



CHILDREN'S ADMINISTRATION

# Certification for License of Foster Home

New  Expedited  Renewal  Amend / Modify

The \_\_\_\_\_ of \_\_\_\_\_ Washington,  
NAME OF PRIVATE AGENCY

|                               |  |                               |  |                               |  |
|-------------------------------|--|-------------------------------|--|-------------------------------|--|
| DATE OF APPLICATION           |  | DATE OF REASSESSMENT          |  | EFFECTIVE DATE OF LICENSE     |  |
| NAME, LAST, FIRST, MI         |  | NAME, LAST, FIRST, MI         |  |                               |  |
| SOCIAL SECURITY NUMBER        |  | DATE OF BIRTH                 |  | SOCIAL SECURITY NUMBER        |  |
| DATE OF BIRTH                 |  | RACE                          |  | DATE BACKGROUND CHECK CLEARED |  |
| RACE                          |  | DATE BACKGROUND CHECK CLEARED |  | RACE                          |  |
| DATE BACKGROUND CHECK CLEARED |  | CITY                          |  | STATE                         |  |
| STREET ADDRESS                |  | CITY                          |  | STATE                         |  |
|                               |  |                               |  | ZIP CODE                      |  |

Complete the following for the children being cared for in this home:

|  |  |                |  |   |  |                        |  |
|--|--|----------------|--|---|--|------------------------|--|
| TYPE OF CARE   |  | NUMBER IN CARE |  | SEX   |  | AGE OF FOSTER CHILDREN |  |
| <input type="checkbox"/> Full Foster Care <input type="checkbox"/> Expedited License |  |                |  | <input type="checkbox"/> Male <input type="checkbox"/> Female |  | from to years          |  |

If any of "own" children in home are handicapped, briefly describe specifics on reverse side of this card.

|                 |  |      |  |       |  |          |  |
|-----------------|--|------|--|-------|--|----------|--|
| MAILING ADDRESS |  | CITY |  | STATE |  | ZIP CODE |  |
|-----------------|--|------|--|-------|--|----------|--|

A change of agencies requires relicensing. Name previous agency: \_\_\_\_\_

List of **all** other persons living in home.

| NAME | BIRTHDATE | RELATIONSHIP | BACKGROUND CHECK CLEARED |
|------|-----------|--------------|--------------------------|
|      |           |              |                          |
|      |           |              |                          |
|      |           |              |                          |
|      |           |              |                          |
|      |           |              |                          |

COMMENTS

NOTE: Print your name and sign at the bottom, but the other items below are not required for an Expedited License. Expedited licenses can only be issued for up to 90 days while you are working to complete a Full Foster Care License.

|   |   |
|---|---|
| <input type="checkbox"/> Orientation completed on _____ | <input type="checkbox"/> Pre-Service completed on _____ |
| DATE OF HOME VISIT                                      | DATE HOME STUDY / REASSESSMENT COMPLETED                |

- I hereby certify the home complies with minimum licensing requirements for foster homes.
  - This certification and/or home requires a waiver to WAC 388-148-\_\_\_\_\_ in order to meet all minimum licensing requirements; Request for Waiver attached.
  - First Aid and CPR completed and current for both applicants' expires on \_\_\_\_\_
  - HIV / AIDS / BBP Training completed on \_\_\_\_\_
- Providers Taking Placement of a Child Under the Age of Two Years:**
- Tdap is required for all household members when taking placements under two years of age; dates completed \_\_\_\_\_
  - DTaP is required for all household members ages 0 – 6 years; dates completed \_\_\_\_\_
  - Influenza immunizations for all household members ages six (6) months and above \_\_\_\_\_

|                      |      |                 |
|----------------------|------|-----------------|
| LICENSOR'S SIGNATURE | DATE | PRINT NAME HERE |
|----------------------|------|-----------------|