



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)
LICENSING DIVISION (LD)

Out of State Child Abuse and Neglect Check

NAME	DATE OF BIRTH										
SIGNATURE		DATE									
How many years have you lived in Washington State without living in another state? _____ Years / _____ Months											
<p>The remainder of this form is <u>only required</u> if you have lived outside of Washington State during the last five (5) years. If you have lived outside of Washington State at any time during the last five (5) years, please list all addresses from all states you have lived in during that time frame.</p>											
ADDRESS	COUNTY AND STATE	DATES: TO - FROM									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">I AM APPLYING AS</td> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%; text-align: center;">NO</td> </tr> <tr> <td>Foster Parent or unlicensed caregiver</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Group Care Facility Staff (if yes enter facility name and provider number)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			I AM APPLYING AS	YES	NO	Foster Parent or unlicensed caregiver	<input type="checkbox"/>	<input type="checkbox"/>	Group Care Facility Staff (if yes enter facility name and provider number)	<input type="checkbox"/>	<input type="checkbox"/>
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