



Licensing Divisions (LD)

## File Checklist and Certification for License of Kinship Home

Name of Private Agency Recommending Kinship Home License \_\_\_\_\_

Applicant/Provider Name \_\_\_\_\_

Provider Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State **WA** Zip \_\_\_\_\_

Recommended Capacity \_\_\_\_\_ Child(ren) Age \_\_\_\_\_ to \_\_\_\_\_

### I have verified the following requirements:

Background checks completed for all household members ages 16 & 17 Yes  N/A

Background checks completed on all 16 & 17 year-olds on the property having unsupervised access  
Yes  N/A

FamLink checks completed for all household members under the age of 18 Yes  N/A

FamLink checks completed for all people on the property under the age of 18 having unsupervised access  
Yes  N/A

Open investigations  None  Other

I have provided information regarding bloodborne pathogens, including prevention, transmission, infection control, treatment, testing and confidentiality. Yes

All applicants were provided an opportunity to review the Notice of Nondiscrimination publication (HR\_0012)  
 Yes  N/A

At least one applicant is a member or eligible for membership as determined by a federally recognized tribe per RCW 13.38.040(12) (verification has been reviewed by any means, upload not required).  
 Yes  N/A

This home study includes adoption.  Yes  No  N/A

### I have verified the following adoption requirements:

Marriage certificates, divorce decrees and death certificates (if applicable).  Yes  N/A

Applicant Medical Report (DCYF 13-001) completed by medical provider.  Yes  N/A

### Additional Comments

I hereby certify the home complies with minimum kinship licensing requirements.

I hereby certify the home requires waiver(s) to meet all minimum kinship licensing requirements.

N/A – for purpose of adoption update only.

**Signatures**

CPA Staff Name \_\_\_\_\_

CPA Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

CPA Supervisor Name \_\_\_\_\_

CPA Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_