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 21.82.1)
_____ CPR Certification (Chapter 21.82.1)
_____ 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)