Licensing Division (LD)

**Licensing Support Agreement (Kinship)**

# Provider Information

Provider Name  Provider Number

Address  City

State **WA** Zip

# Worker Information

LD Staff/CPA Licensor Name  Phone Number

Address  City

State **WA** Zip

# Intake Information

|  |  |
| --- | --- |
| **Intake Number** | **Provider Action Number** |
|       |       |
|       |       |
|       |       |

|  |  |
| --- | --- |
|       |       |

*Copy and paste rows as needed then delete this text.*

# Support and Services Plan

|  |  |  |  |
| --- | --- | --- | --- |
| **Washington Administrative Code (WAC)** | **Description/Summary of Need** | **Plan Of Support or Services** | **Planned Date to Complete** |
| 110-149-      |       |       |       |
| 110-149-      |       |       |       |
| 110-149-      |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| 110-149-      |       |       |       |

*Copy and paste rows as needed then delete this text.*

# Signatures

**LD/CPA Staff**

This plan was developed in collaboration with the family to identify the support and services necessary to meet the specific needs of the children or youth.

LD/CPA Staff Name

Signature Date

**Providers**

I reviewed this plan.

Applicant A Name

Applicant A Signature Date

Applicant B Name

Applicant B Signature Date

**LD/CPA Staff – Completion Confirmation**

This plan is complete.

LD/CPA Staff Name

Signature Date