

## Foster License Home Study File Checklist

PROVIDER(S)		FAMLINK PROVIDER NUMBER		LICENSOR		
WAC	Required of Applicant	Applicant #1	Applicant #2	Required of Applicant	Applicant #1	Applicant #2
1315	Signed Application received (DCYF 10-354)			Medical Report Form (DCYF 13-001)		
1375	Attended Orientation			Financial Worksheet (DCYF 14-452)		
	Attended Pre-Service			Marriage and/ or Divorce Decree: <input type="checkbox"/> Date received from applicant <b>OR</b> <input type="checkbox"/> Date verified on DOH website with certificate number		
1320	Background Authorization for 16 years and up (DSHS 09-653)					
	Background Check Summary (DCYF 09-131)			Investigations Open?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	FamLink Check			Previous Compliance Actions Resolved	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1320	CA/N Check other states if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<b>Providers Taking Placement of a Child Under the Age of One Year</b>		
	Applicant Number 1 Applicant Number 2			Safe Sleep Assessment		
1365	Personal Information			PURPLE Crying video		
1510	Valid Driver's License expires			<b>Providers Taking Placement of a Child Under the Age of Two Years and Medically Fragile</b>		
1510	Vehicle insurance and registration expires			Tdap: dates for all household members age 7 years and above		
1320	TB Test			DTap: dates for all household members 0 - 6 years		
1320	HIV / AIDS / BBP Training			Influenza: dates for all household members		
1320	CPR Adult / Infant Expires			<b>Disposition</b>		
1320	First Aid Expires			<input type="checkbox"/> Licensed	Effective:	
1460	Evacuation Plan			<input type="checkbox"/> General <input type="checkbox"/> Child Specific <input type="checkbox"/> Both (Child Specific taking general placements)		
1440	Foster Home Inspection Completed (DCYF 10-183)			<input type="checkbox"/> Re-Licensed	Effective:	
	LEP Form (DCYF 15-245)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Capacity/Age Change	Effective:	
1445	Well Test (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		No:	Age:	Gender:
1380	In-Service Training Plan			FamLink Provider		
1380	Required Training Met (Renewal)	<input type="checkbox"/> Yes <input type="checkbox"/> No		SSPS Payment #		
	If not, Current Compliance Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Name Change of Licensed Provider		
1320	Immunizations for family's own children	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Effective: to		
<b>Closed Licenses</b>						
1480	Pet vaccines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Effective Date:		
1365	References	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		<input type="checkbox"/> Withdrawn <input type="checkbox"/> Changed agency or license type <input type="checkbox"/> Moved <input type="checkbox"/> Could not meet MLRs <input type="checkbox"/> Suspended <input type="checkbox"/> Request by CPA <input type="checkbox"/> Denied <input type="checkbox"/> Revoked <input type="checkbox"/> Adoption complete <input type="checkbox"/> Other: <input type="checkbox"/> Family goals / personal issues <input type="checkbox"/> Expired, no reapplication <input type="checkbox"/> Placement for specific child no longer needed <input type="checkbox"/> Family's dissatisfaction, explain:		
1365	Adult children contacted If not, provider notes detail diligent effort: <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
COMMENTS						
COMPLETED BY:			DATE	REVIEWED BY:		DATE