



Unlicensed File Checklist

PROVIDER(S)	FAMLINK PROVIDER NUMBER	LICENSOR			
Required of Applicant	Applicant #1	Applicant #2	For Providers Taking Placement of a Child Under the Age of Two Years	Applicant #1	Applicant #2
Signed Application received (DCYF 10-354)			Tdap; dates for all household members age seven (7) years and above <input type="checkbox"/> N/A		
Background Authorization for 16 years and up (DSHS 09-653)			DTaP; dates for all household members ages 0-6 years <input type="checkbox"/> N/A		
Background Check Summary (DCYF 09-131)	For Providers Taking Placement of a Child Birth to One Year				
FamLink Check on all household members regardless of age			Safe Sleep Assessment		
CA/N Check other states if applicable Applicant Number 1 Applicant Number 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		PURPLE Crying Video and Education		
Personal Information			COMMENTS		
Valid Driver's License expires					
Vehicle Insurance expires					
LEP Form (DCYF 15-245)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Emergency Evacuation Plan (DCYF 16-204)					
References (DCYF 15-286)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				
Adult children contacted; if not, provider notes detail diligent effort: <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Medical Report Form (DCYF 13-001)					
Financial Worksheet (DCYF 14-452)					
Verification of Indian Status, if applicable (DSHS 15-128)					
Unlicensed Household Inspection (DSHS 10-453)					
Marriage and/ or Divorce Decree: <input type="checkbox"/> Date received from applicant OR <input type="checkbox"/> Date verified on DOH website with certificate number					
COMPLETED BY:	DATE				