

## STATE OF WASHINGTON DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES LICENSING DIVISION

Dear		,
Thank you for	r your family home	e study application. I look forward to working with you.
The boxes cl	hecked below sh DCYF 10-354 DCYF 09-653 DCYF 15-276 DCYF 15-128 DCYF 13-001 DCYF 09-979 DCYF 14-452 Copies of current Names and conta	ow the documents needed to complete the home study process.  Application for Family Home For Children in Out-of-Home Placements Background Authorization for Personal Information for Verification of Indian Status for Applicant Medical Report – Confidential for Marital History Financial Worksheet driver licenses and insurance for all who transport foster children. act information of all of your children (minors and adults).  king placement of a child under the age of two years: for all household members ages seven (7) years and above for all household member ages 0 - 6 years zations for all household member ages six (6) months and above
	o be licensed for DCYF 10-406 DCYF 10-290 DCYF 16-204 Copy of well test, TB test results for Training docume Current first a time. The CP Verification of	foster care, the documents checked below are also required:  Employed Foster Parent Child Care Plan Policy Agreements Emergency Evacuation Plan if on private water source
		home visit. Submitting all the required documents in a timely fashion will help us or licensing process efficiently.
Please call m	e with any questio	ns.
Sincerely,		
Licensor Phone: Email:		