### Unlicensed Caregiver Placement Checklist

**NAME OF FAMILY** | **DATE OF PLACEMENT**
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**NAME OF CHILD**

The placing worker is responsible for completion of all the following requirements within 72 hours of OPD.

<table>
<thead>
<tr>
<th>DATE COMPLETED</th>
<th>PRIOR TO PLACEMENT</th>
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<tbody>
<tr>
<td></td>
<td>Criminal history checks (WSP, local LE and/or Tribal law enforcement) on all adults living in the home.</td>
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<td>Child abuse and neglect history review and clearance.</td>
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<td>Home visit and check for obvious safety hazards. <strong>NOTE:</strong>  Use the Basic Household Safety Assessment Tip Sheet.</td>
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<td>Review of the reason for placement and known information about the medical status, allergies and special needs of the child.</td>
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<td>Provide a copy of “Relative Guide to CPS” (DSHS 22-492).</td>
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<td>NCIC name and date of birth check completed (emergent placements only)</td>
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**WITHIN 72 HOURS OF PLACEMENT**

**NOTE:** Use Basic Household Assessment Tip Sheet

|                | Child abuse and neglect check in other states when applicable. |
|                | Fingerprint check on all adults residing in the home. |
|                | Review of protection issues with the relative caregiver including whether contact is allowed with the birth family. |

**AT PLACEMENT**

Fingerprint checks completed within 10 days of criminal background check, when applicable.

Advise relative of the availability of financial support and services:

- Foster care licensing
- TANF Benefits – (In applying for these benefits, caregiver **must report** child has been placed by CA).
- Medical coverage
- Training opportunities
- Right to be heard at court hearings

Review the Placement Agreement with the family and sign the agreement. (DSHS 15-281)

Advise caregiver of the Child Health and Education Tracking (CHET)

- Schedule an Early & Periodic Screening, Diagnosis & Treatment (EPSDT) exam.
- Schedule a dental exam (if child has not had one in the previous 6 months)

Two verbal reference checks.

**Comments**

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<tr>
<th>NAME OF PLACING WORKER</th>
<th>DATE COMPLETED</th>
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**DSHS 15-280 (REV. 09/2011)**
## Caregiver Intake Form

### Name of Child

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Gender M/F</th>
<th>Date of Birth</th>
<th>Relationship to Child</th>
<th>Background Check</th>
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*Attach Documentation: Background Check includes completed NCIC, Fingerprint, BCCU, and CA/N*

### Who is the Primary Caregiver

<table>
<thead>
<tr>
<th>Tribal Affiliation</th>
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### Address

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<tr>
<th>E-mail Address</th>
<th>Telephone Number</th>
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### Have you resided in Washington State consecutively for the past 5 years?  

- [ ] Yes  
- [ ] No

If no, please list the city, state, and years you lived in another state.

### The relationship of caregiver to the child:

- [ ] Maternal  
- [ ] Paternal  
- [ ] Other:

### Limited English Proficient:

- [ ] Yes  
- [ ] No

### Primary Language:

- [ ] No

### Reasons child requires placement:

- [ ] Yes  
- [ ] No

### Explain:

- [ ] Yes  
- [ ] No

### Comments/Concerns which might affect suitability of placement:

- [ ] Yes  
- [ ] No

### Who provided this information:

- [ ] Birth Mother  
- [ ] Birth Father

- [ ] Other Relative:  
- [ ] Other Suitable Person:

### Social Worker's Signature

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**DSHS 15-280 (REV. 09/2011)**
## EMERGENCY CONTACT INFORMATION

<table>
<thead>
<tr>
<th>In State:</th>
<th>CONTACT NAME</th>
<th>NAME OF COUNTY</th>
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TO BE COMPLETED BY THE WORKER FOR ALL PERSONS STAYING IN THE HOME.