



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILDREN'S ADMINISTRATION

Dear _____,

Thank you for your years of service. We know that being a foster parent is challenging and we appreciate your commitment. We wanted to let you know that your license expires on _____. We hope your experiences with foster care have been positive and you are interested in renewing your license. To renew your license, please complete the forms listed below and return them to me by _____.

1. DSHS 10-354 Application for Family Home Care for Children in Out of Home Placements. You do not need to list character references for the renewal application.
2. DSHS 09-653 Background Authorization for all individuals 16 years and older residing in your home
3. DSHS 10-290 Policy Agreements
4. DSHS 16-204 Emergency Evacuation Plan
5. DSHS 10-406 Employed Foster Parent Child Care Plan

I also need:

6. Copies of current First Aid and CPR training cards or the training enrollment dates for all who will have sole care of foster children in your home at any time.
7. Copies of current driver licenses and insurance for all who will be transporting foster children.
8. Well test, if not on a public water system.
9. Copies of current immunizations for children not in CA custody.
10. Copies of updated pet vaccinations.
11. Income verification (i.e. W-2s, pay stubs, etc.).

If taking placements of children under age of two:

12. Tdap verification for all household members ages seven (7) years and above and/or DTaP verification for all household members ages 0 – 6 years, **unless previously submitted**.
13. Annual influenza vaccination documentation for all household members six months and above.

As you are aware, ongoing training is required; and our records show you have completed _____ of the _____ hours of in service training required for renewal.

A **Safety and Monitoring Specialist** will contact you to schedule a time for the home inspection and to talk about your foster parenting experiences. Please be sure to let the Safety and Monitoring Specialist know if you are planning on adopting within the next 12 months. It is also helpful if you remember to service your fire extinguisher and check that your smoke detector(s) are in working order before the **renewal** visit.

Please be aware if your renewal application is not received by the date your license expires, _____, your foster home license will be closed. Thank you for your attention to this matter and if you have any questions, please feel free to contact me.

Thank you for caring for our foster children. I hope to hear from you soon.

Sincerely,

Licensors
Phone:
Email: