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|  | LICENSING DIVISION (LD)LICENSING DIVISION (LD)  **File Checklist (Provisional Expedited License)** | | | | |
| APPLICANT / PROVIDER NAME | | | | | PROVIDER NUMBER |
| ADDRESS | | CITY | | STATE  **, WA** | ZIP CODE |
| **I have verified the following requirements:** | | | **If any are marked “no,” the applicant is not eligible for an expedited license and will need to proceed with a new license application.** | | |
| Held a foster care license (or kinship license for the same child) in the last five years that was not closed due to denial, revocation, or an agreement to relinquish. | | | Yes  No | | |
| Reside in the same home in which they were licensed and no additional individuals have moved into the home. | | | Yes  No | | |
| Seeking a license from the same agency in which they were previously licensed and the agency agrees to supervise this home. | | | Yes  No | | |
| Driver’s License for all household members transporting children. | | | Yes  No  N/A | | |
| Auto insurance for all household members transporting children. | | | Yes  No  N/A | | |
| Background check completed for all household members ages 16 & 17. | | | Yes  No  N/A | | |
| FamLink check for all household members under the age of 18 years. | | | Yes  No  N/A | | |
| Open investigations. | | | None  Other | | |
| **Additional Comments** | | | | | |

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| **LD/CPA Staff Signatures** | | | |
| LD/CPA STAFF NAME | | LD/CPA SUPERVISOR NAME | |
| LD/CPA STAFF SIGNATURE | DATE | LD/CPA SUPERVISOR SIGNATURE | DATE |