|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | | LICENSING DIVISION (LD)  **Home Study or Reassessment Application**  Child Placing Agency (if applicable): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  | | | | |
| **APPLICATION TYPE** (Pick One)  Foster Care License (with or without adoption)  Kinship License (with or without adoption)  Kinship Care (with or without adoption)  Home Study Update  Expedited Foster Care Provisional License (must have held license within the prior 5 years)  Expedited Kinship Provisional License (must have held license within the prior 5 years)  Foster Care License Renewal  Kinship License Renewal  Foster Care License - Address Change  Kinship License - Address Change | | | | |
| **Household Address** | | | | |
| STREET ADDRESS | CITY  , WA | | ZIP (+4 OPTIONAL) | COUNTY |
| LANDLINE OR DEDICATED HOME CELL PHONE NUMBER (IF APPLICABLE) | | | | |
| DATE OF FIRST NIGHT SPENT IN NEW HOME (date is for tracking address change and cannot be a future date) | | | | |
|  | | | | |
| **Applicant A – Print your name as it is listed on your government issued photo ID.** | | | | |
| FIRST NAME | MIDDLE NAME (IF APPLICABLE) | | LAST NAME | SUFFIX |
| PREFERRED  FIRST NAME (IF ANY) | PREFERRED MIDDLE NAME (IF ANY) | | PREFERRED LAST NAME  (IF ANY) | PREFERRED SUFFIX (IF ANY) |
| BIRTHDATE | PHONE NUMBER | | EMAIL ADDRESS | PREFERRED CONTACT  Phone  Text  Email  Postal Mail |
| PRIMARY LANGUAGE | ARE YOU ABLE TO COMMUNICATE WITH A CHILD IN ANOTHER LANGUAGE? PLEASE LIST. | | | SOCIAL SECURITY NUMBER |
| **MARITAL STATUS** | Individual who is single  Individual who is separated  Part of an unmarried couple (applying together to care for children)  Part of a married couple | | | |
| **MAILING ADDRESS  (IF DIFFERENT FROM HOUSEHOLD ADDRESS)** | STREET ADDRESS | | CITY/STATE | ZIP (+4 OPTIONAL) |
| **What is your gender identity?** | Female  Male  X | | | |
| **What are your pronouns? (check all that apply)** | she/her  he/him  they/them  other: | | | |

|  |  |
| --- | --- |
| **Which of these options best describes your race?**  **We respectfully acknowledge the options listed may not be 100% inclusive.**  **Please mark all that apply.** | **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.  **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.  **Black or African American** – A person having origins in any of the Black racial groups of Africa.  **Native Hawaiian or other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.  **Unknown** – I do not know my race or at least one race.  **Other** – My race is not listed above. My race is .  **Declined to answer this question** – I decline to answer this question. |
| **Do you identify as Hispanic/Latino?** | Hispanic/Latino – A person self-identifying as Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.  Yes  No  Unknown  Declined to answer this question– I decline to answer this question. |
| **Are you a member or eligible for membership in any federally recognized tribes?** | Yes (list one tribe)  No  Not sure  List any additional tribes |
| **Have you ever:** | Been denied a license to care for children or adults?  Had a license to care for children or adults suspended or revoked?  Applied for a home license (foster care, child care, or adult family) before?  Applied to adopt a child before?  If you selected any of the above, please explain: |
| **Washington State’s Department of Children, Youth, and Families (DCYF) will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.** | Do you need accommodations (modification or adjustment to a policy or service that enables an individual with a disability to have equal access) related to a disability?  Not at this time.  Yes. (Please describe your needs and identify accommodations, auxiliary aids, or services needed.)  \* If you have questions about accommodations, modifications, or other matters related to DCYF’s obligations under the Americans with Disabilities Act, please contact [dcyf.adaaccessibility@dcyf.wa.gov](mailto:dcyf.adaaccessibility@dcyf.wa.gov) |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| *If there is a second applicant, please complete this section. You are not required to have two applicants.* | | | |
|  | | | |
| **Applicant B – Print your name as it is listed on your government issued photo ID.** | | | |
| FIRST NAME | MIDDLE NAME (IF APPLICABLE) | LAST NAME | SUFFIX |
| PREFERRED  FIRST NAME (IF ANY) | PREFERRED MIDDLE NAME (IF ANY) | PREFERRED LAST NAME  (IF ANY) | PREFERRED SUFFIX (IF ANY) |
| BIRTHDATE | PHONE NUMBER | EMAIL ADDRESS | PREFERRED CONTACT  Phone  Text  Email  Postal Mail |
| PRIMARY LANGUAGE | ARE YOU ABLE TO COMMUNICATE WITH A CHILD IN ANOTHER LANGUAGE? PLEASE LIST. | | SOCIAL SECURITY NUMBER |
| **MARITAL STATUS** | Individual who is single  Individual who is separated  Part of an unmarried couple (applying together to care for children)  Part of a married couple | | |
| **MAILING ADDRESS  (IF DIFFERENT FROM HOUSEHOLD ADDRESS)** | STREET ADDRESS | CITY/STATE | ZIP (+4 OPTIONAL) |
| **What is your gender identity?** | Female  Male  X | | |
| **What are your pronouns? (check all that apply)** | she/her  he/him  they/them  other: | | |
| **Which of these options best describes your race?**  **We respectfully acknowledge the options listed may not be 100% inclusive.**  **Please mark all that apply.** | **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.  **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.  **Black or African American** – A person having origins in any of the Black racial groups of Africa.  **Native Hawaiian or other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.  **Unknown** – I do not know my race or at least one race.  **Other** – My race is not listed above. My race is .  **Declined to answer this question** – I decline to answer this question. | | |
| **Do you identify as Hispanic/Latino?** | Hispanic/Latino – A person self-identifying as Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.  Yes  No  Unknown  Declined to answer this question– I decline to answer this question. | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Are you a member or eligible for membership in any federally recognized tribes?** | | | Yes (list one tribe)  No  Not sure  List any additional tribes | | | | | | |
| **Have you ever:** | | | Been denied a license to care for children or adults?  Had a license to care for children or adults suspended or revoked?  Applied for a home license (foster care, child care, or adult family) before?  Applied to adopt a child before?  If you selected any of the above, please explain: | | | | | | |
| **Washington State’s Department of Children, Youth, and Families (DCYF) will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.** | | | Do you need accommodations (modification or adjustment to a policy or service that enables an individual with a disability to have equal access) related to a disability?  Not at this time.  Yes. (Please describe your needs and identify accommodations, auxiliary aids, or services needed.)  \* If you have questions about accommodations, modifications, or other matters related to DCYF’s obligations under the Americans with Disabilities Act, please contact [dcyf.adaaccessibility@dcyf.wa.gov](mailto:dcyf.adaaccessibility@dcyf.wa.gov) | | | | | | |
|  | | | | | | | | | |
| Are there any adults, besides the applicant(s) listed above, in your household *or living on the property?* *An adult household member is any person, 18 years or older, who shares the same address on a full or part-time basis. For the definition of property, see* [*WAC 110-148-1305*](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1305)*.*  Yes  No  If yes, please enter their information below. | | | | | | | | | |
| **Adult Household Member #1** | | | | | | | | | |
| FIRST NAME | | MIDDLE NAME (IF APPLICABLE) | | | LAST NAME SUFFIX | | | BIRTHDATE | |
| RELATIONSHIP TO YOU  Child of applicant(s)  Relative  Non-Relative | | | | | SOCIAL SECURITY NUMBER | | | GENDER IDENTITY  Female  Male  X | |
|  | | | | | | | | | |
| **Adult Household Member #2** | | | | | | | | | |
| FIRST NAME | MIDDLE NAME (IF APPLICABLE) | | | | LAST NAME SUFFIX | | | BIRTHDATE | |
| RELATIONSHIP TO YOU  Child of applicant(s)  Relative  Non-Relative | | | | | SOCIAL SECURITY NUMBER | | | GENDER IDENTITY  Female  Male  X | |
|  | | | | | | | | | |
| **Adult Household Member #3** | | | | | | | | | |
| FIRST NAME | MIDDLE NAME (IF APPLICABLE) | | | | LAST NAME SUFFIX | | | BIRTHDATE | |
| RELATIONSHIP TO YOU  Child of applicant(s)  Relative  Non-Relative | | | | | SOCIAL SECURITY NUMBER | | | GENDER IDENTITY  Female  Male  X | |
| *If you have additional adult household members, please attach an additional sheet of paper.* | | | | | | | | | |
| Are there any children in your household *or living on the property? A child household member is any person, 17 years or younger, who shares the same address on a full or part-time basis (e.g., part time residence per a custody agreement). For the definition of property, see* [*WAC 110-148-1305*](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1305)*.*  Yes  No | | | | | | | | | |
| If yes, please enter their information below. | | | | | | | | | |
| **Child Household Member #1** | | | | | | | | | |
| FIRST NAME | MIDDLE NAME (IF APPLICABLE) | | | | LAST NAME SUFFIX | | | BIRTHDATE | |
| RELATIONSHIP TO YOU  Child of applicant(s)  Relative  Non-Relative | | | | | SOCIAL SECURITY NUMBER | | | GENDER IDENTITY  Female  Male  X | |
|  | | | | | | | | | |
| **Child Household Member #2** | | | | | | | | | |
| FIRST NAME | | MIDDLE NAME (IF APPLICABLE) | | | LAST NAME SUFFIX | | | BIRTHDATE | |
| RELATIONSHIP TO YOU  Child of applicant(s)  Relative  Non-Relative | | | | | SOCIAL SECURITY NUMBER | | | GENDER IDENTITY  Female  Male  X | |
|  | | | | | | | | | |
| **Child Household Member #3** | | | | | | | | | |
| FIRST NAME | | MIDDLE NAME (IF APPLICABLE) | | | LAST NAME SUFFIX | | | BIRTHDATE | |
| RELATIONSHIP TO YOU  Child of applicant(s)  Relative  Non-Relative | | | | | SOCIAL SECURITY NUMBER | | | GENDER IDENTITY  Female  Male  X | |
| *If you have additional children on your property, please attach an additional sheet of paper.*  Do you have any children who do not live in your home or on your property? *Include adult children, minor children, and other children you have parented.*  Yes  No  N/A - Application for Move/Renewal Only  If yes, please enter their information below. *If you do not know contact information, write “Unknown.”* | | | | | | | | | |
| **Child #1** | | | | | | | | | |
| FIRST NAME | | MIDDLE NAME (IF  APPLICABLE) | | LAST NAME | | | BIRTHDATE | | |
| MAILING ADDRESS | | | | CITY | | STATE | ZIP | | COUNTRY |
| EMAIL ADDRESS | | | | PHONE NUMBER | | | CHILD OF (CHECK ALL THAT APPLY)  Applicant A  Applicant B  Neither Applicant | | |
|  | | | | | | | | | |
| **Child #2** | | | | | | | | | |
| FIRST NAME | | MIDDLE NAME (IF  APPLICABLE) | | LAST NAME | | | BIRTHDATE | | |
| MAILING ADDRESS | | | | CITY | | STATE | ZIP | | COUNTRY |
| EMAIL ADDRESS | | | | PHONE NUMBER | | | CHILD OF (CHECK ALL THAT APPLY)  Applicant A  Applicant B  Neither Applicant | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Child #3** | | | | | | | | | |
| FIRST NAME | | MIDDLE NAME (IF  APPLICABLE) | | LAST NAME | | | BIRTHDATE | | |
| MAILING ADDRESS | | | | CITY | | STATE | ZIP | | COUNTRY |
| EMAIL ADDRESS | | | | PHONE NUMBER | | | CHILD OF (CHECK ALL THAT APPLY)  Applicant A  Applicant B  Neither Applicant | | |
| *If you have additional children who do not live in your home, please attach an additional sheet of paper.*  Please list one person who has known you for two or more years and can serve as a reference for you. Preferably someone who has knowledge of your experience caring for children, if any. *For General Foster Care, they must be unrelated.* | | | | | | | | | |
| **Reference #1** | | | | | | | | | |
| FIRST NAME | | MIDDLE NAME (IF  APPLICABLE) | | LAST NAME | | |  | | |
| EMAIL ADDRESS (PREFERRED) | | | | PHONE NUMBER | | | RELATIONSHIP TO APPLICANT | | |
| MAILING ADDRESS | | | | CITY | | STATE | ZIP | | COUNTRY |
| Please list another person who has known you for two or more years and can serve as a reference for you. Preferably someone who has knowledge of your experience caring for children, if any. *They may be related to you.* | | | | | | | | | |
| **Reference #2** | | | | | | | | | |
| FIRST NAME | | MIDDLE NAME (IF  APPLICABLE) | | LAST NAME | | |  | | |
| EMAIL ADDRESS (PREFERRED) | | | | PHONE NUMBER | | | RELATIONSHIP TO APPLICANT | | |
| MAILING ADDRESS | | | | CITY | | STATE | ZIP | | COUNTRY |
|  | | | | | | | | | |
| Are you applying for a specific child(ren)?  Yes  No  N/A - Application for Move/Renewal Only  If yes, please enter their information below. | | | | | | | | | |
| **Child #1** | | | | | | | | | |
| FIRST NAME | | MIDDLE NAME (IF  APPLICABLE) | | LAST NAME | | | BIRTHDATE (IF KNOWN) | | |
| WHAT IS YOUR RELATIONSHIP TO THIS CHILD? | | | | | IS THIS CHILD ALREADY PLACED IN YOUR HOME?  Yes  No | | | | |
|  | | | | | | | | | |
| **Child #2** | | | | | | | | | |
| FIRST NAME | | MIDDLE NAME (IF  APPLICABLE) | | LAST NAME | | | BIRTHDATE (IF KNOWN) | | |
| WHAT IS YOUR RELATIONSHIP TO THIS CHILD? | | | | | IS THIS CHILD ALREADY PLACED IN YOUR HOME?  Yes  No | | | | |
| *If you are applying for additional children, please attach an additional sheet of paper.* | | | | | | | | | |
| **Signature** | | | | | | | | | |
| **We / I further certify that the above information and required attachments are true and complete to the best of my (our) knowledge. Failure to truthfully disclose all relevant information may be grounds for denial of this application or revocation of a license.**  **We / I give permission for DCYF / Private Agencies to contact references listed in this application and to discuss issues relevant to my (our) application for adoption services / foster care license/relative placement.**  **We / I understand that DCYF will do a criminal history record check and a check of DCYF files of abuse and neglect for all persons applying.** | | | | | | | | | |
| APPLICANT A SIGNATURE DATE | | | | | APPLICANT B SIGNATURE DATE | | | | |
|  | | | | | | | | | |