Use this form to request an initial or full kinship (child specific) license. Learn about [Types of Licenses for Tribes](https://www.dcyf.wa.gov/publications-library/LIC_0151).

An **initial license** is available to kinship caregivers after initial placement or change of placement for a specific child(ren) to provide a maximum of 90 days of financial reimbursement while the caregivers go through the kinship/foster license process.

* The initial license will be issued within 3-5 business days from the date this completed form is received by DCYF. DCYF will send a letter informing the caregiver of the initial license dates and payment information.
* Notify the caregiver that the initial license payment will automatically end after 90 days if a full kinship/foster license is not issued by the 91st day.
* The initial license is not a full license and does not count towards the 6-month timeframe requirement of the Guardianship Assistance Program.

A **kinship license** is a full license that is issued to provide ongoing financial reimbursement for placement of a specific child(ren).

\*All child abuse/neglect intakes on caregivers with initial or kinship license will be investigated by Licensing Division Child Protective Services (LD/CPS), excluding Tribes with Inter-Governmental Agreements (IGA).

**After Tribal Payment Only (TPO) has been opened,** email this completed form to:

1. TPO Worker **AND**
2. The Kinship Notification Unit (KNU) via email to: [dcyf.kinshipadminsupport@dcyf.wa.gov](mailto:dcyf.kinshipadminsupport@dcyf.wa.gov) **AND**
3. CPA, if applicable.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Tribe: Choose an item.  Tribal Worker Name & Contact Information: | | | | | | | | | | | | | | |
| Childs Name: | | | | | | | Child’s DOB: | | | | | | | |
| Siblings this placement applies to (if different placement for sibling, additional form needed) | | | | | | | | | | | | | | |
| Sibling Name | | | | | | | | | | Sibling DOB | | | | |
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| **Please complete for Initial Placement Only** | | | | | | | | | | | | | | |
| Date Legal Custody Obtained (PCA) | | | | | | | | | | | | | | |
| Removal Reasons: | | | | | | | | | | | | | | |
|  | | Physical abuse |  | Sexual abuse | | | | |  | Neglect | |  | | Caregiver’s alcohol use |
|  | | Caregiver’s drug abuse |  | Child’s alcohol use | | | | |  | Child’s drug use | |  | | Extended foster care |
|  | | Inadequate housing |  | Child’s behavior problem | | | | |  | Child’s disability | |  | | Incarceration of caregiver(s) |
|  | | Death of caregiver(s) |  | Abandonment | | | | |  | Caregiver’s inability to cope | |  | | Relinquishment (Safety of Newborn Child Act) |
| Tribal Jurisdiction Removal Manner: | | | | | | | | | | | | | | |
|  | Court ordered | | | |  | Temporary physical custody | | | | |  | | Voluntary | |
| Removal Caregiver/Family Structure: | | | | | | | | | | | | | | |
|  | Married couple | | | |  | Single female | | | | |  | | Single male | |
|  | Unmarried Couple | | | |  | Unable to Determine (baby abandoned) | | | | | | | | |
| Removal Primary Caretaker (Parent)’s Name: | | | | | | | | Removal Secondary Caretaker (Parent)’s Name: | | | | | | |

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| **Please complete for all Placements** | | |
| Placement (Check one) | | |
| Initial Placement | Change of Placement, add reason below:  Planned placement change (Changed caregiver)  Caregiver requested child move (Caregiver chose to terminate services) | |
| Placement Begin Date:       Time: | | |
| **KINSHIP CAREGIVER INFORMATION** | | |
| Type of placement as defined by the tribe (Check One) | | |
| Relative placement | | |
| Extended Family Tribal Home (Suitable Person) | | |
| Any other requests to support the placement (child care, clothing vouchers, etc.)? | | |
| **Primary Provider Information** | | **Secondary Provider Information** |
| Full Name: | | Full Name: |
| Gender \* Choose an item. | | Gender \* Choose an item. |
| Date Of Birth | | Date of Birth |
| Social Security Number | | Social Security Number |
| Race \* Choose an item. | | Race \* Choose an item. |
| Hispanic/Latino \* Choose an item. | | Hispanic/Latino \* Choose an item. |
| Marital Status \* Choose an item. | | Marital Status\* Choose an item. |
| Relationship to Child Choose an item. | | |
| Cell Phone Number () | | Home  Alternate Phone Number () |
| Contact Preference:  Mail  Email (email address required) | | |
| Email Address: | | |
| Placement Physical Address: | |  |
| Mailing Address (If different from Physical Address): | | |
| County: Choose an item. | | |
| In case of emergency contact (ICE) name: | | ICE Phone Number: () |
| Address: | | |

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| REQUEST FOR:  **Kinship (child specific) license ONLY – no initial license requested**   * + Caregiver’s email address:   + Does the Tribal Worker want to be present during interviews  Yes  No   **Initial license (confirm the following occurred)**  All Initial license requirements have been met:   * Background checks have been completed consistent with Tribe’s placement policy. * Home inspection has been conducted based on Tribe’s placement policy. * Caregiver:   + - can meet child(ren)’s needs.     - can support case plan and visitation.     - wants initial license.   **Select one path to full kinship or foster care license**  Tribal Child Placing Agency (Tribal CPA intake family in WA CAP)  Name of Tribal CPA:  Inter-Governmental Agreement (IGA) Tribe (Tribal Dependents Only)  Name of IGA Tribe:  Department of Children Youth and Families. Licensing Division will contact family to discuss  options of going through DCYF, [Tribal CPA, or General CPA](https://www.dcyf.wa.gov/publications-library/LIC_0147).   * Caregiver’s email address: * Does the Tribal Worker want to be present during interviews  Yes  No   N/A: Caregiver only wants 90 days of payment and does not want full kinship license. |