



MULTIPLE LICENSES REQUEST FORM

(Additional pages may be attached as needed)

A. Demographic Information To Be Completed by Licensee		
Licensee Name:		
Address	City	Zip Code
Telephone:	Email:	
Date Request was Completed	Effective Date	
Provider ID Number (If applicable):		
B. Description / Rationale for Exception The information below is to be completed by the Licensee		
1. Please indicate what other care giving license, certification or authorization you would like to do: (Please be specific) <input type="checkbox"/> Foster Care <input type="checkbox"/> Respite Care <input type="checkbox"/> Adult Care <input type="checkbox"/> Other _____		
License, certificate or authorization number		
2. License, certificate or authorization contact information:		
Agency:	Contact Name:	
Contact Telephone Number:	Contact Email:	
3. What are the days of the week and hours you would engage in this other type of care giving?		
4. If this request is approved, how will the Licensee meet the health, safety and early learning needs if you were to provide multiple types of care giving? (For example, increased staffing).		

5. What impact would this request have on children and/or families?

C. Licensor Comments and Approval

To be completed by the Licensor / Completing the Multiple License Request Form

Contact made with other authorizing agency?

Yes No

Comments:

For licensed facilities: Has the licensee consistently met child care licensing WAC requirements?

Yes No

For licensed facilities: Is there a history of valid complaints?

Yes No

Yes – Please Describe (use additional sheets if necessary)

Safety Assessment (for ALL requested exceptions): Based on the response to the questions in this form, if this request is approved do you believe it would jeopardize the safety or welfare of the child(ren) in care, or detract from the quality of services the licensee or contractor currently delivers?

Yes No

Explain why or why not. Base your recommendation and determination on objective evidence and apply your professional expertise to the question. If the answer is yes, the request must be denied on that basis.

Recommended for approval

Denied

DCYF Staff Signature

Date

D. Review and Approval/Denial	
Supervisor's Comments and Approval or Denial	
Comments	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Supervisor's Signature	Date
Regional Administrator / Assistant Director (or Designee) Comments and Approval or Denial	
Comments	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Regional Administrator / Assistant Director (or designee) Signature	Date
DCYF Director (or Designee) Comments and Approval or Denial (If Applicable)	
Comments	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Director (or designee) Signature	Date