



# Certification for License of Foster Home

New  Expedited  Renewal  Amend / Modify

DATE OF APPLICATION

DATE OF REASSESSMENT

EFFECTIVE DATE OF LICENSE

The \_\_\_\_\_ of \_\_\_\_\_ Washington,

NAME OF PRIVATE AGENCY

recommends that a foster home license be issued to:

NAME, LAST, FIRST, MI

NAME, LAST, FIRST, MI

SOCIAL SECURITY NUMBER

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DATE OF BIRTH

RACE

DATE BACKGROUND CHECK CLEARED

RACE

DATE BACKGROUND CHECK CLEARED

STREET ADDRESS

CITY

STATE

ZIP CODE

Complete the following for the children being cared for in this home:

TYPE OF CARE

Full Foster Care  Expedited License

NUMBER IN CARE

SEX

Male  Female

AGE OF FOSTER CHILDREN

from to years

If any of "own" children in home are handicapped, briefly describe specifics on reverse side of this card.

MAILING ADDRESS

CITY

STATE

ZIP CODE

A change of agencies requires relicensing. Name previous agency:

List of **all** other persons living in home.

NAME	BIRTHDATE	RELATIONSHIP	BACKGROUND CHECK CLEARED

COMMENTS

NOTE: Print your name and sign at the bottom, but the other items below are not required for an Expedited License. Expedited licenses can only be issued for up to 90 days while you are working to complete a Full Foster Care License.

Orientation completed on

Pre-Service completed on

DATE OF HOME VISIT

DATE HOME STUDY / REASSESSMENT COMPLETED

I hereby certify the home complies with minimum licensing requirements for foster homes.

This certification and/or home requires a waiver to WAC 110-148-\_\_\_\_\_ in order to meet all minimum licensing requirements; Request for Waiver attached.

First Aid and CPR completed and current for both applicants' expires on \_\_\_\_\_

HIV / AIDS / BBP Training completed on \_\_\_\_\_

**Providers Taking Placement of a Child Under the Age of Two Years:**

Tdap is required for all household members when taking placements under two years of age; dates completed \_\_\_\_\_

DTaP. is required for all household members ages 0 – 6 years; dates completed \_\_\_\_\_

Influenza immunizations for all household members ages six (6) months and above \_\_\_\_\_

LICENSOR'S SIGNATURE

DATE

PRINT NAME HERE