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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 |