



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

WASHINGTON STATE INTERSTATE COMPACT
PO BOX 45711
OLYMPIA WA 98504-5711

Child's Name:

Placement Resource:

Sending State:

To Whom It May Concern:

This letter is to inform you that the home study request is being closed for the following reason:

- Potential placement resource has disqualifying crimes and/or CPS history (list disqualifying crimes and/or summarize the CPS history):
- Potential placement resource has withdrawn from the home study process (provide reasons if known):
- Potential placement resource did not respond after the following attempts to complete the home study process (list the dates, type (telephonic, letter, or email etc.), and the result of these attempts, at least one of which should be telephonic:
- Other (explain, list reasons, or remedies if possible):

If you have any questions, please contact me at _____.

Sincerely,

Social Service Specialist's Name

Region / Office