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|  | LICENSING DIVISION (LD)**File Checklist and** **Certification for License of Foster Home** |
| NAME OF PRIVATE AGENCY RECOMMENDING FOSTER HOME LICENSE |
| APPLICANT / PROVIDER NAME | PROVIDER NUMBER |
| ADDRESS | CITY | STATE**, WA** | ZIP CODE |
| RECOMMENDED CAPACITY:  CHILDREN AGE  TO   |
| **I have verified the following requirements:**  |
| Driver’s License for all household members transporting children. | [ ]  Yes[ ]  N/A  |
| Auto insurance for all household members transporting children. | [ ]  Yes[ ]  N/A  |
| TB screening (including negative TB test or documentation from a licensed medical provider where indicated) for all adults in home. | [ ]  Yes[ ]  N/A[ ]  Waiver/Exemption  |
| Immunizations and/or Vaccine Exemption (DCYF 15-455) verified for all child household members. | [ ]  Yes[ ]  N/A[ ]  Waiver/Exemption |
| Pertussis vaccine and/or Vaccine Exemption (DCYF 15-455) verified for all adult household members (if caring for children under the age of 2 years or medically fragile children). | [ ]  Yes[ ]  N/A[ ]  Waiver/Exemption  |
| Influenza vaccine (per agreement) and/or Vaccine Exemption (DCYF 15-455) verified for all household members. | [ ]  Yes[ ]  N/A[ ]  Waiver/Exemption |
| Rabies vaccine verified for all dogs, cats, and ferrets. | [ ]  Yes[ ]  N/A[ ]  Waiver/Exemption  |
| Cleared well test for private water.  | [ ]  Yes[ ]  N/A[ ]  Other/Waiver/Exemption  |
| This home meets the ICWA/WICWA definition of an Indian Foster Home (verification uploaded). | [ ]  Yes[ ]  N/A  |
| All applicants were provided an opportunity to review the Notice of Nondiscrimination publication (HR\_0012). | [ ]  Yes[ ]  Other  |
| Background check completed for all household members ages 16 & 17. | [ ]  Yes[ ]  N/A  |
| FamLink check completed for all household members under the age of 18. | [ ]  Yes[ ]  N/A  |
| Open investigations. | [ ]  None[ ]  Other  |
| Pending Compliance Agreements (DCYF 10-248). | [ ]  None[ ]  Provider agrees to sign a Compliance Agreement related to  |
| This home study includes adoption. | [ ]  Yes[ ]  No[ ]  N/A  |
| **I have verified the following adoption requirements:** |
| Marriage certificates, divorce decrees, and/or death certificates. | [ ]  Yes[ ]  N/A |
| Income verification. | [ ]  Yes[ ]  N/A |
| Applicant Medical Report (DCYF 13-001) completed by medical provider. | [ ]  Yes[ ]  N/A |
| **Additional Comments** |

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| [ ]  I hereby certify the home complies with minimum licensing requirements for foster homes.[ ]  This certification and/or home requires waiver(s)/exemption(s) to the following WAC(s) in order to meet all minimum licensing requirements: [ ]  N/A – for purpose of adoption update only. |
| **Signatures** |
| CPA STAFF NAME | CPA SUPERVISOR NAME |
| CPA STAFF SIGNATURE | DATE | CPA SUPERVISOR SIGNATURE | DATE |