

Provisional Expedited File Checklist

PROVIDER(S)			
FAMLINK PROVIDER NUMBER	LICENSOR		
Required of Applicant	Applicant 1	Applicant 2	Other Household Members
Signed Application received (DSHS 10-354)			N/A
Background Authorization (DSHS 09-653)			
National Background check on all household members age 16 years and above			
Background Check Summary (DSHS 27-132)			
FamLink Check on all household members regardless of age			
CA/N Check other states if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Held a foster care license in the last five years that was not closed due to denial, revocation, or an agreement to relinquish)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Reside in the same home in which they were licensed and no additional individuals have moved into the home	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Seeking a license from the same agency in which they were previously licensed and the agency agrees to supervise this home	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Unlicensed Household Inspection (DSHS 10-453) or Foster Home Inspection Checklist (DSHS 10-183)			N/A
Policy Agreements (DSHS 10-290)			N/A
NOTE: If any boxes are marked "no," the applicant is not eligible for an expedited license and will need to proceed with a new license application.			
COMMENTS			
COMPLETED BY:			DATE