Washington State Department of
CHILDREN, YOUTH & FAMILIES

Licensing Divisions (LD)
File Checklist and Certification for License of Kinship Home

Name of Private Agency Recommending Kinship Home License _____

Applicant/Provider Name _____

Provider Number _____

Address _____

City _____   State **WA**   Zip _____

Recommended Capacity _____ Child(ren)   Age _____ to _____

I have verified the following requirements:

Background checks completed for all household members ages 16 & 17   Yes ☐   N/A ☐

Background checks completed on all 16 & 17 year-olds on the property having unsupervised access.
Yes ☐   N/A ☐

FamLink checks completed for all household members under the age of 18.   Yes ☐   N/A ☐

FamLink checks completed for all people on the property under the age of 18 having unsupervised access.
Yes ☐   N/A ☐

Open investigations   ☐ None ☐ Other

I have provided information regarding bloodborne pathogens, including prevention, transmission, infection control, treatment, testing and confidentiality. Yes ☐

All applicants were provided an opportunity to review the Notice of Nondiscrimination publication (HR_0012).
☐ Yes ☐ N/A

At least one applicant is a member or eligible for membership as determined by a federally recognized tribe per RCW 13.38.040(12) (verification has been reviewed by any means, upload not required).

☐ Yes ☐ N/A

This home study includes adoption. ☐ Yes ☐ No ☐ N/A

I have verified the following adoption requirements:

Marriage certificates, divorce decrees and death certificates (if applicable)**.** ☐ Yes ☐ N/A

Applicant Medical Report (DCYF 13-001) completed by medical provider. ☐ Yes ☐ N/A

Additional Comments

☐ I hereby certify the home complies with minimum kinship licensing requirements.

☐ I hereby certify the home requires waiver(s) to meet all minimum kinship licensing requirements.

☐ N/A – for purpose of adoption update only.

Signatures

CPA Staff Name _____

CPA Staff Signature _____   Date _____

CPA Supervisor Name _____

CPA Supervisor Signature _____   Date _____