Area for Consumer (Chapter 21.27.17-21)
- _____ Criminal Record Check (Chapter 21.28.3.iii)
- _____ Agency – Provider Agreement Signed (Chapter 21.28.3.xii)
- _____ Certificate of Compliance Issues (Chapter 21.28.3.xiii)