



STATE OF WASHINGTON
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES
Licensing Division

RE: Respite care in licensed foster homes

Dear _____ :

Department of Children, Youth, and Families (DCYF), Licensing Division (LD) thanks you for requesting an application to provide respite care to foster children.

Respite payments may be taxable income.

Enclosed in this packet are the required forms. Should you have any questions about these forms, please contact me. The forms are:

1. Respite Application, DCYF 14-512. Please be sure to include references to be contacted. Three references are required and only one of those individuals can be related to you.
2. Background Check Authorization, DCYF 09-653. We will notify you in writing of the fingerprinting process once the completed form is returned.
3. Out of State Child Abuse and Neglect check form, DCYF 15-460
4. Policy Agreement, DCYF 14-510.

You must also provide:

1. Verification of a negative Tuberculosis test.
2. Verification of First Aid / CPR training and HIV / AIDS and Blood Borne Pathogens education. Please contact Keep the Beat for course information at <http://www.keepthebeatcpr.net/> or at 253.804.6074.
3. Verification of the following:
 - a. Your driver's license or state issued identification card and
 - b. Your car insurance which indicates medical and liability coverage if you are transporting foster children.

After your application has been reviewed, your references have been contacted, and your background check has been processed, you will be contacted for an in-person interview. Thank you for your interest in providing respite care in licensed foster homes.

Sincerely,

Licensors:

Phone:

E-Mail: