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|  | LICENSING DIVISION (LD)**File Checklist (Unlicensed)** |
| APPLICANT / PROVIDER NAME | PROVIDER NUMBER |
| ADDRESS | CITY | STATE **, WA** | ZIP CODE |
| **I have verified the following requirements:** |
| Background check completed for all household members ages 16 & 17. | Yes **[ ]** N/A **[ ]**  |
| FamLink check completed for all household members under the age of 18. | Yes **[ ]** N/A **[ ]**  |
| Open investigations. | None **[ ]** Other **[ ]**  **\_\_\_\_\_** |
| All applicants were provided an opportunity to review the Notice of Nondiscrimination publication (HR\_0012). | Yes **[ ]** Other **[ ]**  **\_\_\_\_\_** |
| This home study includes adoption. | Yes **[ ]** No **[ ]**  |
| **I have verified the following adoption requirements:** |
| Marriage certificates, divorce decrees and/or death certificates. | Yes **[ ]** N/A **[ ]**  |
| Income verification. | Yes **[ ]** N/A **[ ]**  |
| Applicant Medical Report (DCYF 13-001) completed by medical provider. | Yes **[ ]** N/A **[ ]**  |
| **Additional Comments** |

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| **LD/CPA Staff Signatures** |
| LD/CPA STAFF NAME | LD/CPA SUPERVISOR NAME |
| LD/CPA STAFF SIGNATURE | DATE | LD/CPA SUPERVISOR SIGNATURE | DATE |