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| DCYF Logo Single Color Black_Logo Black and White | LICENSING DIVISION (LD)  **Foster Home Reassessment** | | |
| Renewal  Change of Circumstance | | | |
| COMPLETED BY | | | DATE |
| NAME ON LICENSE | | | |
| CURRENT ADDRESS CITY STATE ZIP CODE | | | |
| MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE | | | |
| DATE CURRENT LICENSE EXPIRES | CAPACITY | AGE | |
| Length of time foster parent(s) has been licensed: | | | |
| YES NO  1.Is the foster parent(s) planning on adopting an identified child within the next twelve months?    If applicable, has an Assessment Supervisor/Regional Licensor been notified? | | | |
| YES NO  2. Have there been any changes in:  a. Family composition  If yes, provide details: | | | |

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| b. Health of any family member  If yes, provide details: |

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| c. Mental health of any family member  If yes, provide details: |

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| d. Family income  If yes, provide details: |

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| e. Physical structure of the home  If yes, provide details: |

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| f. Marital / partner status    If yes, provide details: |

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| YES NO    3. Has anyone on the property had problems with drugs and/or alcohol during the last licensing  period?  If yes, provide details: |

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| YES NO    4. Has anyone on the property been arrested during the last licensing period?  If yes, provide details: |

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| YES NO    5. Did the foster parent(s) have any LD/CPS intakes in the last licensing period?  If yes, fill in chart below: |

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| Date: |  | Intake # |  |
| Related Allegation |  | Outcome |  |
| Related WAC # | 110-148- | Outcome |  |

*Copy and paste rows above as needed*

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| Comment: |

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| YES NO    6. Did the foster parent(s) have any LD/Non-CPS intakes in the last licensing period?  (Do not include screened out intakes) If yes, fill in chart below: |

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| Date: |  | Intake # |  |
| Related WAC # | 110-148- | Outcome |  |

*Copy and paste rows above as needed*

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| Comment: |

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| 7. Describe any Administrative Approvals, Waivers, or Non-Safety Exemptions during the last licensing period: |

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| 8. Describe the home, including the number of bedrooms, designated beds for placements, sleeping arrangements, and play area(s): |

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| 9. Describe any hazards on the property and how they are mitigated, including supervision plans: |

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| 10. Describe any household pets: |

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| 11. Describe child care plan for child(ren) in placement (even if there has been no change): |

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| YES NO    12. Has the foster parent(s) completed the mandatory 24 hours of training hours?  How many training hours are carried over to the next licensing period?  How many training hours are still needed to be completed?  YES NO    An individual in-service training plan has been created with the foster parent(s) for the next  licensing period |
| 13. Describe how the foster parent(s) disciplines children in the home: |

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| 14. Describe how the foster parent(s) has/will support a child’s religion/spirituality and cultural needs. Please include how they support a child and/or youth’s sexual orientation, gender identity, gender expression (SOGIE), and those who identify as LGBTQIA+: |

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| 15. Describe how the foster parent(s) develops and maintains connections with a child’s birth and/or legal family: |

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| 16. Describe the foster parent’s(s’) experience, including the impact on the family and challenges with any of the children in the home: |

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| 17. What suggestions does the foster parent(s) have for program improvement? |

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| 18. Foster parent’s(s’) description of their strengths, limitations, and any assistance desired or needed: |

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| 19. Describe the preferred number and age range of children the foster parent(s) would like to provide care for: |

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| 20. Caseworker Comments:  Caseworker Name: Role: |

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| Comment: |

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| Caseworker Name: Role: |

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| Caseworker Name: Role: |

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| Comment: |

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| Caseworker Name: Role: |

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| Comment: |

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| 21. Licensor’s evaluation (e.g. strengths, limitations) of the family and recommendation for future licensing: |

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| **Recommendation to License** | | | |
| The applicant(s) and the home meet or exceed the minimum licensing requirements (WAC 110-148) for licensure as a Family Foster Home.  I recommend licensing for:  (Child/Children) ages  through  For the period of:  to and including | | | |
| **Signatures** | | | |
| LD/CPA STAFF NAME | | LD/CPA SUPERVISOR NAME | |
| LD/CPA STAFF SIGNATURE | DATE | LD/CPA SUPERVISOR SIGNATURE | DATE |