



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES
LICENSING DIVISION

Provisional Expedited File Checklist

PROVIDER(S)			
FAMLINK PROVIDER NUMBER	LICENSOR		
Required of Applicant	Applicant 1	Applicant 2	Other Household Members
Signed Application received (DCYF 10-354)			N/A
Background Authorization (DCYF 09-653)			
National Background check on all household members age 18 years and above or 16 and 17 year olds that have lived outside Washington in the past three Years			
Background Check Summary (DCYF 09-131)			
FamLink Check on all household members regardless of age			
CA/N Check other states if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Held a foster care license in the last five years that was not closed due to denial, revocation, or an agreement to relinquish)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Reside in the same home in which they were licensed and no additional individuals have moved into the home	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Seeking a license from the same agency in which they were previously licensed and the agency agrees to supervise this home	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Unlicensed Household Inspection (DCYF 10-453) or Foster Home Inspection Checklist (DCYF 10-183)			N/A
Policy Agreements (DCYF 10-290)			N/A
NOTE: If any boxes are marked "no," the applicant is not eligible for an expedited license and will need to proceed with a new license application.			
COMMENTS			
COMPLETED BY:			DATE