Use this form to request an initial or full kinship (child specific) license. Learn about [Types of Licenses for Tribes](https://www.dcyf.wa.gov/publications-library/LIC_0151).

An **initial license** is available to kinship caregivers after initial placement or change of placement for a specific child(ren) to provide a maximum of 90 days of financial reimbursement while the caregivers go through the kinship/foster license process.

* The initial license will be issued within 3-5 business days from the date this completed form is received by DCYF. DCYF will send a letter informing the caregiver of the initial license dates and payment information.
* Notify the caregiver that the initial license payment will automatically end after 90 days if a full kinship/foster license is not issued by the 91st day.
* The initial license is not a full license and does not count towards the 6-month timeframe requirement of the Guardianship Assistance Program.

A **kinship license** is a full license that is issued to provide ongoing financial reimbursement for placement of a specific child(ren).

\*All child abuse/neglect intakes on caregivers with initial or kinship license will be investigated by Licensing Division Child Protective Services (LD/CPS), excluding Tribes with Inter-Governmental Agreements (IGA).

**After Tribal Payment Only (TPO) has been opened,** email this completed form to:

1. TPO Worker **AND**
2. The Kinship Notification Unit (KNU) via email to: dcyf.kinshipadminsupport@dcyf.wa.gov **AND**
3. CPA, if applicable.

|  |
| --- |
| Name of Tribe: Choose an item.Tribal Worker Name & Contact Information:  |
| Childs Name:      | Child’s DOB:      |
| Siblings this placement applies to (if different placement for sibling, additional form needed) |
| Sibling Name | Sibling DOB |
|       |       |
|       |       |
|       |       |
|       |       |
| **Please complete for Initial Placement Only** |
| Date Legal Custody Obtained (PCA)       |
| Removal Reasons: |
| [ ]  | Physical abuse | [ ]  | Sexual abuse | [ ]  | Neglect | [ ]  | Caregiver’s alcohol use |
| [ ]  | Caregiver’s drug abuse | [ ]  | Child’s alcohol use | [ ]  | Child’s drug use | [ ]  | Extended foster care |
| [ ]  | Inadequate housing | [ ]  | Child’s behavior problem | [ ]  | Child’s disability | [ ]  | Incarceration of caregiver(s) |
| [ ]  | Death of caregiver(s) | [ ]  | Abandonment | [ ]  | Caregiver’s inability to cope | [ ]  | Relinquishment (Safety of Newborn Child Act) |
| Tribal Jurisdiction Removal Manner: |
| [ ]  | Court ordered | [ ]  | Temporary physical custody  | [ ]  | Voluntary  |
| Removal Caregiver/Family Structure: |
| [ ]  | Married couple  | [ ]  | Single female  | [ ]  | Single male  |
| [ ]  | Unmarried Couple | [ ]  | Unable to Determine (baby abandoned) |
| Removal Primary Caretaker (Parent)’s Name:      | Removal Secondary Caretaker (Parent)’s Name:        |

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| **Please complete for all Placements** |
| Placement (Check one) |
| [ ]  Initial Placement | [ ]  Change of Placement, add reason below:[ ]  Planned placement change (Changed caregiver)[ ]  Caregiver requested child move (Caregiver chose to terminate services) |
| Placement Begin Date:       Time:       |
| **KINSHIP CAREGIVER INFORMATION** |
| Type of placement as defined by the tribe (Check One) |
| [ ]  Relative placement  |
| [ ]  Extended Family Tribal Home (Suitable Person)  |
| Any other requests to support the placement (child care, clothing vouchers, etc.)?  |
| **Primary Provider Information** | **Secondary Provider Information** |
| Full Name:  | Full Name:  |
| Gender \* Choose an item. | Gender \* Choose an item. |
| Date Of Birth  | Date of Birth       |
| Social Security Number  | Social Security Number  |
| Race \* Choose an item. | Race \* Choose an item. |
| Hispanic/Latino \* Choose an item. | Hispanic/Latino \* Choose an item. |
| Marital Status \* Choose an item. | Marital Status\* Choose an item. |
| Relationship to Child Choose an item. |
| Cell Phone Number () | [ ]  Home [ ]  Alternate Phone Number () |
| Contact Preference: [ ]  Mail [ ]  Email (email address required) |
| Email Address:  |
| Placement Physical Address:  |  |
| Mailing Address (If different from Physical Address): |
| County: Choose an item. |
| In case of emergency contact (ICE) name:  | ICE Phone Number: () |
| Address:  |

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| --- |
| REQUEST FOR:**[ ]  Kinship (child specific) license ONLY – no initial license requested*** + Caregiver’s email address:
	+ Does the Tribal Worker want to be present during interviews [ ]  Yes [ ]  No

**[ ]  Initial license (confirm the following occurred)****[ ]** All Initial license requirements have been met:* Background checks have been completed consistent with Tribe’s placement policy.
* Home inspection has been conducted based on Tribe’s placement policy.
* Caregiver:
	+ - can meet child(ren)’s needs.
		- can support case plan and visitation.
		- wants initial license.

**Select one path to full kinship or foster care license**[ ]  Tribal Child Placing Agency (Tribal CPA intake family in WA CAP)Name of Tribal CPA: [ ]  Inter-Governmental Agreement (IGA) Tribe (Tribal Dependents Only)Name of IGA Tribe: [ ]  Department of Children Youth and Families. Licensing Division will contact family to discuss options of going through DCYF, [Tribal CPA, or General CPA](https://www.dcyf.wa.gov/publications-library/LIC_0147).* Caregiver’s email address:
* Does the Tribal Worker want to be present during interviews [ ]  Yes [ ]  No

[ ]  N/A: Caregiver only wants 90 days of payment and does not want full kinship license. |