Licensing Division (LD)

**Kinship License Move Assessment**

Provider Name

Current Address  City  State **WA**  Zip Code

Children Specific Name(s)

Date of Current License Expiration

1. Have there been any changes to the following since the most recent home study or reassessment?

a. Household members or individuals on the[ ]  property who have unsupervised access to children or youth placed in the home.[ ]

 Yes **[ ]**  No **[ ]**

 If yes, provide details:

b. Health and wellbeing of applicants (health conditions, counseling/therapy, alcohol and drug use, supportive relationships, or relationship conflict or violence).

 Yes **[ ]**  No **[ ]**

If yes, provide details:

2. Do the applicants need additional support to meet the needs of the family and children or youth?

Yes **[ ]**  No**[ ]**

If yes, describe the lack of resources and details related to mitigation, if applicable. Describe how the department is supporting the family in meeting these needs.

3. Describe the sleeping arrangements (each bedroom, types of beds, and who sleeps where).

4. Ask the caseworker about the permanent plan. Is a home study update needed? Yes **[ ]**  No **[ ]**

5. Licensor’s evaluation:

**Recommendation to License**

The applicants and the home meet the minimum licensing requirements (WAC 110-149) as a Kinship Home.

I recommend continued licensing for:

      Children ages       through       years

For the period of:  to and including

**Signatures**

LD/CPA Staff Name

LD/CPA Staff Signature Date

LD/CPA Supervisor Name

LD/CPA Supervisor Signature Date