



CHILDREN'S ADMINISTRATION
**Application for Family Home Care
 For Children In Out Of Home
 Placements**

1. License Control ID Number (For CFCL Use Only)	2. Date Application Received
3. Name of private agency	4. CAMIS case number

5. Type of Application: Check all that apply
 New-Foster Care
 Renewal-Foster Care
 Moved New License
 Adoption
 Relative Care

6. APPLICANT NUMBER 1		7. APPLICANT NUMBER 2	
NAME (LAST, FIRST, MIDDLE)		NAME (LAST, FIRST, MIDDLE)	
MAIDEN NAME (Also list former married name(s) If applicable)		MAIDEN NAME (Also list former married name(s) If applicable)	
RELIGIOUS PREFERENCE (if any)	OCCUPATION	RELIGIOUS PREFERENCE (if any)	OCCUPATION
EDUCATION (Highest Grade Completed)	YEARLY INCOME (Gross)	EDUCATION (Highest Grade Completed)	YEARLY INCOME (Gross)
GENDER		GENDER	

8. STREET ADDRESS CITY STATE ZIP CODE

9. MAILING ADDRESS CITY STATE ZIP CODE

10. TELEPHONE NUMBERS (Include Area Code) Work: _____ Home: _____ Cell Phone: _____ E-mail Address _____	11. PLACEMENT PREFERENCE <input type="checkbox"/> No Preference OR: Number From Age Up to <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either Specific Child(ren): _____ Relationship to specific child(ren): _____
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12. NAMES OF NEAREST SCHOOLS
 Elementary Middle/Jr. High School High School

13. PERSONS LIVING IN HOUSEHOLD (INCLUDING SELF) ATTACH ADDITIONAL SHEET IF NEEDED

NAME (FIRST AND LAST)	BIRTHDATE	SEX M/F	RELATIONSHIP TO APPLICANT(S)	RACE	ETHNICITY	SOCIAL SECURITY NO.
1.						
2.						
3.						
4.						
5.						
6.						
7.						

14. Are there other persons living on your property? Yes No

15. Character References (no more than one reference can be related to you)

NAME (First and Last)	COMPLETE ADDRESS (Including Zip Code)	RELATIONSHIP TO APPLICANT(S)	TELEPHONE NUMBER (Include Area Code)

PLEASE ANSWER THE FOLLOWING QUESTIONS

16. Have you resided in Washington State consecutively for the past 5 years? Yes No
 If no, please list all previous addresses for each applicant for the last five years. Add more sheets if needed.

NAME	CITY	COUNTY AND STATE	DATES: TO - FROM

	Applicants				Other	
	#1 Yes	#1 No	#2 Yes	#2 No	Yes	No
17. For those in the household who drive:						
A. Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are there any restrictions on your license? If yes, what?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Do you have automobile liability/medical insurance? (Please attach a current copy showing amounts of coverage and expiration date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has applicant or any other member of the household:						
A. Had a serious injury, illness or hospitalization during the past year, or currently taking medication or have a history of mental or physical limitations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Been found to be a perpetrator of child abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Engaged in the illegal use or sale of drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Been told that they have a problem with alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Been denied a license to care for children or adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Had a license to care for children or adults suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Ever applied for a home license before? Where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Have you applied to adopt a child before? Where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Emergency contact information

In state/Out of area			Out of state		
NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	CELL PHONE NUMBER		HOME TELEPHONE NUMBER	CELL PHONE NUMBER	
WORK TELEPHONE NUMBER			WORK TELEPHONE NUMBER		

We/I further certify that the above information and required attachments are true and complete to the best of my (our) knowledge. Failure to truthfully disclose all relevant information may be grounds for denial of this application or revocation of a license.

We/I give permission for DSHS/Private Agencies to contact references listed in this application **and** to discuss issues relevant to my (our) application for adoption services/foster care license/relative placement.

We/I understand that DSHS will do a criminal history record check and a check of DSHS files of abuse and neglect for all persons applying.

APPLICANT 1 SIGNATURE	DATE
APPLICANT 2 SIGNATURE	DATE

NOTE: WAC 388-148-0095 of the Washington Administrative Code provides that OFCL may deny, suspend, revoke, or not renew a license for misrepresentation or material omissions on this application.

INSTRUCTIONS

These instructions are for the application for relative placements, foster care licensing, and an adoption home study. The Department does not discriminate based upon ethnicity or religion.

1. **License Control Number**: For DSHS agency use only.
2. **Date Application Received**: For DSHS agency use only.
3. **Name of Private Agency (if any)**: If you are applying to a private agency, enter the name of the private agency.
4. **CAMIS Case Number**: For DSHS agency use only.
5. **Type of Application**: Check all box(s) that apply to the service(s) that you are interested in providing.
- 6–7 **Applicant(s) Name(s)**: Enter your complete name(s), last name, first name, and middle name(s) and/or initial(s). An application for foster care license, adoption home study and relative placements for children must be made by both husband and wife if they are living together and are legally married. In the case of unmarried adults living together, who will share equally in the care of children, list both as applicants.
Enter only names of person(s) applying. Names of other members of the household who are not applicants should be entered in section 13 (persons living in household).

Religion:	Enter religious affiliation for each applicant.
Occupation:	Enter the occupation for each applicant.
Education:	Enter the highest grade completed for each applicant.
Yearly income:	Enter the yearly gross income for each applicant.
8. **Address**: Enter your home address
9. **Mailing Address**: Enter your mailing address if different than your home address.
10. **Telephone Numbers**: Enter telephone numbers for each applicant including area code (work, home, cell phone, or pager). If you have no telephone, place an "X" in the space provided.

E-mail Address: Please provide your personal e-mail address if you have one.
11. **Placement Preference**: Please indicate the number, age, and gender of children you are interested in having placed into your home. If you have no preference, mark "either" and "no age preference." If you are applying for a specific child(ren), please provide the child(ren's) name(s), including applicant's relationship to the child. For example, grandparent, step-relation, godparent, second cousin, friend of family, foster parent, etc.
12. **Names of Schools**: Enter the names of the schools that are nearest to your home (elementary, middle/junior high and senior high schools).
13. **Persons Living in Household (Including Self)**: Starting with the applicants, enter names (first and last), birth dates, sex (M for male or F for female), and their relationship to the applicant (for example, spouse, son, daughter, mother, foster child, boarder, etc.). If the child you are applying for already resides in your home, include that person here. Include the social security number of all persons living in the home.

For Race: Indicate all that apply to each person: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, Caucasian, Chinese, Filipino, Japanese, Korean, Vietnamese, Samoan, Guamanian or Chamorro.

Ethnicity: If you are Spanish/Hispanic/Latino indicate with one of the following ethnicities: Cuban, Mexican, Mexican American or Chicano, Puerto Rican, Other Spanish/Hispanic/Latino.

Attach additional paper if necessary.

14. Please place an "X" in the appropriate box to indicate if there are other people that reside on your property but not in the home.
15. **Character References:** List names, addresses, and telephone numbers of four people who know you well and can attest to your ability to provide care for children. You may use only one relative as a reference. Your social worker may ask for additional references.
16. **States of Residence:** Indicate if each applicant has lived outside of Washington during the previous five (5) consecutive years. If you have lived outside of Washington during the previous five (5) years, please indicate where you lived by name, city, state, and what months and years you lived in that city and state.
17. **(A-C) Driver's License:** For any person in your home who drives, indicate if they have a valid driver's license and liability insurance. Liability insurance is required for all vehicles used in transporting children placed in your care.
18. **(A-I)** Place an "X" in the appropriate boxes.
If "yes" is marked for either applicant or other adults (all persons over the age of 18) living in the home, please provide a description of the circumstances on additional paper and attach to the application. The indication of a "yes" answer may not disqualify you. You will have an opportunity to discuss your answers.
19. **Emergency Contact Information**
Please indicate the name, address, and telephone numbers for two contact persons in the event of an emergency. One person should be within Washington State, but in a different community in which the applicant lives and the other should be in a different state.

Please review the completed application. Attach statements explaining your "yes" answers to questions 16 - 18 (A-I).

Applicant(s) need to sign and date the application before submission.

Completion of this form does not guarantee that the applicant will be approved.

Thank you for your time and patience. If you have any questions, or need assistance in completing this form, please contact your agency.