

## Certification for License of Foster Home

New   
  Expedited   
  Renewal   
  Amend / Modify

DATE OF APPLICATION	DATE OF REASSESSMENT	EFFECTIVE DATE OF LICENSE
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The \_\_\_\_\_ of \_\_\_\_\_ Washington,  
NAME OF PRIVATE AGENCY

recommends that a foster home license be issued to:

NAME, LAST, FIRST, MI		NAME, LAST, FIRST, MI	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
RACE	DATE BACKGROUND CHECK CLEARED	RACE	DATE BACKGROUND CHECK CLEARED
STREET ADDRESS		CITY	STATE    ZIP CODE

Complete the following for the children being cared for in this home:

TYPE OF CARE <input type="checkbox"/> Full Foster Care <input type="checkbox"/> Expedited License	NUMBER IN CARE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE OF FOSTER CHILDREN from _____ to _____ years
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If any of your biological and/or adopted children in your home have a diagnosed physical or intellectual disability, briefly describe specifics on reverse side of this card.

MAILING ADDRESS	CITY	STATE	ZIP CODE
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A change of agencies requires relicensing. Name previous agency: \_\_\_\_\_

List of **all** other persons living in home.

NAME	BIRTHDATE	RELATIONSHIP	BACKGROUND CHECK CLEARED

COMMENTS

NOTE: Print your name and sign at the bottom, but the other items below are not required for an Expedited License. Expedited licenses can only be issued for up to 90 days while you are working to complete a Full Foster Care License.

<input type="checkbox"/> Orientation completed on _____	<input type="checkbox"/> Pre-Service completed on _____
DATE OF HOME VISIT	DATE HOME STUDY / REASSESSMENT COMPLETED

I hereby certify the home complies with minimum licensing requirements for foster homes.

This certification and/or home requires a waiver to WAC 110-148-\_\_\_\_\_ in order to meet all minimum licensing requirements; Request for Waiver attached.

First Aid and CPR completed and current for both applicants' expires on \_\_\_\_\_

HIV / AIDS / BBP Training completed on \_\_\_\_\_

Immunizations for all children living in the household (except children in out-of-home care)

**Providers Taking Placement of a Child Under the Age of Two Years:**

Tdap is required for all household members when taking placements under two years of age; dates completed \_\_\_\_\_

Influenza immunizations for all household members ages six (6) months and above \_\_\_\_\_

LICENSOR'S SIGNATURE	DATE	PRINT NAME HERE
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