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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 |