



DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES
(DCYF)

Family Home Study Application

1. SSPS ID NUMBER (FOR DCYF USE ONLY)	2. DATE APPLICATION (FOR DCYF USE ONLY)
3. NAME OF PRIVATE AGENCY IF APPLICABLE	4. FAMILINK PROVIDER NUMBER (FOR DCYF USE ONLY)

5. CHECK ALL THAT APPLY

- New Foster Care License Expedited License Renewal
 New Address Adoption Relative / Suitable Other

6. Applicant Number 1 (Primary Contact)		7. Applicant Number 2 (Secondary Contact)	
NAME (LAST, FIRST, MIDDLE)		NAME (LAST, FIRST, MIDDLE)	
MAIDEN NAME (ALSO LIST FORMER MARRIED NAME(S) IF APPLICABLE)		MAIDEN NAME (ALSO LIST FORMER MARRIED NAME(S) IF APPLICABLE)	
RELIGIOUS PREFERENCE (IF ANY)	OCCUPATION	RELIGIOUS PREFERENCE (IF ANY)	OCCUPATION
EDUCATION (HIGHEST GRADE COMPLETED)	YEARLY INCOME (GROSS)	EDUCATION (HIGHEST GRADE COMPLETED)	YEARLY INCOME (GROSS)
GENDER	MARITAL STATUS	GENDER	MARITAL STATUS
PRIMARY LANGUAGE		PRIMARY LANGUAGE	

8. STREET ADDRESS CITY STATE ZIP CODE

9. MAILING ADDRESS CITY STATE ZIP CODE

10. PLACEMENT PREFERENCE
 No Preference **OR** Number: Age Range: From To **AND** Male Female Either

11. TELEPHONE NUMBERS (INCLUDE AREA CODE)

HOME	CELL	WORK	EMAIL ADDRESS
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12. DCYF PLACEMENT (ATTACH SHEET IF MORE THAN TWO CHILDREN)

Child's name: _____	Child's name: _____
Date of Birth: _____ Placement Date: _____	Date of Birth: _____ Placement Date: _____
Relationship to specific (children): _____	Relationship to specific (children): _____
Case Worker's Name: _____	Case Worker's Name: _____

13. NAMES OF NEAREST SCHOOLS

DISTRICT	ELEMENTARY SCHOOL	MIDDLE / JUNIOR HIGH SCHOOL	HIGH SCHOOL
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14. PERSONS LIVING IN HOUSEHOLD (INCLUDING SELF) ATTACH ADDITIONAL SHEET IF NEEDED

NAME (FIRST AND LAST)	BIRTHDATE	GENDER M/F	RELATIONSHIP TO APPLICANT(S)	RACE	ETHNICITY	SOCIAL SECURITY NUMBER
1)						
2)						
3)						
4)						
5)						

15. Does anyone else live on your property. Yes No

16. Character references. List all adult children and at least two unrelated references who have seen you interact with children. A minimum of three references are required. Attach an additional sheet if needed.

NAME (FIRST AND LAST)	COMPLETE MAILING AND EMAIL ADDRESS (INCLUDING ZIP CODE)	RELATIONSHIP TO APPLICANT(S)	TELEPHONE NUMBER (INCLUDE AREA CODE)

PLEASE ANSWER THE FOLLOWING QUESTIONS

17. Have you lived in Washington State consecutively for the past 5 years? Yes No
 If no, please list all previous addresses for each applicant for the last five years. Add more sheets if needed.

NAME	CITY	COUNTY AND STATE	DATES: TO - FROM

	APPLICANTS				OTHER	
	1		2		YES	NO
	YES	NO	YES	NO	YES	NO
18. For those in the household who drive:						
A. Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are there any restrictions on your license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what?						
C. Do you have automobile liability/medical insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Please attach a current copy showing amounts of coverage and expiration date)						
19. Has applicant or any other member of the household:						
A. Had a serious injury, illness or hospitalization during the past year, or have a history of mental or physical limitations or is currently taking medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Been found to be a perpetrator of child abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Engaged in the illegal use or sale of drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Been told that they have a problem with alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Been denied a license to care for children or adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Had a license to care for children or adults suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Ever applied for a home license before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where?						
I. Have you applied to adopt a child before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where?						

NOTE: For any box marked "yes" in question 19. please explain here or attach additional documentation to your application:

20. Emergency contact information

In state / Out of area			Out of state		
NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER		HOME PHONE NUMBER	WORK PHONE NUMBER	
CELL PHONE NUMBER	E-MAIL ADDRESS		CELL PHONE NUMBER	E-MAIL ADDRESS	

We / I further certify that the above information and required attachments are true and complete to the best of my (our) knowledge. Failure to truthfully disclose all relevant information may be grounds for denial of this application or revocation of a license.

We / I give permission for DCYF / Private Agencies to contact references listed in this application **and** to discuss issues relevant to my (our) application for adoption services / foster care license/relative placement.

We / I understand that DCYF will do a criminal history record check and a check of DCYF files of abuse and neglect for all persons applying.

PRIMARY CONTACT SIGNATURE	DATE	SECONDARY CONTACT SIGNATURE	DATE
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NOTE: WAC 110-148-1625 of the Washington Administrative Code provides that DCYF may deny, suspend, revoke, or not renew a license for misrepresentation or material omissions on this application.

Completion of this form is the first step in the application process and does not guarantee the application will be approved.

INSTRUCTIONS

These instructions are for the family home study application. The Department uses a single home study for the approval of relative placements, suitable persons' placements, foster care licensing and adoption.

1. **SSPS ID Number:** For DCYF agency use only.
2. **Date Application Received:** For DCYF agency use only.
3. **Name of Private Agency (if any):** If you are applying to a private agency, enter the name of the private agency.
4. **FamLink Provider Number:** For DCYF agency use only.
5. **Type of Application:** Check all that apply.
6. **Primary Contact Name(s):** Enter your complete legal name(s), last name, first name, and middle name(s) and/or initial(s). An application for foster care license, adoption home study and relative placements for children must be made by both husband and wife if they are living together and are legally married. In the case of unmarried adults living together, who will share equally in the care of children, list both as applicants.
7. **Secondary Contact Name(s):** Same as above

Enter only names of person(s) applying. Names of other members of the household who are not applicants should be entered in section 13 (persons living in household).

- Religion: Enter religious affiliation for each contact.
Occupation: Enter the occupation for each contact.
Education: Enter the highest grade completed for each contact.
Yearly income: Enter the yearly gross income for each applicant.
Marital Status: Enter each contact's marital status (married, single (never married), divorced, widowed).

8. **Address:** Enter your home address
9. **Mailing Address:** Enter your mailing address if different than your home address.
10. **Placement Preference:** Please indicate the number, age, and gender of children you are interested in having placed into your home. If you have no preference, mark "either" and "no age preference." If you are applying for a specific child(ren), please provide the child(ren's) name(s), including applicant's relationship to the child. For example, grandparent, step-relation, godparent, second cousin, friend of family, foster parent, etc.
11. **Telephone Numbers:** Enter telephone numbers for each applicant including area code (home, cell phone, or work). If you have no telephone, place an "X" in the space provided.
E-mail Address: Please provide your personal e-mail address if you have one.
12. **DCYF Placement:** Enter child's name, relationship to child(ren), and social worker's name. Use a separate sheet for additional children.
13. **Names of Schools:** Enter the school district and the names of the schools that are nearest to your home (elementary, middle/junior high and senior high schools).
14. **Persons Living in Household (Including Self):** Starting with the applicants, enter names (first and last), birth dates, sex (M for male or F for female), and their relationship to the applicant (for example, spouse, son, daughter, mother, foster child, boarder, etc.). If the child you are applying for already resides in your home, include that person here. Include the social security number of all persons living in the home.

Race: Indicate all that apply to each person: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, Caucasian, Chinese, Filipino, Japanese, Korean, Vietnamese, Samoan, Guamanian or Chamorro.

Ethnicity: If you are Spanish/Hispanic/Latino indicate with one of the following ethnicities: Cuban, Mexican, Mexican American or Chicano, Puerto Rican, Other Spanish/Hispanic/Latino. Attach additional sheets if necessary for individuals in household.

15. **Other Persons on Property:** Please place an "X" in the appropriate box to indicate if there are other people that live on your property but not in the home.

16. **Character References:** List names, mailing and email addresses, and telephone numbers of three people who know you well and can attest to your ability to provide care for children. You may use only one relative as a reference. Additionally, list all adult children. Attach an additional sheet if needed. DCYF may ask for additional references.

17. **Other Residence States:** Indicate if each applicant has lived outside of Washington during the previous five (5) consecutive years. If you have lived outside of Washington during the previous five (5) years, please indicate where you lived by name, city, state, and what months and years you lived in that city and state.

18. **(A-C) Drivers:** For any person in your home who drives, indicate if they have a valid driver's license and liability insurance. Liability insurance is required for all vehicles used in transporting children placed in your care.

19. **(A-I)** Place an "X" in the appropriate boxes.

If "yes" is marked for either applicant or other adults (all persons over the age of 18) living in the home, please provide a description of the circumstances on additional paper and attach to the application. The indication of a "yes" answer may not disqualify you. You will have an opportunity to discuss your answers.

20. **Emergency Contact Information**

- Please indicate the name, address, and telephone numbers for two contact persons in the event of an emergency.
- One person should be within Washington State, but in a different community in which the applicant lives and the other should be in a different state.
- **Please review the completed application. Attach statements explaining your "yes" answers to questions 19 (A-I).**
- **Applicant(s) need to sign and date the application before submission.**
- **Completion of this form does not guarantee that the applicant will be approved.**
- **Thank you for your time and patience. If you have any questions, or need assistance in completing this form, please contact DCYF or your child placing agency.**